

SECTION J: COORDINATION OF CARVED OUT SERVICES

J.1 Coordination of Behavioral Health Services

J.1 Describe how you will coordinate with the Louisiana Behavioral Health Partnership (LBHP) State Management Organization (SMO) for the management of shared members, including processes for reciprocal referral for needed services and prescription management (including but not limited to Sections 6.4, 6.34, 6.37 of the RFP).

Include how you will engage and educate primary care providers in their role in the provision of basic behavioral services and the coordination of co-existing conditions.

Include a description of the role Medical Director for Behavioral Health will play in these efforts.

Amerigroup Louisiana (Amerigroup) is committed to coordinating services across the delivery system and full care continuum for our members. We have developed processes, policies, and procedures to support informed, hands-on collaboration with our members, providers, and system partners in coordinating, delivering, and managing high-quality integrated health care and services.

Our Member-Centered Care Management and Care Coordination Model, illustrated in Figure J.1-1, promotes coordination and collaboration, identifying and holistically addressing all of a member’s physical health, behavioral health, and psychosocial needs regardless of who pays or administers the benefit. Our proven approach and infrastructure supports efficient identification, assessment, and coordination of a member’s full continuum of care and services.

Currently, we coordinate care for approximately 127,000 members in our Louisiana program.

More than 70 percent of our members receive basic behavioral health care through our network PCPs and specialists, such as screenings, medication

management, and referral services. We work with the Louisiana Behavioral Health Partnership Statewide Management Organization (SMO) and our network providers to coordinate care and address our members’ full spectrum of health care needs.

Figure J.1-1 Amerigroup’s Member-Centered Case Management Model



Amerigroup recognizes that members with behavioral health conditions may:

- Present with behaviors that are seen as challenging or difficult
- Have additional social, financial, and family stressors that can complicate their efforts to manage their condition
- Have co-morbid physical health issues and additional behavioral health conditions to manage
- Choose to self-medicate to alleviate symptoms that they are reporting to their provider
- Have higher utilization of psychotropic medication, emergency department and inpatient services

As a result, *Amerigroup has worked closely with the SMO and our network providers since 2012 to screen, identify, refer, and monitor our members in Louisiana for existing and potential behavioral health conditions.* We educate and inform our members, family members, caregivers, providers, and health plan employees at all levels of our organization on common types of behavioral health conditions and their associated symptomatology; the impact of behavioral health conditions on a member's physical health, wellness, and quality of life; indicators of potential behavioral health conditions; and how to get needed services and supports for the member.

Coordinating with the Louisiana Behavioral Health Partnership

We understand that a member's physical health can be affected by behavioral health conditions and that behavioral health conditions can create barriers to member engagement and participation in the health and wellness programs necessary for improvement or prevention of physical health conditions. Our policies and procedures outline the process for coordinating and overseeing the delivery of integrated physical and behavioral health care services, and supports. This includes screening and assessment, reciprocal referrals, accurate and timely sharing of information, coordination of care, transition planning, integrated case rounds, and monitoring of providers.

The following key principles are the foundation of our current successes in working closely with the SMO to co-manage the care of members with specialized behavioral and physical conditions. We will continue to follow these principles because they have proven successful. Prior to implementation in 2015, we will refine these as needed in accordance with the RFP's

definition of specialized behavioral health care services provided by the SMO. Further, we will amend our current formal memorandum with the SMO – which outlines processes for continuity of care, the integration of physical and behavioral health, and referral processes – to be inclusive of the new Contract requirements. The memorandum will reflect our commitment to the State's principles outlined in 6.34.2.

CRISIS INTERVENTION

Julia's mom called Amerigroup's Nurse HelpLine asking for help because her daughter was hearing voices telling her to harm herself and others. Our nurse stayed on the line with the mom and contacted 911 for immediate response. Julia was taken to the emergency department and admitted for more than a week. Following the call, our nurse case manager contacted the Statewide Management Organization to notify them of the admission and notified Amerigroup's Behavioral Health (BH) Liaison to initiate support for the family and discharge planning for the member. Our BH Liaison worked closely with the behavioral health provider to develop a holistic care plan that included the services and supports necessary to safely transition Julia home. 🌸

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We are well prepared for the transition and will assure members have access to fully integrated and coordinate care through:

- Early initial and ongoing identification of members with existing or potential behavioral health needs
- Pre-, during-, and post-transitional integrated continuity of care planning and monitoring for all new members
- Standardized, user-friendly, and easily accessible referral, authorization, and consultation processes
- Timely, accurate, and reciprocal sharing of member information
- Innovative care coordination strategies for integrating physical and behavioral health care and services
- Member access to providers and services in rural or difficult-to-serve areas
- Special programs tailored to members with high-risk, complex, chronic, and co-occurring conditions
- Psychotropic medication use monitoring
- Cross-training of clinical staff who are credentialed and specialize in physical or behavioral health care
- Continuous and tailored member and provider education on behavioral health
- Dedicated behavioral health staff, integrated health plan committee structure, and joint initiatives

We know that coordinating care between primary care providers, the SMO, and behavioral health providers who are treating the member is vitally important to achieving the best possible outcomes. As a result, we provide training and education to our staff and to providers on appropriate care coordination.

