



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Families 360°



Monitoring and Oversight Committee

Date: February 13,
2020



Mission:

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



Purpose:

Shaping the future of A Healthy Georgia by improving access and ensuring quality to strengthen the communities we serve.

Agenda

2:00-2:05 PM: Welcome and Introductions: Lori Abramson, DCH

2:05-2:10 PM: Georgia Families 360° Dashboard Introduction: Marvis Butler, DCH

2:10-2:30 PM: Amerigroup Review of Performance Improvement Plans, Candace Body, AGP

- ER Readmission Reduction
- Behavioral Health Inpatient Readmission Reduction

2:30-3:30 PM: Program Updates:

- Behavioral Health and Physical Health trend
- Trauma Assessment Review
- Telemedicine
- Provider Network

3:30 PM: Adjournment: Next Meeting Thursday April 14, 2020 2PM



DCH Introduction

The Georgia Families 360° Dashboard

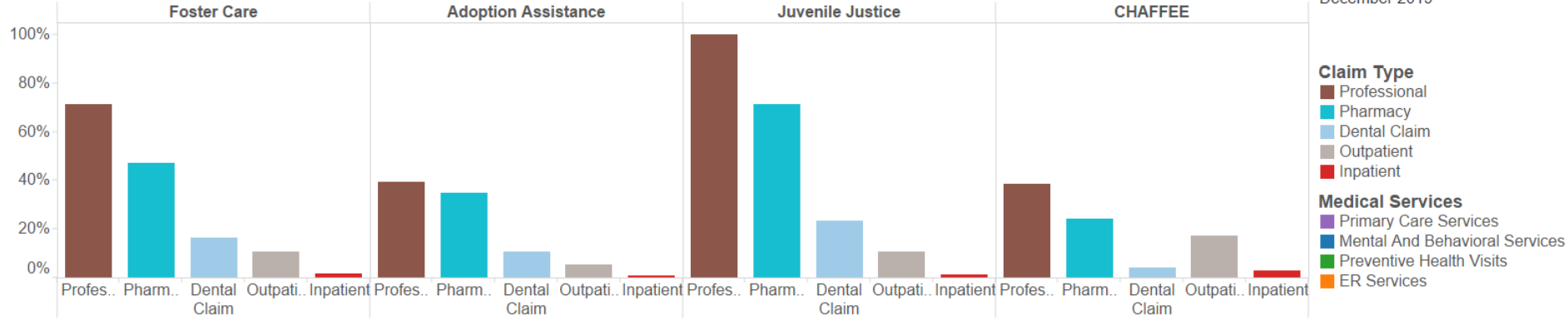
Marvis Butler, DCH



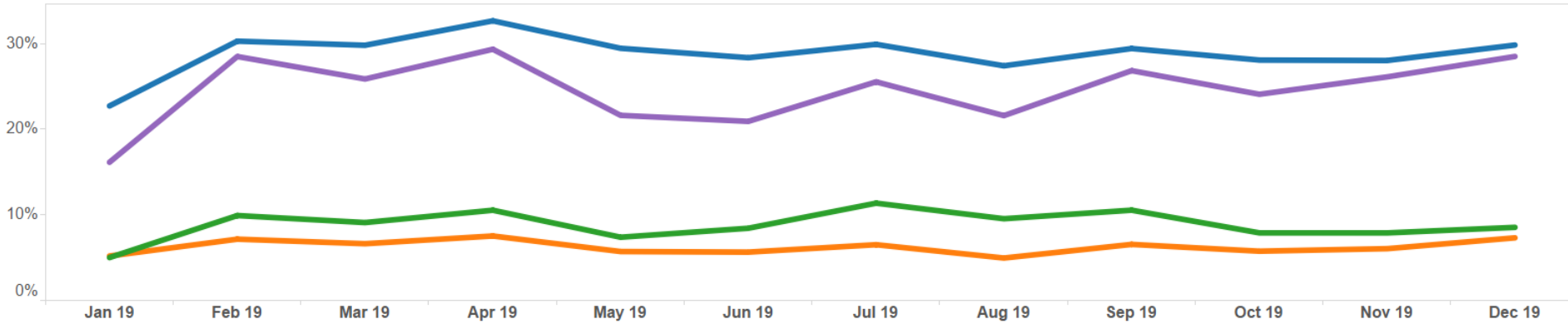
Georgia Families 360 Utilization Dashboard Georgia Department of Community Health (Data Source - Claims Paid CY 2019)

