TennCare Health Plan Meeting Highlights Report

October 19, 2022

TN Division of TennCare

Qsource®

Meeting Objectives

As Tennessee's designated External Quality Review Organization (EQRO), Qsource facilitates health plan meetings to benefit TennCare and its managed care contractors (MCCs). These triannual meetings provide opportunities for learning from guest subject matter experts who can share success stories and best practices, for earning nursing and the Certified Professional in Healthcare Quality (CPHQ) continuing education units (CEUs), and for networking to stay abreast of pertinent topics to Medicaid and managed care. Objectives for October attendees were the following:

- Understand the Katie Beckett Waiver Program, lessons learned in its first year, and how to best impact members moving forward.
- Learn about the Congregational Health and Education Network (CHEN) and how the program can impact Social Determinants of Health
- Increase understanding of health disparities among rural and other minority populations, tools and resources for addressing social drivers of health, and plans for strengthening rural health partnerships.
- Learn about use in practice and reversal strategies of common anticoagulant agents

While our shared goal has always been to improve the quality of care and services provided to TennCare members, this program was informed by your feedback and suggestions, and carefully designed by Qsource and TennCare to cover topics relevant to the requirements, needs and concerns of your health plan. It is our hope that you will find the presentations both helpful and informative when preparing procedures and crafting policies. This document contains highlights for a quick refresher on the day's speakers and topics. Contact Qsource with suggestions or questions at 615.244.2007.

Year One of the Katie Beckett Waiver Program

Kelly Allison, RN
BlueCare Manager of Clinical Management,
BlueCross BlueShield of Tennessee

- There are many children and adolescents with disabilities who don't qualify for Medicaid but may qualify for the Katie Beckett Waiver Program. Katie's personal story shined a light on Medicaid and brought national attention to an identified issue.
- History of Katie Beckett Waiver: Katie required hospital care after contracting viral encephalitis months after her birth, which left her partially paralyzed and barely able to breathe on her own. Because her parents wanted to manage her care at home, they began a push to change Medicaid rules which would then allow Katie to receive care at home instead of a hospital, leading to what is now known as the Katie Beckett Waiver.
- The Katie Beckett Program: The TennCare Katie Beckett Program serves children under age 18 with disabilities or complex medical needs who are not Medicaid eligible because of their parent's income or assets. It helps to provide care for the child's medical needs or disability that private insurance does not cover. The care is provided in the child's home or in the community. The program addresses inequities in Medicaid eligibility between institutionalized children and children with comparable needs who live at home with their families. An eligibility determination is made, in part, by a Pre-Admission Evaluation (PAE). The PAE determines the level of care needs based on a review or assessment of medical, behavioral and functional needs. Levels of care include an institutional level of care and an at-risk level of care. The program includes Parts A, B, and C. The cost of care cannot exceed the cost of institutional care (comparable cost of care) for Part A and Part C. Medicaid is the payer of last resort.
- Part A serves up to 300 children with the most significant disabilities or complex medical needs who receive full Medicaid benefits and up to $15,000 a year in home and community-based services (HCBS). Additional Part A requirements must be met including premium payments.
- Part B serves up to 2700 children who are not enrolled in Medicaid and provides up to $10,000 a year in HCBS. A Department of Intellectual and Developmental Disabilities (DIDD) case manager is assigned to assist in coordinating these services. Premium payments are not required.
- Part C serves children who are currently enrolled in Medicaid but no longer qualify financially for Medicaid in any other eligibility category. These children quality for Katie Beckett, Part A, however, no slots are available. Benefits under EPSDT are provided. Access to wrap-around HCBS services available in Part A are not provided. Premium payments are not required.
- The speaker explained that home care and private duty nursing are the services used most often under the program.
- Available Slots: Currently, the Katie Beckett program is not full and does not have a waiting list. To apply, an applicant must begin with an online self-referral at TennCare

Connect. A DIDD case manager can help if assistance is needed. More information can be found at TennCare's website: Katie Beckett Waiver (tn.gov)

Congregational Health and Education Network's Impact on Social Determinants of Health

Joseph Webb, D.SC., MSHA, FACHE
Chief Executive Officer,
Nashville General Hospital at Meharry