For example, Amerigroup provides a Substance Use Disorder (SUD) program through our *Taking Care of Baby and Me*[®] program, to coordinate the care of our members who are pregnant and have substance use issues. Our OB case managers receive specialized training on engagement and motivation of substance users, as well as the stages of addiction and related medical complications. Substance abuse screenings are triggered during the New Member Welcome Call, prenatal visits, and assessments by our case managers.

When a pregnant woman is identified as a substance user through the substance abuse screening or conversations with the OB case manager, the case is reviewed with the behavioral health specialist to determine appropriate interventions for the care plan. Complex situations will be reviewed by the Behavioral Health Medical Director and our OB Medical Director. The OB case manager remains assigned to the mother during her pregnancy and delivery and for six-weeks following childbirth or as long as needed to support the mother's recovery and resiliency and the safety of her newborn. The success of our program centers on the following:

- **Member education.** Member incentives and resources that support participation in prenatal, behavioral health, and postpartum services and supports, health promotion and preventive care
- **Provider training.** We educate our OB/GYN physicians on substance use disorders, appropriate and timely screening for existing or potential substance use issues, participation in the development of the care plan, two-way communication with the SMO behavioral health providers, and effective documentation of member outcomes
- **Health plan employee training.** In addition to OB case managers receiving specialized training on substance users, cross-training of other clinical staff also includes substance use disorders.

Reciprocal Referral for Needed Services

Amerigroup and the SMO have worked together since 2012 to consistently promote the reciprocal referral of members to needed physical and specialized behavioral health care services. While Amerigroup and Magellan have worked very well together to develop, streamline, and monitor our referral process, we will enhance our communication and referral activities to reflect the new division of cases and to improve our shared members' experience and access to care, reduce the administrative burden for providers, support tracking and reporting activities to monitor outcomes, and reassess and refine our strategies on an ongoing basis.

We require our health plan employees and network providers to facilitate reciprocal and timely referrals to the most appropriate provider who can provide culturally and linguistically appropriate care and services, based on the member's unique individual needs, preferences, hopes, values, and choices.

Member Voice

Amerigroup respects and protects our members' voice and choice in their health care decisions, including the sharing of their behavioral health information. With our members' permission, we complete referrals to our PCPs and the SMO as appropriate and share information regarding our members in a manner that complies with applicable State, federal, and contractual requirements that protect the confidentiality of our members, including the specific requirements regarding the confidentiality of alcohol and drug abuse, and HIV records.

Amerigroup's Behavioral Health Liaison

Amerigroup's Behavioral Health Liaison is a Louisiana-based, licensed behavioral health clinician and a pivotal component to the identification, referral, coordination of care, and monitoring of our members with existing or potential behavioral health conditions. ***Our Behavioral Health Liaison is the primary contact for providers, the SMO, and health plan employees who have direct or indirect contact with members who have behavioral health conditions.*** The liaison understands Louisiana health priorities and the common types of behavioral health conditions (ADHD, anxiety, and substance use) experienced by our Louisiana members. The liaison also recognizes the impact behavioral health conditions can have on members' ability to engage and participate in their care. To that end, the liaison works closely with the SMO on reciprocal referral follow-up, securing the most appropriate care for the member's conditions, transition planning for members who are hospitalized, and monitoring member outcomes. The liaison also participates in clinical rounds and provides consultation on complex situations to assure members receive the most appropriate care to address their needs.

Health Plan Referrals to the SMO

We use a variety of methods to refer members as appropriate to the SMO, such as through our conversations with members (and their responses to screening and assessment questions), during clinical rounds, and through data analysis.

Identifying Members in Need of Behavioral Health Services through Member Conversations

We believe that first and foremost, our members want to participate in the decisions that affect their health, wellness, and quality of life. Members can, and do, call our member services line asking for assistance with behavioral health concerns. Our member services employees are trained to make referrals to primary care for basic behavioral health needs, but can also make referrals to the SMO when specialized behavioral health care services are needed.

Our member services employees warm transfer to our case management program any member they feel needs a little more than what member services can offer. Whenever any Amerigroup staff is talking with a member and that member indicates a need for an emergency behavioral health service, the member is

warm transferred to the behavioral health crisis line. Further and if necessary, we also contact the most appropriate first responder to inform them of the situation and to arrange for transportation. In all cases, we follow up within 24 hours to verify appropriate services were received.

New Member Welcome Call Screening and Behavioral Health Assessments

Within 14 days of sending the welcome packet, we will make three attempts to conduct a member welcome call using our DHH-approved script to identify needed services and those that need to be transitioned. If, during the welcome call screening, a member is identified as needing further behavioral health assessment, we ask the member for permission to refer him or her to our behavioral health case manager for further assessment. If we are unable to reach a member after three attempts, we will mail a letter directly to the member offering assistance and a phone number for him or her to call for assistance. We will also notify DHH on a monthly basis of our members who are difficult to reach.