Reference Date: Paid Month
December 2019

Claims Utilization by Aid Category for Claims Paid in December 2019



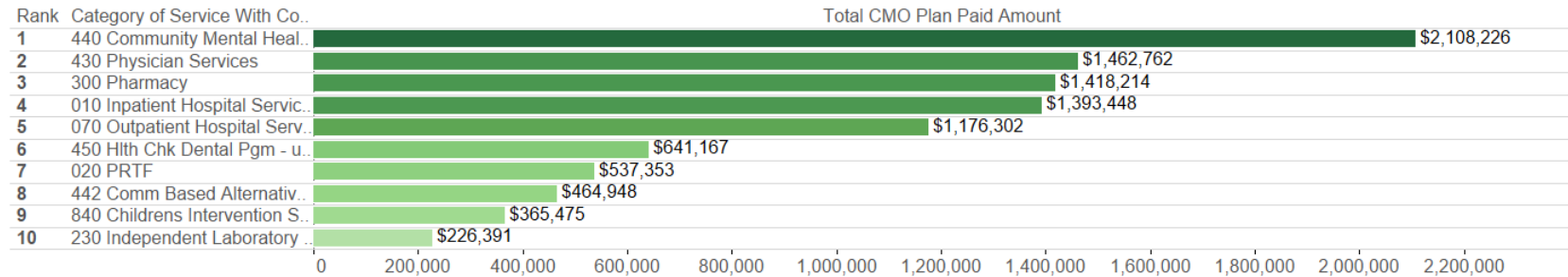
Percent of GA Families 360 Members Who Utilize Medical Services



Georgia Families 360 Utilization Dashboard
Georgia Department of Community Health
 (Data Source - Claims Paid CY 2019)

***Top 10 Service Categories Ranked by Total CMO Plan Paid Amount for Claims Paid in December 2019**

Aid Category from Claim: Foster Care, Adoption Assistance, Juvenile Justice and 1 more



Rank by Paid Amount or Patient Count

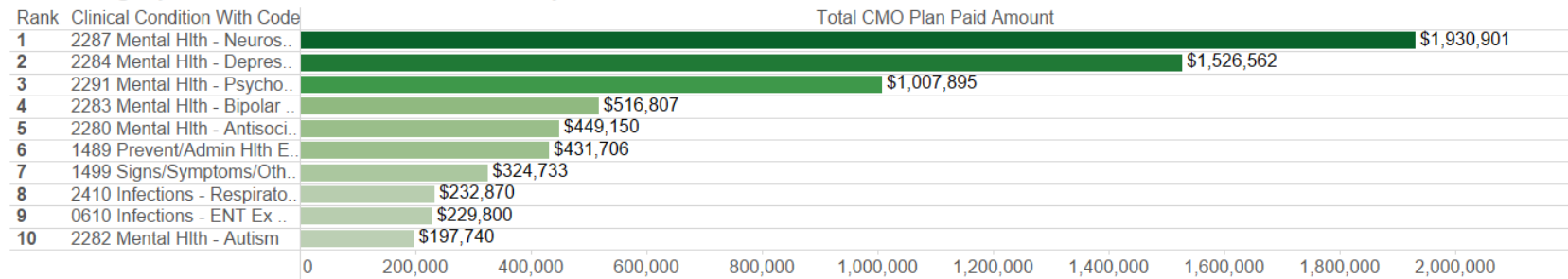
- Total CMO Plan Paid ..
- Patient Count

Aid Category

- Foster Care
- Adoption Assistance
- Juvenile Justice
- CHAFFEE

Top 10 Clinical Conditions Ranked by Total CMO Plan Paid Amount for Claims Paid in December 2019

Aid Category from Claim: Foster Care, Adoption Assistance, Juvenile Justice and 1 more



* The first chart above includes Category of Service, which is a field that does not appear to be completely populated for encounter claims data. As such, the chart may not be a complete representation of the top service categories for claims utilized by Georgia Families 360 members. Top 10 Clinical Conditions are based on the professional and facility claims only.

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Georgia Families 360°SM

Process Improvement Projects



Process Improvement Projects (PIP)

Why:

- Contract requirement
- Supports DCH's Strategic Plan
- PIP Oversight and Evaluation Health Services Advisory Group (HSAG)

**GF 360 ° PIP Topics:
ER Readmission Reduction**

BH Inpatient Readmission Reduction, 31-60 days following Post Discharge Management.



What is a PIP?

A methodology that:

- ❖ Identifies healthcare processes that need improvement
- ❖ Sets improvement goals
- ❖ Implements potential interventions on a small scale
- ❖ Spreads best practices to a larger audience