- Health disparities are costly in terms of dollars spent and avoidable deaths.
- Social Determinants of Health: The economic and social conditions that are the fundamental causes of health disparities and influence differences in health status. Certain social and environmental factors put some groups at risk for adverse health outcomes. Education attainment and access to income, healthy food, transportation, housing, and healthcare influence health outcomes.
- Faith-based initiatives and partnerships with churches are evidence-based and steeped in literature.
- Using faith-based partnerships, the Congregational Health and Education Network's (CHEN) goal is to have a longitudinal impact on the socioeconomic status of minorities and subsequently reduce the prevalence of health disparities. It is focused on reducing health disparities among Nashville's African American community through use of four strategic pillars—education attainment, health literacy, access to healthcare, and membership development. CHEN is based on the premise that equity in healthcare cannot be achieved without achieving a more equitable distribution of the social determinants of health.
- Community challenges: high social vulnerability index scores, high prevalence of low incomes, minimum access to healthy food, preventable hospitalizations among African Americans 3.4 times higher than other races, lack of insurance, emergency department visits three times higher among African Americans for stroke and chronic diseases (diabetes, heart disease, chronic obstructive pulmonary disease), COVID-19 prevalence similar for African Americans and Caucasians but African American mortality twice as high.
- CHEN collaborates with partners and other community-based organizations and creates and provides education and resources with a goal of addressing the social challenges that hinder improved health outcomes. The 501c3 organization currently partners with 108 faith-based organizations and 15,000 members or congregants and utilizes community health workers who are directly responsible for an assigned number of churches.
- Among CHEN's successes are its "Faith in the Midst of Covid" series, a mental health and addiction faith-based recovery toolkit which led to 12 congregations being designated as certified recovery congregations, mortgage and rent assistance, 25 vaccination events during the COVID-19 pandemic in which 1500 vaccinations were

administered, and the provision of concierge access to healthcare services at Nashville General Hospital and Nashville Healthcare Center.

The Power of Community to Advance Good Health

Jacy Warrel, MPA
Rural Health Association

- Ninety-one of 95 counties in Tennessee are classified as rural.
- Tennessee's poverty rate ranks 43rd based on the 2019 U.S. Census Bureau. Residents in rural areas experience more poverty as compared to those in metropolitan counties.
- Several rankings for Tennessee were provided: Tennessee ranks 31st in food insecurity, 30th for adults without a diploma, 45th for adults with heart disease, 46th for mental health providers, 40th for adults avoiding care due to cost, 39th for drug deaths, and 41st for infant mortality. In many of these instances, the rates in non-metropolitan counties exceed those of metropolitan counties.
- The Rural Health Association of Tennessee partners with other community-based organizations and providers to harness the power of community to advance good health for rural Tennesseans by identifying rural health concerns and working to resolve them. The speaker explained that resources to address identified concerns remains a challenge.
- The organizations is comprised of more than 600 members and focuses on partnerships, education, advocacy, and resources. Particular areas of focus include rural healthcare workforce shortages, health equity, declining life expectancy, and a strong rural health safety net.
- The speaker explained that the success of community organizations with change and improvement is prioritization of equity.
- Other areas addressed included information on a self-paced men's health training (Certified Men's Health Educator), school health education around athletes, working with rural health clinics to establish a referral system, receipt of a Health Resources and Services Administration (HRSA) grant to support rural health clinic networks. The speaker stated that the organization receives many requests for help with billing and coding for rural health and are working to address them.
- National Rural Health Day is November 17, 2022.

Updates in Oral Anticoagulation Use in Practice and Reversal Strategies

Jonathon Pouliot, Pharm.D., M.S., BCPS
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Associate Professor of Pharmacy Practice,
Lipscomb College of Pharmacy and Health Sciences

- Indications for anticoagulants include the presence of a clot or very high risk for clot formation and associated complications, stroke prevention in atrial fibrillation, venous thromboembolism (VTE), VTE prophylaxis and others.
- Warfarin was approved as an oral anticoagulant in 1954 and required many life style changes. The FDA approved the first new oral anticoagulant in 2010. We are primarily in a post-Warfarin era.
- Advantages of direct oral anticoagulants (DOACs) as compared to Warfarin: fewer interaction, fixed dosing, no monitoring, and less bleeding. Medications include Dabigatran (Pradaxa), Apixaban (Eliquis), Endoxaban (Savaysa), and Rivaroxaban (Xarelto). Each medication involves other considerations such as indications for use, dosing, drug interactions, dietary intake, the presence of renal disease, pregnancy and other medical conditions, insurance coverage, reversal agents, and others.
- When choosing a medication, consider the global cost of treatment to the patient such as travel and gas for INR checks, visits to the healthcare provider, and time away from work.