After establishing contact with the member, our case manager completes an initial assessment using a standardized, best practice tool. The case manager works with the member to complete an assessment that identifies individual strengths, needs, goals, and conditions, as well as long-term, holistic goals and desires, thereby assisting them to attain the components of more healthy lifestyles, such as permanent housing, employment, and social connectedness. The case manager also conducts a “gap analysis” to determine service needs and the priority for each. Additional service needs, tasks, and goals are also identified at that time. While the assessment is a standardized tool, the process relies on the case manager’s judgment and experience, with supervision as needed, to evaluate and apply its findings.

If, during this assessment, the case manager identifies existing or potential behavioral health conditions, the case manager will complete a referral as follows:

- **Basic Behavioral Health Services**—Referrals are submitted telephonically to our network providers, and case management services; electronically through our web-based provider portal; and via fax using the standardized referral form. Members with basic behavioral health needs, such as screening or assessment, prevention, early prevention, and medication management, receive these services through their assigned PCP or specialist.

MANAGING PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS

Isabel was a member with a complex medical and behavioral health history, including deep vein thrombosis with multiple myeloma, fibromyalgia, seizures, lupus, asthma, and depression and anxiety, who was experiencing an increase in ED visits and hospitalizations. Amerigroup’s behavioral health case manager contacted Isabel who indicated she had missed two behavioral health appointments because of transportation issues and was out of medication. With Isabel’s permission, the case manager contacted the behavioral health provider to schedule an appointment, the pharmacy to request a 72-hour emergency supply of medication, her PCP to share recent events, and the transportation company to identify and resolve recent issues.

Isabel and her case manager discussed the impact of behavioral health issues on her physical conditions and the importance of reaching out when she experiences any difficulty. She is now stabilized on her medications and communicates with her case manager when she experiences an increase in symptoms. The case manager continues to reach out to Isabel to check on her and monitor her appointment attendance and filling of prescription medications. Isabel says she is feeling better and her ED visits have significantly decreased since her enrollment in case management. 🌸

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- **Specialized Behavioral Health Services**—Members with more complex, chronic, or co-occurring conditions requiring specialized behavioral health interventions, such as psychiatric or psychological services and inpatient psychiatric and intensive outpatient substance abuse treatment, are referred to the SMO using a standardized coordination of care referral form. Our case managers are responsible for working with network providers and the SMO to ensure the integration and coordination of the most clinically appropriate physical and behavioral health care for the member’s condition.

Amerigroup employees advocate for members by facilitating the mutual exchange of information for coordination and effectiveness of care after appropriate consents for release of information are secured according to State, federal, and contractual requirements. This prevents service duplication and maximizes member satisfaction. We outreach to members and providers to make sure the member has accessed the services identified on the care plan. Louisiana case managers meet with members regularly by telephone or face-to-face at the member’s location, depending on the member’s risk level, to make sure appointments are kept and to address barriers and assess satisfaction. Our case managers also consult on complex situations or diagnoses during integrated rounds with our clinical staff, which includes our Chief Medical Officer, nursing staff, and SMO behavioral health clinicians. It will also include the Behavioral Health Medical Director.

Identifying Members in Need of Behavioral Health Services through Data Analysis

We proactively identify members who may benefit from behavioral health services. Our Continuous Case Finding (CCF) process uses predictive modeling tools that enable monthly data mining to identify and prioritize candidates for behavioral health services, care coordination, and case management. This process begins with analyzing data utilization. Using the retrospective two-year claims data provided by DHH, Amerigroup will identify those members who may have initial or on-going high-risk, complex, chronic, or co-occurring needs; are receiving additional or carved out services, such as specialized behavioral health services and home and community-based services (HCBS); and may need additional support or referral during and after transition. We will combine this claims data with newly gathered results from member screenings; member and provider satisfaction surveys; member complaints, grievances, and appeals; and member services, medical management, and provider relations activity report.

SMO Referrals to Physical Health Services

Amerigroup and Magellan have established mutually agreed-on processes for Magellan’s behavioral health employees and network providers to screen for potential or actual physical health needs of members receiving behavioral health services through the LBHP SMO. Employees and providers use key questions and nationally recognized screening tools to identify any unmet physical health needs their assigned members may be experiencing. Magellan employees and network providers can refer members to Amerigroup for medical care through a variety of means, including the member’s assigned PCP; our 24/7 Member Services help line, *Nurse HelpLine*[®], or Provider Services help line; case managers; chronic care/disease management case managers or coaches; and our dedicated Behavioral Health Liaisons.

We understand and will abide by any screening protocol criteria to determine whether an individual meets the criteria for specialized behavioral health services that may be based on factors such as age, diagnosis, disability, and symptom duration. We also accept that basic behavioral health services include members with mild to moderate depression, ADHD, and generalized anxiety that can be appropriately screened, diagnosed, and treated by primary care professionals operating within the scope of their licensure. We identify risk levels and potential behavioral health conditions through assessments, data review, self-referrals and external referrals from providers and Magellan.

When any mental health condition is identified, a referral is made to the SMO, for those needing specialized behavioral health services, and to the primary care provider, for those needing basic behavioral health services. We will continue with the SMO using our existing methods based on the current Contract requirements for identifying members with behavioral health needs and together we will enhance these methods to identify members using the new division of cases into basic and specialized behavioral health services.

