

# Alabama Care Network SOUTHEAST and GULF COAST Medical Management Meeting

November/December 2023



# AGENDA

---

Cultural Competency  
ACHN Services  
Quality Review





# Cultural Competency

How to Create an Inclusive Office Environment

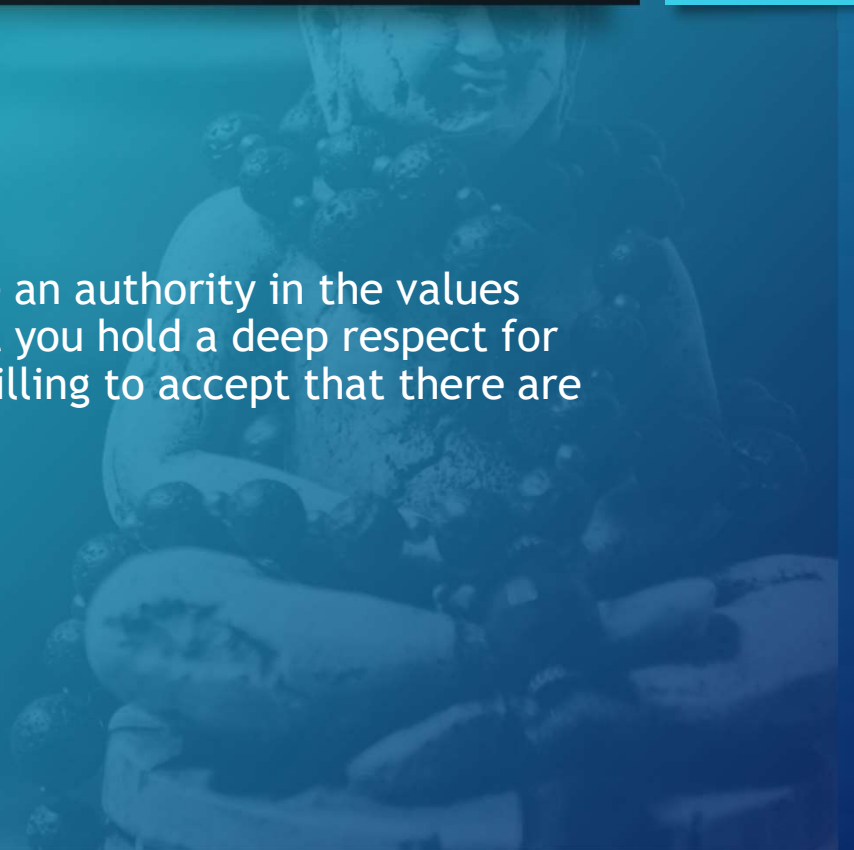
# Cultural Competency

- A process of learning that leads to an ability to effectively respond to the challenges and opportunities posed by the presence of social cultural diversity in a defined social system.

# Cultural Competency

## Okokon O. Udo

- “To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept that there are many ways of viewing the world.”



# Why?

- To respond to current and projected demographic changes in the United States
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds
- To improve the quality of services.
- To enhance the workplace environment.
- To meet regulatory and accrediting mandates.
- To decrease the likelihood of liability/malpractice claims.

# Diversity encompasses issues related to

- Race
- Color
- Class
- Age
- Experience
- Ability
- Gender
- ethnicity
- Language
- Religion
- Politics
- Sexual orientation
- Sexual identity
- Socio-economic status
- Resident status