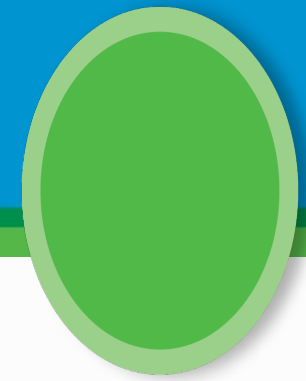




RealSolutions
in healthcare

Amerigroup Community Care GF 360° ER Clinical PIP

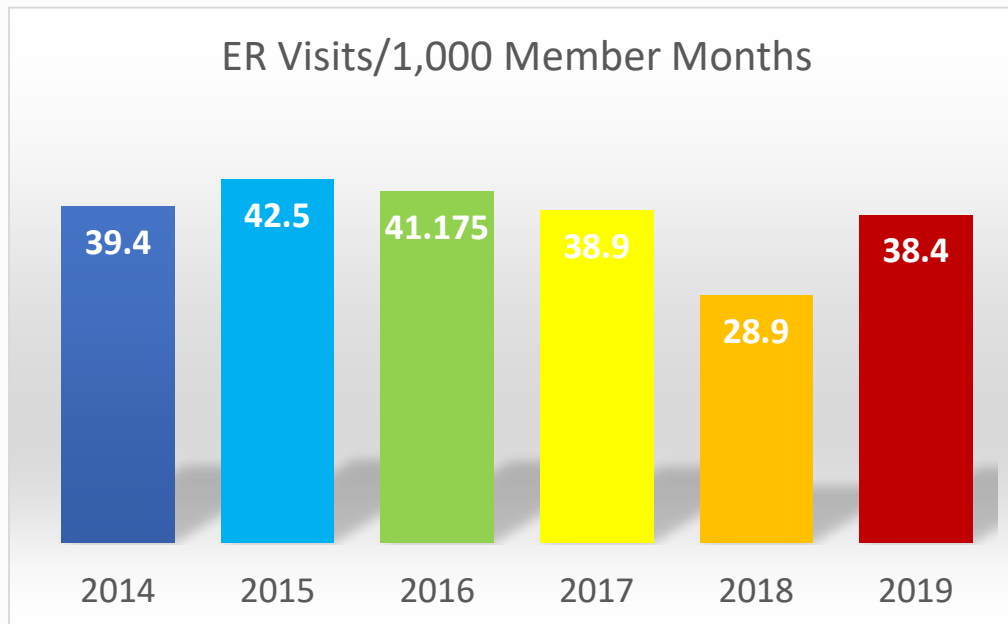
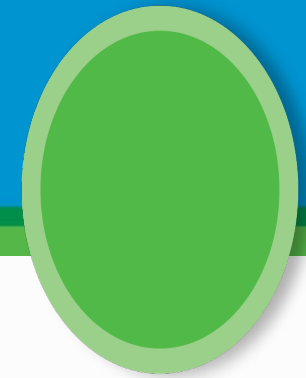
Clinical PIP Topic : ER Readmission Reduction



- PIP rationale
 - In recent years emergency rooms (ER) have been overwhelmed with patients seeking care for psychiatric related issues or non emergent medical concerns.
 - The Case Management ER redirection program aims to reduce the number of ER visits for non emergent behavioral and physical health reasons. Through assessing programmatic trends it has become more apparent that high utilizers could benefit from additional education and support beyond ER Redirection.
 - The GF 360° program intends to identify, implement, and monitor interventions designed to reduce readmissions of members previously enrolled in our ER Redirection program.



Clinical PIP : ER Readmission Reduction : Trend Data



Clinical PIP : ER Readmission Reduction

- Problem: Members enrolled in the ER Redirection program return to the ER with non-emergent behavioral health problems.
- Goal: To reduce the number of ER Readmits for GF 360° members enrolled in the ER redirection program by 5 %.





RealSolutions
in healthcare

Amerigroup Community Care GF 360° BH Inpatient Readmission Reduction

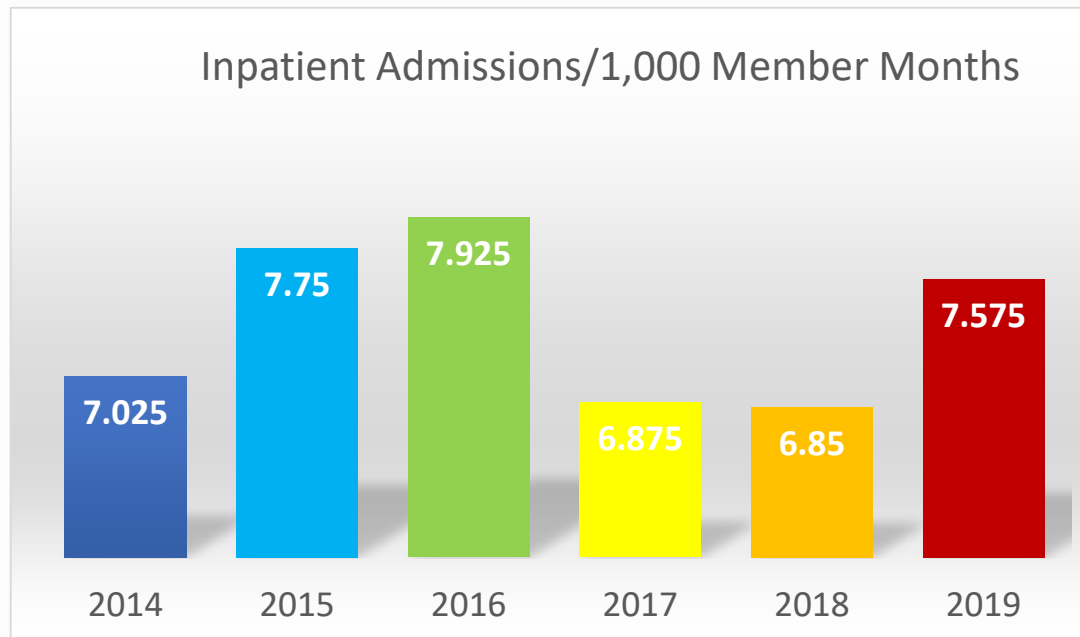
Administrative PIP : BH Inpatient Readmission Reduction:

- Youth in foster care who experience inpatient behavioral health admissions are more likely to be re-hospitalized than youth not involved in the child welfare system.
- The Post Discharge Management (PDM) program is designed to reduce 30-day readmissions. GF 360 has noted high readmissions rates beyond 30 days of discharge.”
- The GF 360 program intends to identify strategies to reduce BH Inpatient readmissions of members previously in our Post Discharge Management Program.



Administrative PIP : BH Inpatient Readmission Reduction:

PIP Rationale



Administrative PIP : BH Inpatient Readmission Reduction:

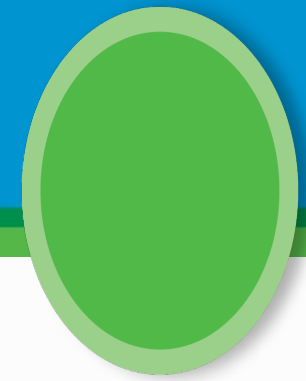
- Problem: Readmissions between 31-60 days after discharge.
- Goal: To reduce BH IP readmissions by 5% for GF 360° members previously monitored by Post Discharge Management (PDM).



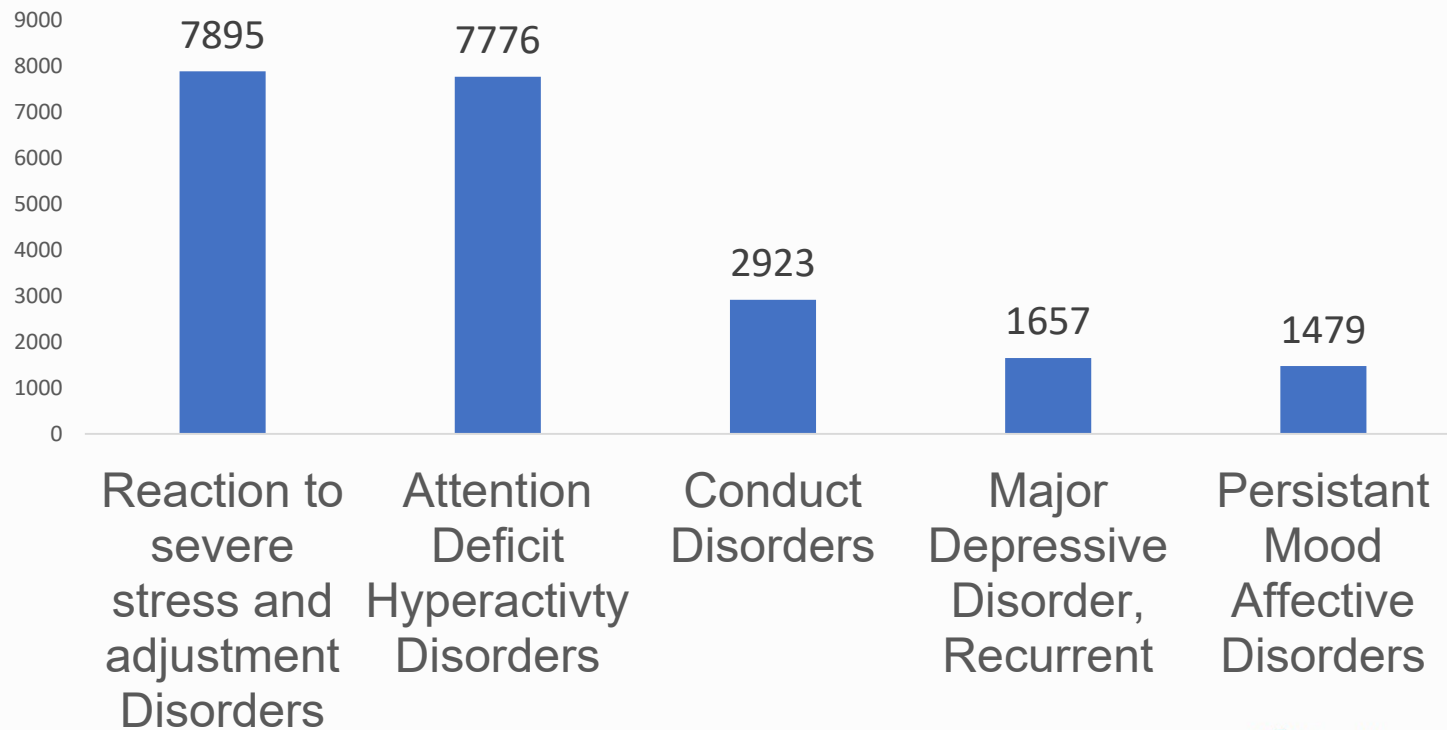


Behavioral and Physical Health Trends

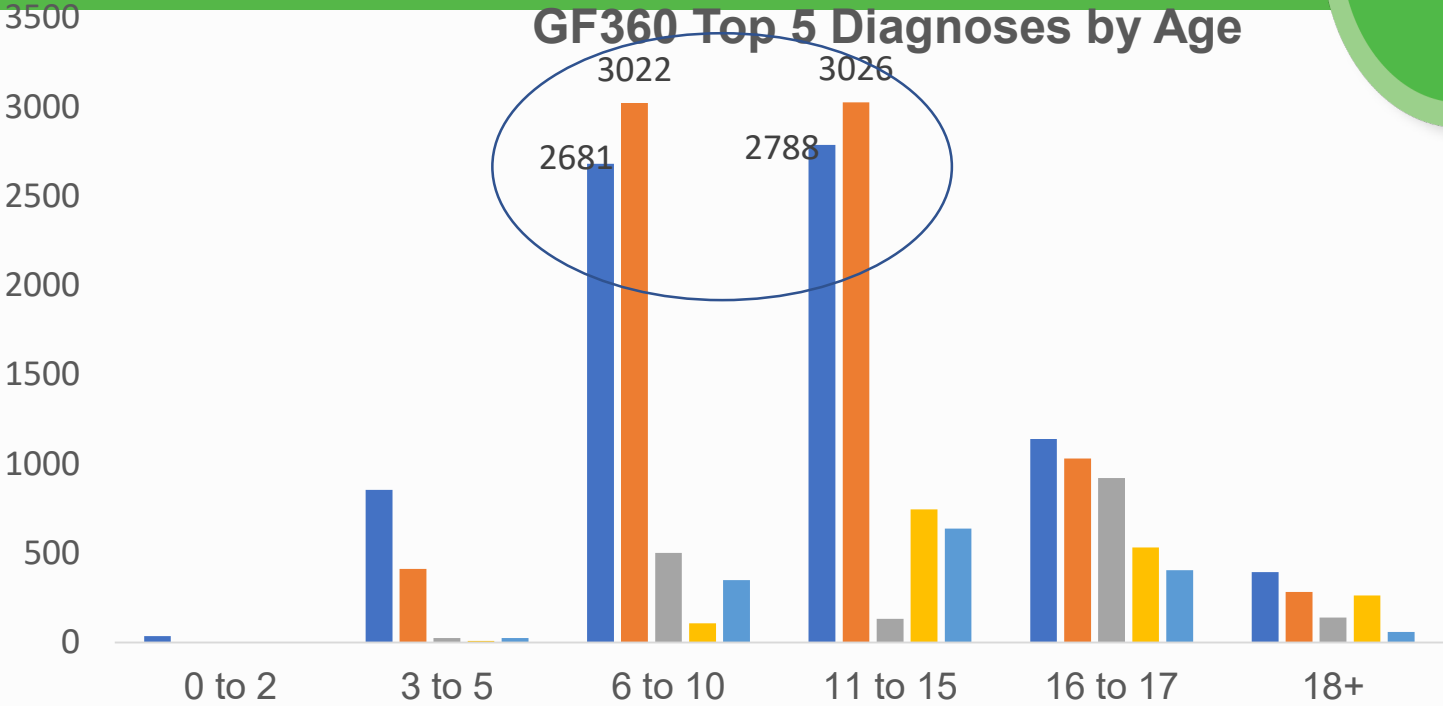
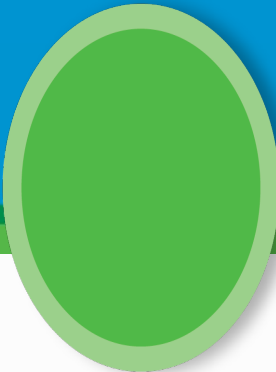
Debra Robinson