Prescription Management

Amerigroup believes our network providers have the experience, knowledge, and best intentions to prescribe medications that are in the best interest of the member and the member's condition. We also know that there are a number of situations that may exist that interfere with the effectiveness of prescribed medications due to a lack of the following:

- Member medication adherence due to linguistic, cultural, literacy, and transportation barriers
- Knowledge of medications prescribed by multiple providers that may cause negative interactions, be duplicative, have the same classification, or be contraindicated
- Reciprocal information-sharing regarding member diagnoses, ED visits, inpatient admissions, and engagement and participation in recommended services
- Physical health provider education on behavioral health diagnoses, symptomatology, and psychopharmacology for such issues as serious emotional disturbances (SED), severe and persistent mental illness (SPMI), substance use disorders, and co-occurring disorders

Amerigroup educates our network providers during orientation, on-going, ad hoc, and annual trainings on our expectations, policies and procedures, and best practices in prescribing practices. Amerigroup's primary goal is to make sure network providers have the information, tools, and support necessary to prescribe medication for the safety, well-being, and improved outcomes of our members. Our Drug Utilization Management Report supports the identification of medications that may be duplicative, contraindicated for the member's age or condition, and over- or under-utilized.

Pharmacy Medication Therapy Management Program

Conducted by specially trained clinical pharmacists coordinating with the member and prescribers, this program provides comprehensive medication management services. The program is a collaborative effort between the pharmacist, the member, the primary provider, the SMO and Amerigroup. For members on multiple medications or medications prescribed for chronic conditions, including anti-psychotic, antidepressant, ADHD and other psychotropic drugs, clinical pharmacists work with providers to ensure that medications are appropriate, effective for the member's medical condition, safe with respect to comorbidities and other medications being taken, and able to be taken by the member as prescribed. We also provide information to our members on the following types of topics:

- Type and purpose of their prescribed medications
- Importance of medication adherence
- Potential side effects
- How and when to take medications appropriately
- What to do if they run out of medication
- Tips on remembering to take their medications
- Who and when to contact when they have concerns or questions or experience side effects

Using pharmacy claims data, our predictive model identifies members who are eligible for outreach case management services and prioritizes members for interventions. When members who use multiple pharmacies or have prescriptions from multiple providers are identified, we reach out to the members and allow them to select a single pharmacy for prescriptions. The pharmacist evaluates utilization and works with the prescriber and the member to identify and reduce duplicate prescriptions, drug interactions, and overuse.

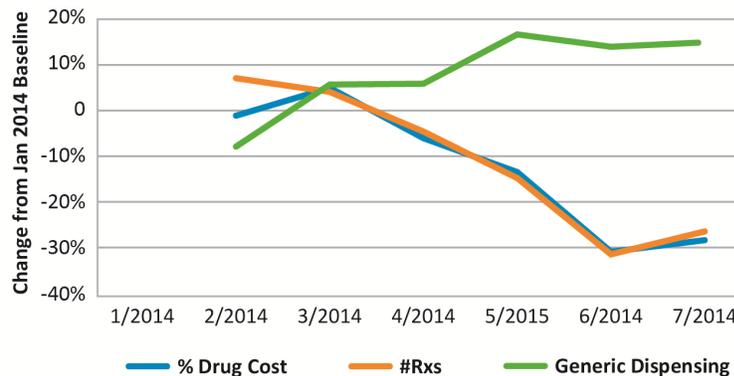
For example: pharmacy and utilization data revealed a significant number of higher volume prescribers of Attention Deficit Hyperactivity Disorder (ADHD) medications, particularly from specialty providers who do not typically treat ADHD or related disorders. As a result, we designed an intervention program in Louisiana that included:

- Visitation by a pharmacist to meet face-to-face with prescribers and work with them to improve adherence to clinical practice guidelines, promote lower cost alternatives, and address any administrative issues the prescribers might have
- Web-based education on ADHD clinical practice guidelines to promote easy access and reach a wider audience of prescribers

The program ran February – July 2014. **More than 20 prescribers were visited during that period.** Our clinical pharmacist visited high-volume psychiatrists; pediatricians; OB-GYNs; eye, ear, nose and throat specialists; allergists; and a number of family practice physicians to discuss their use of guidelines for prescribing these medications.

As shown in Figure J.1-2, as a result of the intervention, the number of ADHD medication claims decreased, the cost of the ADHD medications as a percentage of total drug costs decreased, and the generic dispensing rate increased. As reported by the clinical pharmacist, the face-to-face visits also helped increase awareness among providers about using clinical practice guidelines for prescribing ADHD medications.

Figure J.1-2 ADHD Initiative Results



Drug Utilization Review. Members who have co-morbid conditions and behavioral health concerns that warrant medications often have drug interactions between psychotropic medications and those that treat common chronic diseases; for example, diabetes mellitus and hypertension. Amerigroup’s retrospective drug utilization review for our Louisiana program addresses this issue by encouraging coordination between a member’s PCP and a prescriber of drugs for behavioral health concerns.