# Understanding Culture

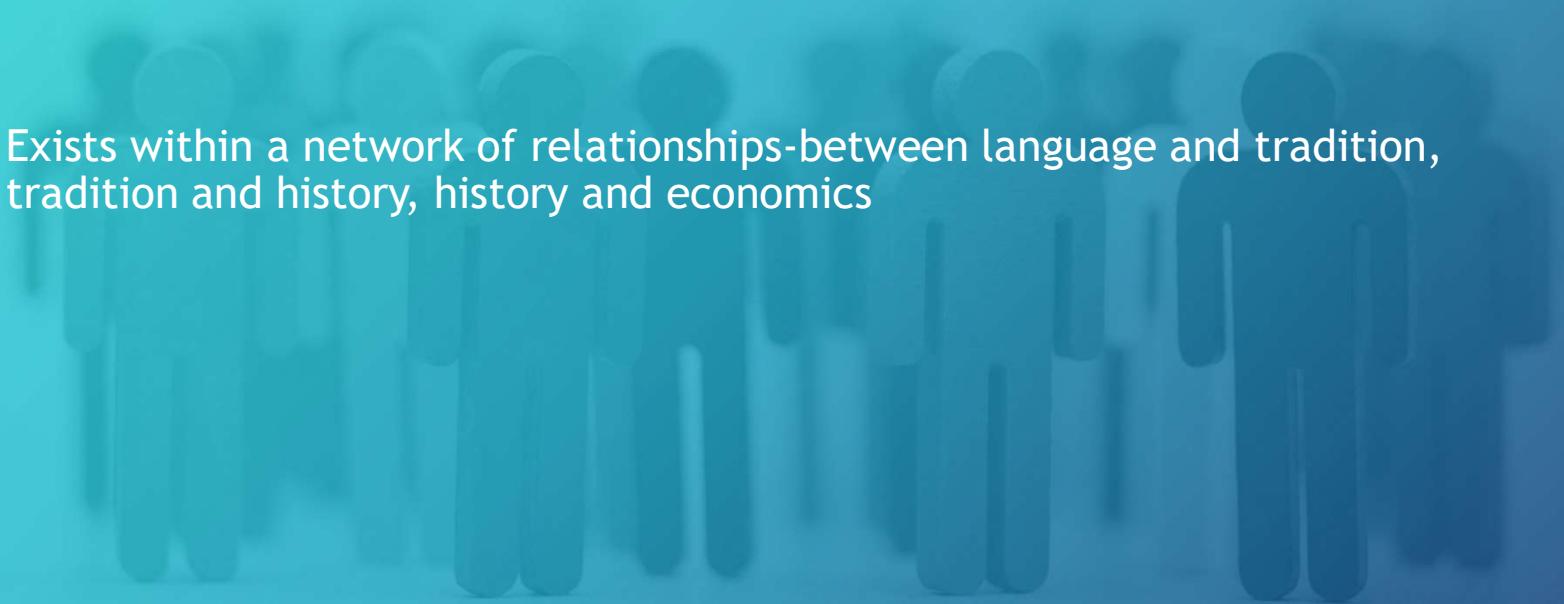
## Individual Culture is Multifaceted

- Personality, unique style
- Internal factors - gender, race, age, sexual orientation
- External influences - society, experiences
- Where individuals grow up or live now, religious affiliation
- Organizational influences - seniority, level within organization, work location

# Understanding Culture

## Community Culture

- Exists within a network of relationships-between language and tradition, tradition and history, history and economics



# Understanding Culture Organizational Systems

- Operate as complex “cultures” with specified “languages” traditions, codes of conduct

# Changing Demographics

- 18% of US residents over age 5 speak a language other than English in the home
- Persons with physical and mental impairments are the largest single minority (45 million)
- 21-23% of the US population is “functionally illiterate”= “low literacy. (Most are English speaking native born)
- 35 million Hispanics. 34.5 million Blacks. 10.5 million Asian Americans. 4 million Native Americans. The U.S. has moved beyond Black and White to become a complex mosaic of races and ethnicities

# Changing Demographics

- Since 1970 and the end of immigration limits imposed in 1924, the Asian American population has grown from 1.5 million to nearly 12 million in 2000.
- By 2030, 1 in 4 elderly persons will be from a racial or ethnic minority group
- By 2030, it is projected that:
  - the Hispanic population 65 and older will increase 328%
  - Asian and Pacific Islander 65 and older population will increase 285%

# Disparities in Health Care

- Infant mortality for blacks is twice the rate of whites
- Cancer deaths among blacks and Latinos are high
- Cervical cancer is 5 times more likely to strike Vietnamese women as white women
- Native Americans have higher rates of diabetes and heart disease
- Minorities are less likely to be immunized
- Minorities are less likely to have regular check-ups

# Aggravating Issues

- 21-23% of the US population is “functionally illiterate”= “low literacy. (Most are English speaking native born)
- 60% of Medicaid population has low literacy
- 25% don't know diagnosis or name of drug
- 50% don't know purpose of drug
- 75% can't describe their disease