GF360° Top 5 BH Diagnoses



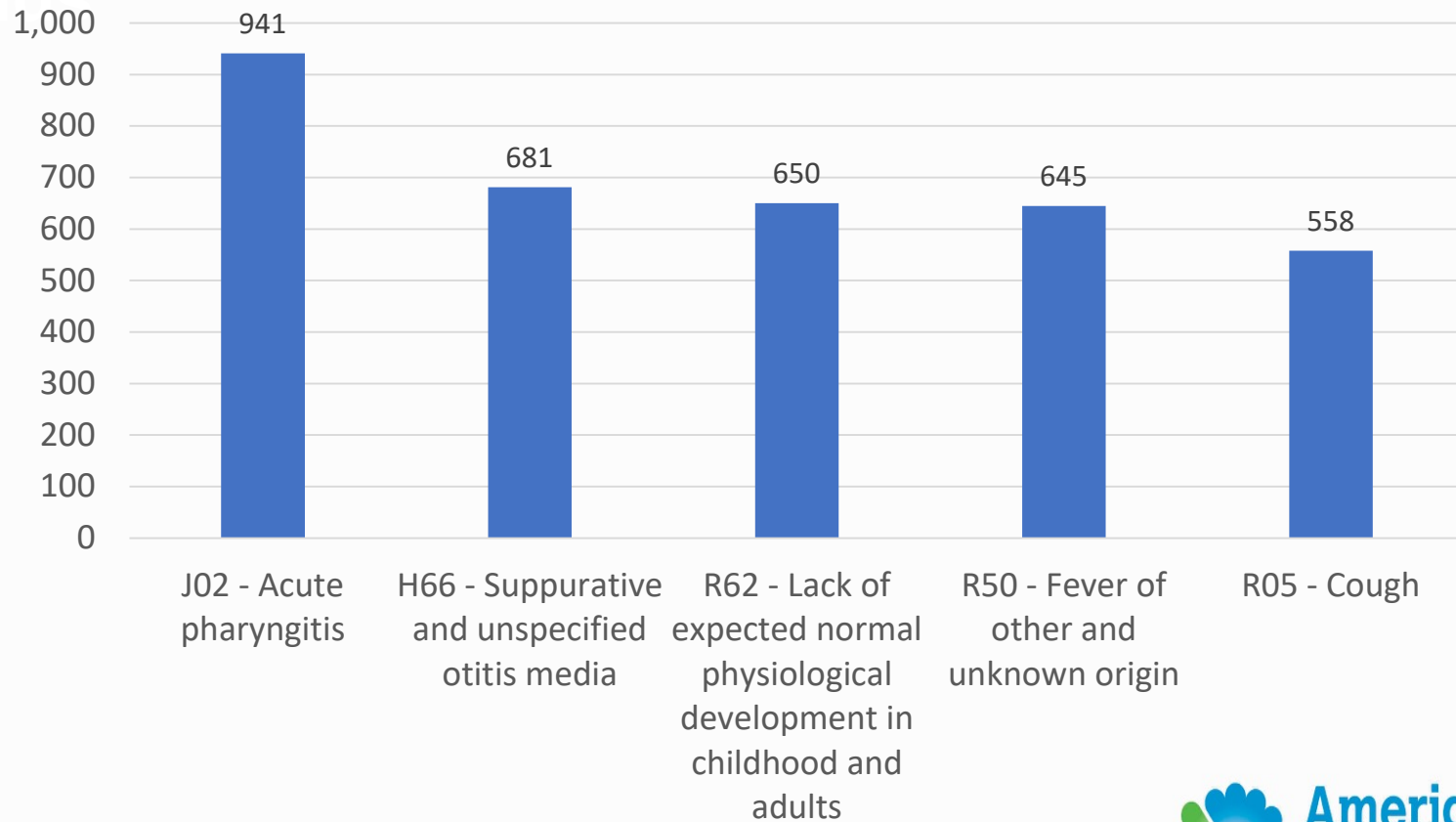
GF 360° BH Trends by Age



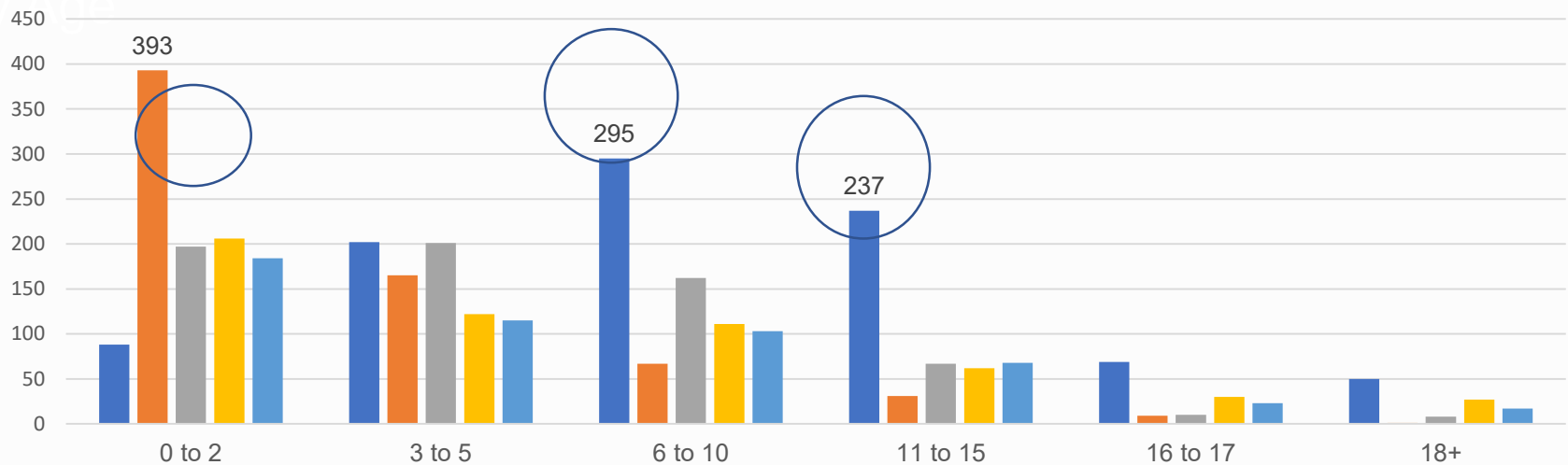
- Reaction to severe stress and Adjustment
- Attention Deficit Hyperactivity Disorders
- Conduct Disorders
- Major Depressive Disorder, Recurrent
- Persistant Mood Affective Disorders