Medications for other serious medical conditions (for example, hypertension, diabetes mellitus, neurological disorders, or cardiac problems) are identified. If members may be at risk due to potential drug interactions between these and behavioral health-related drugs, we then fax letters to providers showing

the interaction, potential problems, and recommended actions for the provider, which include reviewing the member's medication profile to evaluate the need for discontinuing or changing medications. Our case managers follow up with the provider to make sure the notification has been received and the provider has made the necessary adjustment.

Working Together to Coordinate Care

At Amerigroup, we believe that sharing information changes lives—reciprocal referrals are just not enough. We work with Magellan to make sure that our clinical staff receives the information necessary to support the member's needs; identify any new, unmet, or undiagnosed conditions; and determine whether our interventions are meaningful to our members as evidenced by improving their health, wellness, and quality of life. As a result, we have worked together through the following:

Reciprocal Sharing of Member Information

With appropriate member consent and as allowed by State and federal regulations, we make sure that member health information is exchanged between providers at the frequency needed for the member's risk level. The information exchanged includes screening and assessment results; the care plan; service provision; member engagement and participation; discharge, safety, and follow-up plans; and monitoring results. The information is shared between the member's providers, including the PCP, specialty providers, behavioral health providers, and the SMO, to make sure that all of the member's needs have been addressed holistically and that all providers are aware of all services being provided. Amerigroup also requires our providers and the SMO to seek written member consent to release specially-protected health information, such as substance abuse or HIV/AIDS treatment information, to Amerigroup and other treating providers.

Our primary care or specialty providers provide clinically appropriate basic behavioral health care within their scope of practice. We require these providers to share behavioral health-related information, such as the member's assessment, care plan, prescribed medication and experienced side-effects, and information about any physical health conditions or diagnoses that may affect the behavioral health provider's ability to engage the member in his or her own care. We will help open up lines of communication between primary care and behavioral health providers and follow up with these providers as needed to confirm the initiation and on-going provision of the services identified in the member's integrated care plan.

Integrated Case Rounds

Under the direction of our Chief Medical Officer and the Behavioral Health Medical Director, case management, and utilization management employees will partner with the SMO's clinical teams to participate together in multi-disciplinary rounds every week. During these rounds, our case managers and SMO clinicians collaborate, share information, discuss complex cases, and address care planning needs, including potential behavioral health discharges, for our shared membership.

Discharge Planning

For those members transitioning from an acute care setting who have been identified with existing or potential specialized behavioral health needs, we will coordinate with the SMO staff and the hospital discharge planner to help develop a transition plan that will include the involvement of a behavioral health professional, scheduling of seven-day and 30-day follow-up appointments, and filling prescribed medications. All cases discharged from an acute care setting will receive stabilization case management services. As part of stabilization following an inpatient stay, the Amerigroup case manager actively follows up with the member to make sure the members attend their aftercare appointments within seven days of discharge. The case manager will stay in touch with the member on a weekly basis (at minimum) for four weeks to facilitate appropriate follow-up care and coordination. The purpose of these calls is to identify barriers to continued treatment, to identify and link the member to appropriate community

resources, and to ascertain if the member should be graduated from case management or be moved into care coordination or complex case management.

Engaging and Educating Primary Care Providers

Our PCPs provide basic behavioral health care—such as screening, prevention, early intervention, medication management, and brief treatment and referral services—to their assigned members as appropriate or make timely referrals to Magellan for members with more specialized behavioral health needs. They use nationally recognized, best-practice tools to screen for behavioral health issues during appointments or telephone contact.

Initial, annual, and ad-hoc trainings assist providers in awareness and adherence to established policies and procedures for appropriate referral, mutual sharing of information, and thorough documentation of referrals and follow-up efforts. We publish our referral processes and forms in the provider manual (located on our secure web-based provider portal) and routinely provide reminders and updates on processes through provider fax blasts and electronic and telephonic alerts. In addition, our provider relations employees also inform providers during on-site visits. We will monitor provider compliance with these requirements through regular reviews of claims data; the member's electronic health record (EHR); member complaints, grievances, and appeal information; member services call logs; and Member Satisfaction Surveys. We will document this information and refer providers who need additional training to our Provider Relations department.

Provider Education

Our comprehensive provider education program is an essential component of how we promote continuous enhancement of provider knowledge and skills in screening for behavioral health conditions, assessing risk and severity levels, providing care for basic behavioral health issues, and referring specialized behavioral health issues to Magellan. We provide initial and ongoing training and education to our network providers on integrated physical and behavioral health clinical issues; program administrative components and requirements, such as documentation, referral, prior authorization, and consultation processes; and program updates. Our training methods include on-site visits by provider representatives as well as online information through our provider portal.