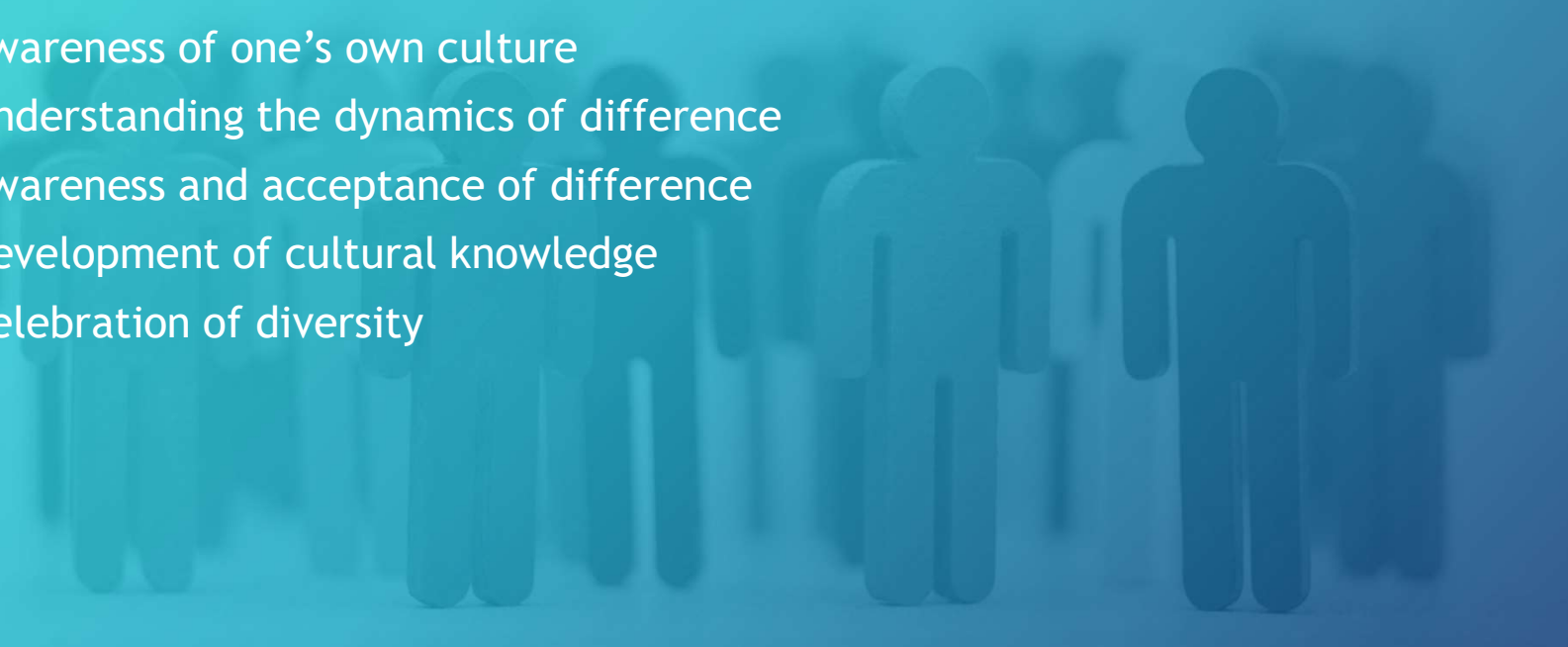
Online Viewing Code:

12024

# Successful Organizations have the ability to

- Value Diversity
- Conduct on going self assessment
- Manage the dynamics of difference
- Acquire and institutionalize cultural knowledge
- Adjust to diversity and the cultural contexts of the communities they serve

# Elements of Cultural Competence

- Awareness of one's own culture
  - Understanding the dynamics of difference
  - Awareness and acceptance of difference
  - Development of cultural knowledge
  - Celebration of diversity
- 

# Personal Culture

## Condon and Yousef, 1975

- “Each person is likely to have his personal system of values which he believes to be preferable to some others. Those values he prefers are likely to be heavily weighted in favor of those in his own cultural background, whether or not he realizes it.”