GF 360° Top 5 PH Diagnoses

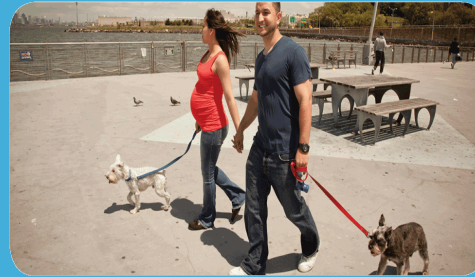


GF 360° BH GF360 Top 5 PH Diagnoses by Age



- Acute Pharyngitis
- Suppurative and unspecified otitis media
- Fever
- Cough
- Acute upper respiratory infections of multiple and unspecified sites





Trauma Assessment Review

Siyama Drake

Trauma Assessments

Process:

1. Upon notification of Georgia Families 360° via eform, the assigned intake coordinator completes a referral to a trauma assessment provider for members that are 5 – 17 years of age at the time they newly entered/re-entered care.
 - * If the CCFA provider is contracted with Amerigroup to complete the trauma assessment, the referral is sent to the CCFA provider.
2. The provider outreaches to the placement provider and/or case manager to schedule the member's appointment.
3. The intake coordinator follows up with the trauma assessment provider within 72 hours to obtain a status update. Any barriers are addressed through outreach to the case contacts (i.e.- SSCM, placement provider, etc.)
4. When the trauma assessment is completed, a copy of the trauma assessment is requested by the intake coordinator.
5. The trauma assessment is sent to the member's SSCM, SSCM Supervisor, the CCFA provider and assigned WPAC Specialist.



Trauma Assessments

Top Trends Noted in the Trauma Assessment

Project (November 2018 – May 2019)

1. Members that were less than 5 when they entered care aged into a trauma assessment when a date of completion for the developmental assessment wasn't documented in SHINES.
2. Members were ineligible with Amerigroup/Georgia Families 360° (i.e.- undocumented immigrant, enrolled with GAPP/CMS, loss eligibility while in care, etc.)
3. Member's contact information was inaccurate (i.e.- placement name and/or phone number and address).
4. Members are no longer in care/discharged.
5. Members turned 18.
6. Members have been adopted.
7. Members placed out of state, in RYDC, in a hospital/PRTF, on runaway status, etc.



Top 4 Barriers to Scheduling Trauma

Assessment Appointments:

1. Most newly enrolling/re-entering members aren't eligible with Georgia Families 360°.
2. Members move without notification to Amerigroup. Therefore the provider doesn't have accurate outreach information.
3. The attainment of accurate placement information is delayed due to the original case contacts (i.e.- SSCM, placement provider, etc.) changing and/or not responding in a timely manner.
4. The placement provider doesn't answer and/or return calls to schedule the member's trauma assessment.



Example of Provider Update Contents



Provider update

Trauma assessments

Summary: Trauma can affect many aspects of a child's life leading to secondary problems that negatively impact safety, permanency and wellbeing (peer relationships, problems in school, health-related problems, etc.). The Division of Family and Children Services (DFCS) has informed state child welfare stakeholders of the need to implement trauma-focused screening, assessment and treatment for children in foster care. The emotional wellbeing of children is of the utmost importance and is directly correlated to their ongoing safety and success of permanency plans.

Trauma assessment reporting

The trauma assessment determines the best type of treatment by identifying all forms of traumatic events experienced directly or witnessed by a child. In addition to the trauma history, trauma-specific evidence-based clinical tools assist in identifying the types and severity of symptoms the child is experiencing. Examples of evidence-based, trauma-specific clinical tools include the following:

- *UCLA PTSD Index for DSM-IV*
- *Child PTSD Symptom Scale*
- *Trauma Symptom Checklist for Children (TSCC)*
- *Trauma Symptom Checklist for Young Children (TSCYC)*
- *Child Sexual Behavior Inventory*

The trauma assessment must provide recommendations and actions for DFCS to coordinate services to meet a child's needs. Behavioral health providers who conduct a trauma assessment must provide a report that includes:

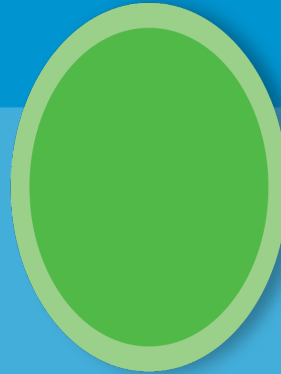
- The trauma history, which informs the agency of information concerning any trauma the child may have experienced or been exposed to, and how they have coped with the trauma in the past and present.
- A standardized trauma screening tool.
- A summary and recommendations for treatment (if needed).