Screening, Brief Intervention and Referral for Treatment (SBIRT) Guidelines

- Members who screen positive should receive a brief and clear intervention to decrease or stop use.
- Effective interventions to reduce alcohol misuse include an initial counseling session of about 15 minutes, feedback, advice and goal setting, as well as an offer of further assistance and follow-up.
- Multi-contact interventions for patients ranging widely in age (12-75 years) are shown to reduce mean alcohol consumption by three to nine drinks per week, with effects lasting up to six to 12 months after the intervention.
- These interventions can be delivered wholly or in part in the primary care setting and by one or more members of the health care team, including physician and nonphysician practitioners. ♣

Screening, Brief Intervention, Referrals and Treatment (SBIRT)

We plan to work closely with our PCPs to share evidence-based practices, such as screening tools that enable them to assess their members' needs and provide targeted treatment or referrals. We promote among our PCPs, for example, SBIRT, a covered service for our members. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and screening for individuals with risky substance use and referral to treatment for those members who meet criteria for a substance use disorder. SBIRT has been demonstrated to reduce both alcohol abuse and health care treatment for the abuse. We are committed to increasing the use of this covered service through provider education and partnerships. Through our provider education program, we support PCPs in screening our members for

behavioral health conditions, and on the web portal we provide them the tools and trainings to complete such screenings. We reimburse all PCPs for all SBIRT services. Our provider training program includes initial orientation, the provider contract and manuals, on-going regular scheduled meetings in which we share data on utilization including all screening performed, and information on how to refer a member to a mental health or substance abuse provider.

Examples include the following:

- New or revised clinical practice guidelines are disseminated to all Amerigroup providers within 60 days of adoption and/or revision. Information on the evidence-based practice Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify, reduce, and prevent substance use, abuse, and dependence on alcohol and drugs was provided in this manner. We notify network providers of practice guideline changes through various communications, including postings to the provider website, newsletters, broadcast faxes, special mailings, and provider manuals.
- “Bridging the Gap,” Amerigroup’s provider symposium on integrating physical and behavioral health – This annual webinar aims to increase the level of integration among PCPs and behavioral health and substance abuse providers by making information and resources, including those related to behavioral health screening, available to them in an accessible forum. As an added incentive for attendance, Continuing Medical Education Units are offered to all providers who participate. Goals of the training include learning to 1) identify, treat, and refer members with behavioral health conditions that can be readily diagnosed in primary care settings; 2) identify substance abuse problems for members presenting physical health complaints; and 3) use screening and assessment instruments.
- Enhanced provider training efforts include best-practice research from groups such as the Substance Abuse and Mental Health Services Administration (SAMHSA) and California Behavioral Health Integration Technical Workgroup and recommendations outlined in *Evolving Models of Behavioral Health Integration in Primary Care* (Collins, Hewson, Munger, and Wade, 2010).
- Training aimed at developing a shared philosophy about member care and creating a collaborative team approach. This training helps behavioral health providers become skilled in providing brief solution-focused therapy and understanding how physical disease processes unfold. The training also aims to help them become comfortable in physical and primary care settings and flexible to adapt to acuity changes. Training also focuses on how PCPs and medical specialists can enhance quality of care and improve clinical outcomes by integrating behavioral health services.
- Our provider relations representatives distribute material on co-occurring disorders during monthly and quarterly meetings with key providers. Materials cover screening, assessment, and integrated treatment for co-occurring disorders. Additionally, members of our clinical team provide field-based individualized training based on provider needs; for example, focused training on HEDIS measures for providers identified as needing additional education on the measures and how to meet standards. Our provider website includes clinical policy bulletins and clinical practice guidelines, as well as online training materials (for example, education on cultural competency and teenage depression).
- Our behavioral and physical health Medical Directors provide ongoing consultation and technical assistance to providers treating our members to educate them about evidence-based approaches and provide recommendations for interventions, medications, and referrals for additional services. Providers can contact our Medical Directors telephonically to request consultation on authorizations, difficult cases, and referrals to specialty providers. Our Medical Directors will also reach out to providers when considering a denial of an authorization request to obtain more information or discuss alternatives to the requested service.

We design our training to meet all provider types and needs. For example, we understand that providers and community-based organizations, such as *NO/AIDS Task Force*, and faith-based organizations not previously experienced or unfamiliar with managed and/or integrated care need special attention and education. We will provide an enhanced level of training that includes extensive outreach by telephone and one-on-one interaction with our clinical care coordinators and provider relations representatives to promote timely and accurate identification of existing or potential basic and complex behavioral health conditions that require interventions.

Role of the Amerigroup Behavioral Health Medical Director

Under the direction of Amerigroup's Chief Medical Officer, our Behavioral Health Medical Director will be local, board-certified, and available at a minimum of 20 hours per week. Our Louisiana Bayou Health Behavioral Health Medical Director will have a minimum of five years of combined experience in mental health and substance abuse services and have knowledge and understanding of successful integration and delivery of holistic care, to help PCPs achieve a high level of integrated care.

Our Behavioral Health Medical Director will work collaboratively with our Chief Executive Officer, Chief Medical Officer, the SMO and medical management team to facilitate full immersion of behavioral health concepts and best practices for care delivery into our program, clinical practices, and policy decisions. This collaboration includes education and training, care coordination, case management, case review, utilization management, and decision-making processes. This will be done in our Integrated Rounds with Magellan and our Complex Case Rounds internally. Our Behavioral Health Medical Director will be available to consult with providers on complex cases that involve multiple diagnoses, level of care transitions, and polypharmacology medication management. Our Behavioral Health Medical Director will collaborate directly with the SMO to facilitate all integrated care.