# Personal Culture on Communication

- Incorrect assumptions about the other
- Language and communication style issues
- Bias against the unfamiliar
- Personal values conflict
- Expectations that others will conform to established norms (stereotypes)

# Reflection

- To offer culturally appropriate care requires being open to the expectations, perceptions, and realities of various individuals and communities

# References

- National Center for Cultural Competence Georgetown University, Bureau of Primary Health Care
- Alliance Community Services, Jorge J. Arce-Larreta
- Cultural Competency in Health and Human Services, CCHCP
- Utah Department of Health, Diversity and Culture, Robert F. Jex



## ACHN Services

# Maternity and Family Planning

When a Medicaid patient is pregnant, she is required to enroll into our maternity care program.

Medicaid has now provided maternity mothers 12 months of eligibility after they deliver

Some general providers may have our new mothers as patients.

We provide family planning care coordination.

If providers are working with a patient for birth control, this would be a great referral to the ACHN.

# ACHN Participation Rate



ACHN Participation Rates vs. BUMP Rates

Procedure	Procedure Description	BUMP Rate	ACHN Participation Rate	Amount Increase
99201	OFFICE/OUTPATIENT VISIT NEW	\$40.04	\$42.00	\$1.96
99202	OFFICE/OUTPATIENT VISIT NEW	\$69.27	\$73.00	\$3.73
99203	OFFICE/OUTPATIENT VISIT NEW	\$100.52	\$107.00	\$6.48
99204	OFFICE/OUTPATIENT VISIT NEW	\$155.25	\$166.00	\$10.75
99205	OFFICE/OUTPATIENT VISIT NEW	\$194.18	\$210.00	\$15.82
99211	OFFICE/OUTPATIENT VISIT EST	\$18.46	\$19.00	\$0.54
99212	OFFICE/OUTPATIENT VISIT EST	\$40.36	\$41.00	\$0.64
99213	OFFICE/OUTPATIENT VISIT EST	\$68.17	\$72.00	\$3.83
99214	OFFICE/OUTPATIENT VISIT EST	\$100.91	\$108.00	\$7.09
99215	OFFICE/OUTPATIENT VISIT EST	\$135.59	\$146.00	\$10.41
99241	OFFICE CONSULTATION	\$45.45	\$46.00	\$0.55
99242	OFFICE CONSULTATION	\$85.87	\$88.00	\$2.13
99243	OFFICE CONSULTATION	\$117.58	\$122.00	\$4.42
99244	OFFICE CONSULTATION	\$175.38	\$184.00	\$8.62
99245	OFFICE CONSULTATION	\$214.62	\$226.00	\$11.38

# ACHN Payment Summary



## ACHN Primary Care Physician Payment Chart

Primary Care Physician Scenarios	Base FFS Rates	Bump Rates	Participation Rates	Bonus Payments
PCP Scenario 1: PCPs not eligible for Bump Rates & not participating with ACHN	✓	✗	✗	✗
PCP Scenario 2: PCPs not eligible for Bump Rates & participating with ACHN	✓	✗	✓	✓
PCP Scenario 3: PCPs eligible for Bump Rates & not participating with ACHN	✗	✓	✗	✗
PCP Scenario 4: PCPs eligible for Bump Rates & participating with ACHN	✗	✓	✓	✓

### \*EXAMPLE\*

Participation Rate (PR) = Enhanced Rates for fifteen E & M codes

PCP Scenario 1 Example: Receive only Base FFS Rates for all codes, including the fifteen PR codes

PCP Scenario 2 Example: Receive PR for the fifteen E & M codes and Basic FFS Rates for all other codes

PCP Scenario 3 Example: Receive Bump Rates for all codes, including the fifteen PR codes

PCP Scenario 4 Example: Receive PR for the fifteen E & M codes and Bump Rates for all other codes