The inclusion of a trauma assessment as part of the *Comprehensive Child and Family Assessment (CCFA)* does not mean there will be situations in which other specialized assessments (psychological evaluations, psycho-sexual evaluations, psychiatric evaluations, neuropsychological evaluations, substance use assessments, psycho-educational evaluations, etc.) will not be warranted. If a psychological evaluation is determined to be needed, prior authorization by a participating and credentialed Amerigroup Community Care provider must be obtained before the assessment takes place.

The results of these assessment/screening tools will be incorporated into a structured report that will include the following components:

- Demographic data (name, date of birth, Amerigroup ID, etc.)
- Presenting history (a summary of the traumatic events that the member has experienced)





Telemedicine



Vivian Scott, Director Network
Management, BH

Originating Site

An **originating site** is the *location of the eligible Medicaid member* at the time the service is delivered via a **HIPAA-compliant** telecommunications system

Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS® code Q3014

Distant Site

A **distant site** is the site where *the physician or practitioner providing the professional service is located* at the time the service is delivered via a telecommunications system

Telemedicine services provided by the *distant site* provider must be billed with the appropriate CPT® and/or HCPCS® codes, GT modifier, and with the point of service (POS) code 02 to indicate telehealth services

Providers must use an interactive audio and video telecommunications system that permits real time communication between the provider, at the distant site, and the member, at the originating site.

Distant site eligible providers include:

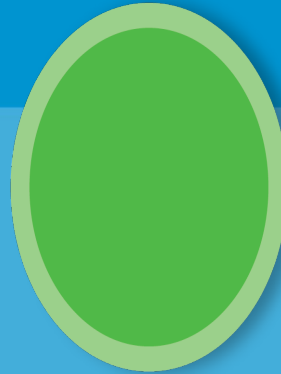
Physicians, Clinical Psychologists, LCSWs, LPCs and LMFTs, Supervised associate-licensee social workers, and Counselors and marriage/family

For a list of services eligible to be rendered via

telemedicine and an additional telemedicine

policies and regulations recognized by Amerigroup, please refer to the *Georgia Department of Community Health Telemedicine*

Guidance Manual located at the [GAMMIS](#) link.



Provider Network



- Vivian Scott, Director Network Management, BH

Network Unique Provider Count

PCP	Atlanta	Central	North	East	SE	SW	Total
Family Practice	669	146	207	104	74	109	1,309
General Practice	23	11	5	4	5	1	49
Internal Medicine	563	73	152	71	70	68	997
Pediatrics	716	117	196	113	84	84	1,310
Specialist	Atlanta	Central	North	East	SE	SW	Total
Hospital	46	28	24	16	21	26	161
Allergy/ Immunology	73	16	24	18	13	7	151
Audiology	104	20	17	14	24	7	186
Behavioral Health	2,049	349	321	211	275	216	3,421
Cardiology	634	149	208	115	97	84	1,287
Endocrinology	135	16	21	14	17	4	207
ENT	210	28	27	47	39	11	362
Gastroenterology	296	36	67	39	32	40	510
Hematology	555	83	99	82	66	50	935
Nephrology	189	61	55	44	33	35	417
Neurology	422	59	91	67	84	35	758
Ob/Gyn	1,286	190	336	146	168	120	2,246
Orthopedics	449	171	133	121	145	96	1,115
Optometry	158	39	44	31	28	31	331
Ophthalmology	142	23	27	28	32	19	271
Dermatology	110	15	14	25	9	12	185
Rheumatology	65	5	19	11	7	6	113
Infectious Disease	172	16	21	21	15	9	254
Vascular Surgery	120	15	43	24	26	12	240
General Surgery	660	127	154	164	154	99	1,358
General Dentist	623	156	288	87	87	70	1,311
Dental Subspecialty	81	13	44	20	11	10	179
Urology	173	23	54	21	28	28	327
Ancillary	Atlanta	Central	North	East	SE	SW	Total
Behavioral Health Facilities**	284	68	69	29	62	32	544
Dialysis	115	31	14	19	18	26	223
DME	139	71	76	51	59	69	465
FQHC/RHC	58	78	32	39	26	74	307
Home Health	66	21	21	21	18	21	168
Outpatient Lab	264	28	77	47	61	25	502
Outpatient Radiology	594	135	191	116	179	154	1,369
Pharmacy	1,003	250	255	120	170	170	1,968
Therapist/Rehab	1,856	302	311	233	344	239	3,285

Report Period Q4 2019

28,821

Next Meeting: Thursday May 14, 2020 2:00-3:30 PM
2 Peachtree Street, 36th Floor, Managed Care Boardroom