J.2 Coordination with the Medicaid Dental Benefits Manager

J.2 Describe how you will coordinate with the Medicaid Dental Benefits Manager for the management of shared members, including processes for reciprocal referral for needed services.

As described above, Amerigroup considers collaboration, coordination, and reciprocal processes with external organizations a priority in meeting the needs of our members in a holistic manner. We believe coordination and integration are especially important since medical, dental, and even behavioral health are often interrelated for key populations served through Medicaid. We are accustomed to working with dental benefits managers and recognize the importance of building and maintaining close, collaborative relationships to address members' total health needs. To that end, we have identified best practices to promote optimal dental outcomes for our members through Louisiana's Medicaid and LaCHIP dental benefits administrator, Managed Care of North America (MCNA). We currently collaborate with MCNA on coordination of care strategies including the following:

- Reducing inappropriate emergency department use
- Customizing outreach to members with behavioral health or chronic care conditions that affect dental outcomes, such as diabetes
- Conducting integrated staff training on outreach, referrals, and coordination of care
- Co-locating care coordinator at MCNA to improve member engagement in EPSDT measures
- Including contact info for MCNA in our member educational materials
- Reciprocal sharing of information regarding gaps in care and barriers to member access

Identification of Members with Dental Needs

In our experience, there are two key populations for whom linkage between medical and dental programs have the most significant impact. First, members who visit the emergency department for a dental-related condition most likely require follow-up dental care to encourage preventive and primary care services that may avoid future emergency department visits. Second, pregnant women with periodontal disease are more likely to have complications with their pregnancy. Research suggests that the bacteria that cause inflammation in the gums can enter the bloodstream and target the fetus, often leading to premature labor and low-weight babies¹.

Making sure that pregnant members receive timely and appropriate dental services will promote optimal outcomes for both mother and baby. Additionally, many members who suffer with depression or substance abuse have dental problems that can worsen their symptoms due to self-medication or poor self-esteem. In either situation, behavioral health providers will refer these members to dental services that further our goal of caring for the whole person.

Improving Compliance with Dental Screenings

While Amerigroup has made significant strides toward improving EPSDT rates among our members in Louisiana, we recognize that many opportunities for improvement remain. We recently met with MCNA to discuss strategies for promoting EPSDT compliance. As a result of this meeting, we are now working with MCNA to address missed opportunities and to leverage our communications to promote EPSDT.

¹ Periodontitis: A risk for delivery of premature labor and low birth weight infants. US National Library of Medicine National Institutes of Health. Saini, R. 2011 Jan; 2(1):50-2.

Amerigroup has proposed to provide information about dental screenings, including contact information for MCNA, on all of our member education materials related to EPSDT.

Reciprocal Referral for Needed Services

Amerigroup recognizes the importance of reciprocal referral and information sharing between organizations in providing holistic care that addresses the members total health needs. For example, members may experience significant pain and health complications related to dental conditions that have been created or exacerbated by a member's substance use and which result in member self-medication.

We will educate our providers on reciprocal referral and information-sharing through our provider manual and web-based provider portal, and during initial, on-going, ad hoc, and annual provider trainings. These modalities will include the provision of scenario examples, sample referral forms, contact information for our Provider Relations or Nurse help lines, documentation instruction, information on how to follow-up on services that have been referred to another provider, and who to contact if services have not been initiated.

Amerigroup recognizes and embraces the opportunity for organizations that provide carved out services to communicate with and refer to one another. We will foster and monitor the reciprocal relationship with these organizations by engaging their representatives to 1) identify and deliver education and training topics for members, providers, and health plan staff; 2) participate in case reviews for members with complex, chronic, or co-occurring conditions; 3) serve on our behavioral health and member advisory committees; and 4) collaborate on referral processes to minimize burdens on our members and providers.

Amerigroup will submit monthly HIPAA-compliant data reports to DHH's dental program vendor that list our members who visited the emergency department for a dental condition within the previous month and a list of all newly identified pregnant women enrolled in our health plan. With this data, the dental vendor can conduct targeted outreach to connect these high-risk members with the appropriate dental services, fostering improved overall health outcomes for the members and cost savings to the State. The following initiatives demonstrate Amerigroup's commitment to developing innovative approaches to improving dental health outcomes for our members:

- Advocating for improved general health of children, including oral health, for our carve-in programs. Amerigroup recently evaluated delivery of dental care in a hospital operating room setting. Analysis by our Medical and Dental Directors confirmed that children are placed at risk when general anesthesia is used unnecessarily. Amerigroup recognized an increased number of children being referred to the hospital for dental services for the use of general anesthesia. We initiated prior authorization requirements for all dental procedures performed in a medical facility under general anesthesia, applying clinical criteria established by the American Dental Association and the American Academy of Pediatric Dentists. These criteria take into account the age of the member, the number of treatments to be performed, and any co-morbidities that may exist. The goal of the initiative is to enhance patient safety by confirming that the need for general anesthesia is justified.
- We are currently exploring with carve-out vendors in other states how to operationalize such a program. Under this arrangement, the dental vendor manages the preauthorization process and shares daily or weekly authorization files with Amerigroup to support claims adjudication. We believe this initiative may strengthen child patient safety for our members in Louisiana, and we welcome the opportunity to discuss it with DHH and the statewide dental benefits manager.