# ACHN Qualifications for Participation



- Participation rate payments will be made to *any* PCPs who actively participate in an ACHN network and who have completed a PCP Agreement with the Agency
- BUMP Qualifications:
  - Board-certified MD/DO with a specialty or subspecialty of family medicine, general internal medicine or pediatrics that is recognized by the Board of Medical Specialties, the American Board of Physician Specialties, or the American Osteopathic Association and must actually practice in their specialty; OR
  - Non board-certified provider who practices in one of the above fields, if he/she can attest that 60 percent of their paid Medicaid procedures billed are for certain specified procedure codes for E&M services and certain VFC vaccine administration codes during the most recently completed CY, or for newly-eligible physicians, the prior month
  - Providers currently eligible for BUMP Payments will still be able to receive BUMP rates if they choose to not participate with the ACHN but will NOT be eligible for Participation Rates or Bonus Payments



# ACHN Participation Requirements

Physician groups must also meet the following criteria for participation:

- Actively work with the ACHN entity to review recipient care plans
- Participate as needed in ACHN Multi-Disciplinary Care Team (MCT)
- Participate in ACHN initiatives centered around quality measures
- Participate in at least two quarterly Medical Management Meetings and one webinar/facilitation exercise with the regional ACHN medical director over a 12-month period
  - NPs and PAs may attend for PCP
- Review data provided by the ACHN to help achieve regional and state Medicaid goals



# Goals for 2024

---

To increase our access to care quality measures - Children and Adolescents' Access to Primary Care Practitioners 12-24 Months and Children and Adolescents' Access to Primary Care Practitioners 25-mos - 6-years

---

We are going to use the supplemental file provided to us on October 30, 2023 to reach out to patients who have a 0 cost for this year.

---

Our goal is to try and enroll them into care coordination and help them schedule an appointment with their pediatrician/provider.

# Top Performers

- South Alabama Pediatrics
- Charles Henderson Child Health Center



# Welcome!

- New Executive Director for Gulf Coast - Haleigh Tapscott

# ACHN Contact information

Michael J. Ramsey,  
M.D., F.A.A.P. - Medical  
Director  
[mramsey@dpeds.org](mailto:mramsey@dpeds.org) or  
[mj\\_ramsey@msn.com](mailto:mj_ramsey@msn.com)  
334-793-1881

Kim Eason - Director  
[keason@uabmc.edu](mailto:keason@uabmc.edu)  
334-703-4565

Jan Carlock, RN -  
Associate Director  
[jcarlock@uabmc.edu](mailto:jcarlock@uabmc.edu)  
334-703-4536

Adam Eason -  
[akeason@uabmc.edu](mailto:akeason@uabmc.edu)  
334-703-2510

Amy Donaldson, PharmD  
- Pharmacy Director  
[adonaldson@uabmc.edu](mailto:adonaldson@uabmc.edu)  
334-744-2565

Referrals - (334) 466-  
4609 - Fax referral form  
or Face Sheet with  
Patient information and  
contact information



## **Gulf Coast TotalCare**

Phone: 251-476-5656

<https://www.gulfcoasttotalcare.com>

### **Haleigh Tapscott, Executive Director**

Phone: 251-533-5026

Email: [hptapscott@uabmc.edu](mailto:hptapscott@uabmc.edu)

### **Susan Eschete, MSN, NEA-BC Mgr. Maternity & Family Planning**

Phone: 251-721-3023

Email: [seschete@uabmc.edu](mailto:seschete@uabmc.edu)

### **Nicole Smith, RN Manager, Care Coordination**

Phone: 251-721-3029

[mnsmith@uabmc.edu](mailto:mnsmith@uabmc.edu)

### **Lydia Rather, PharmD Director of Pharmacy, ACHN Southwest**

Phone: 251-508-5085

Email: [lrather@uabmc.edu](mailto:lrather@uabmc.edu)

### **Maria Lett, LMSW Supervisor of Care Coordination**

Phone: 251-518-9591

Email: [mlett@uabmc.edu](mailto:mlett@uabmc.edu)

### **Shamika Ray, RN Supervisor of Care Coordination**

Phone: 251-721-3067

Email: [shamikaray@uabmc.edu](mailto:shamikaray@uabmc.edu)



GULF COAST  
**TotalCare**

THANK  
YOU!

# Thank You For Your Time

## Medical Management Meeting Schedule

- All meetings will be via webinar at 12:00 p.m. Central Time
- November 28, 29
- December 6, 7