Additionally, we include in our provider handbook educational information for PCPs which reinforces the importance of timely dental services for children and promotes integration of primary and dental services.

J.3 Coordination of Care of Other Carved Out Services

J.3 Describe your approach for coordinating other carved out services including but not limited to Person Care Services, Targeted Case Management and other waiver specific services. Please include a description of how you will identify that your members may be in need of these services and any processes you will have in place for referral to and follow up with the member and provider or payer as appropriate.

Amerigroup is adept at collaborating with external entities to coordinate carved out services. We bring to Louisiana established protocols and an approach that supports integration of care and services for our members, even if that care is delivered by external organizations, such as Magellan, MCNA, or other State-contracted entities, such as HCBS providers. Our transition, continuity of care, and case management models center on whole-person needs and preferences: we deliver a full array of services that are tailored to the individual's unique biopsychosocial needs and strengths, not simply aligned to the member's primary condition. This includes carved out services, such as personal care services, HCBS, and targeted case management.

This vision serves as the cornerstone to our member-centric approach to care and service coordination. As we strive to fulfill this vision, we recognize that all provider, in-network, out-of-network, or carved out services and interventions must be designed around the unique needs of each member, building upon existing individual strengths, and supporting his or her goals for health and independence.

Identification of Members in Need of Additional Services

Our case managers work diligently to coordinate care holistically to provide members with high-quality services and supports, and they are committed to doing the right thing for the member at all times. This commitment is evident in how we conduct our day-to-day interactions with members, providers, and other external entities to serve our members who, in addition to medical and behavioral health care, need other HCBS, such as personal care services and targeted case management for mental health rehabilitation.

Promoting access to available services for all members. In order to help ensure a fully integrated, holistic system of care for members and to avoid duplicated or fragmented care, we coordinate care through an integrated member care plan that identifies all of a member's services and supports, including covered services, carved-out services, and community and natural supports. We work members and providers to coordinate the member's care plan. ***Our initial screening of members identifies members' immediate physical, behavioral health, psychosocial, and functional needs; gathers information regarding the level and type of existing care management; and reviews information to identify the member's strengths, needs, and available resources to enable person-centered planning in conjunction with the member.*** We incorporate information obtained by other providers and programs into our screening, assessment and care planning process. By doing so, we make sure that all available information is considered and incorporated to develop a person-centered, goal-oriented care plan and to link members to the services and benefits available to them that best meet their needs.

Amerigroup will use the two years of DHH-provided claims data to identify new members who are eligible for or enrolled in personal care service, HCBS, or targeted case management programs. This will enable us to best identify those members who likely require more hands-on case management assistance with accessing services. We will also incorporate such agencies into the case management planning process, linking members to the necessary services, and verifying that coordination takes place when appropriate.

Proactively identifying and prioritizing members who will benefit from additional support. We conduct ongoing data mining by evaluating the results of screening and assessment results, utilization data, and referral information to proactively identify individuals who may need additional supports and services in the home. We use our proprietary predictive modeling program, including our Chronic Illness Intensity Index (CI3), to prioritize and identify at-risk members for referral to our case management program and external services, such as personal care or targeted case management, to avoid out-of-home placement. Our proactive approach allows us to intervene quickly and engage members in preventive care, increasing their ability to remain in their home and community-based settings.

Other collaboration opportunities. In our experience serving members in several states through long-term supports and services (LTSS), we believe opportunities exist to collaborate with personal care service, HCBS, or targeted case management vendors on quality improvement projects. For example, we will consider a clinical quality improvement initiative for individuals who are aged, blind, and disabled (ABD) for whom we coordinate LTSS. Because these types of providers have daily face-to-face contact with members, they are often the best source for early identification of any potential health complications that, if left unchecked, could compromise health or trigger an escalated level of care, such as inpatient admission. We will work with these external providers to recognize any changes in a member's condition (such as a change in skin tone, thirst, or appetite) and to report those to the Amerigroup case manager so we can respond rapidly and avert complications.

Referrals and Follow Up

Case management and coordination of care activities for members receiving carved out supports and services from external entities include the following:

- Submitting or assisting the PCP or other provider in completing and submitting referral paperwork
- Scheduling appointments and arranging transportation for the member as needed
- Conducting telephonic or face-to-face follow-up with the member and provider to verify that a referral has been received and services have been initiated
- Monitoring the member's electronic health record to confirm that services have been incorporated into the care plan and adjusted as necessary, based on the member's progress
- Working closely with the providers to coordinate the member's care, preventing unnecessary or duplicative services
- Conducting provider audits to monitor compliance with referral and follow-up processes

Our integrated case management employees tailor their activities and support based on the member's choice, strengths, needs, and level of risk. Amerigroup case managers are trained on best practice techniques, such as motivational interviewing and the strengths-based model, to more effectively engage members in their own health care decisions.