

# **FUTURE OF MEDICAID MANAGED CARE: FORUM FOR PUBLIC INPUT ON DESIGN OF 2019 REQUEST FOR PROPOSALS**



March 2018



# FORUM PURPOSE

- For LDH to present key design elements under consideration for the next generation of Medicaid managed care contracts
- For members of the public to provide input on the future design of the Louisiana Medicaid program for LDH consideration in its development of the next managed care Request for Proposals



# STATE PROCUREMENT LAW LIMITS

- Designed to ensure a competitive bid process that is open, fair, and transparent
- Limits State communications from the beginning of RFP development to the public release of the RFP
  - Permits responses in general terms, providing a broad overview with no specific details
  - Permits listening sessions with interested parties to gain information for consideration
  - Prohibits a back and forth over RFP specifics, discussion of what the State intends to include or exclude from RFP

# RULES OF ENGAGEMENT

- LDH will:
  - Assume forum participants are experienced with Medicaid in general and Medicaid managed care in particular
  - Provide general information on the next Medicaid managed care RFP process and timeline
  - Outline key design elements under consideration for the RFP
  - Invite forum participants to share their views on the content development for the next RFP, with a focus on key design questions



# FOCUS ON THE FUTURE

- To maintain focus on the RFP, LDH will respectfully redirect questions/concerns about current managed care operations to other venues for resolution
  - For provider issues, contact [ProviderRelations@la.gov](mailto:ProviderRelations@la.gov)
  - For member or other issues, contact [Healthy@la.gov](mailto:Healthy@la.gov)



# PROCUREMENTS, CONTRACTS TO DATE

- **Past** – 1<sup>st</sup> generation, original “Bayou Health” contracts
  - 2011 Request for Proposals for “Coordinated Care Networks”
  - Physical and basic behavioral health, with pharmacy carve in
  - 2 Primary Care Case Management “Shared Savings” plans + 3 Managed Care Organization “Prepaid” plans
  - 3-year contract term, 2/1/12-1/31/15
- **Present** – 2<sup>nd</sup> generation, current “Healthy Louisiana” contracts
  - 2014 RFP for Managed Care Organizations
  - Physical health, with specialized behavioral health carve in
  - 5 MCOs
  - 3-year contract term, 2/1/15-1/31/18
  - 2-year contract extension, 2/1/18-12/31/19

# CURRENT CONTRACTORS



AETNA BETTER HEALTH® OF LOUISIANA



# FUTURE PROCUREMENT, CONTRACTS

- 3<sup>rd</sup> generation contracts
  - 3-year contract term, 1/1/20-12/31/22
- Tentative procurement process/timeline





# PROCESS FOR PUBLIC INPUT

**Paving the Way to a Healthier Louisiana**

**LOUISIANA DEPARTMENT OF HEALTH**

The Louisiana Department of Health is committed to transforming its Medicaid managed care program to provide better care and better health for nearly 1.6 million Louisianians. **You can help!** Join us at one of several public forums in March 2018, and give your input on the next managed care Request for Proposals scheduled to be released in January 2019.

**March 8 • 6:00 – 8:00 PM**  
Children's Hospital, Conference Center  
210 State St, New Orleans, LA 70118

**March 14 • 6:00 – 8:00 PM**  
Our Lady of the Lake Regional Medical Center,  
Main Auditorium  
5000 Hennessy Blvd, Baton Rouge, LA 70805

**March 15 • 6:00 – 8:00 PM**  
Lafayette General Hospital,  
Administrative Office  
920 W. Pinhook Rd, Lafayette, LA 70503

**March 23 • 11:30 AM – 1:30 PM**  
The Rapides Foundation Building  
1101 4th St, Alexandria, LA 71301

**March 16 • 11:30 AM – 1:30 PM**  
Lake Charles Memorial Hospital,  
Sherman Conference Center  
1701 Oak Park Blvd, Lake Charles, LA 70601

**March 22 • 11:30 AM – 1:30 PM**  
WK Eye Institute, 1st Floor Auditorium  
2611 Greenwood Rd, Shreveport, LA 71103

**March 22 • 5:30 – 7:30 PM**  
St. Francis Medical Center,  
Conference Center  
418 Jackson St, Monroe, LA 71201

**April 5 • 6 – 8 PM**  
Slidell Memorial Hospital Founders Medical  
Office Building, Conference Room  
1150 Robert Blvd, Slidell, LA 70458

*All meetings are open to the public. Pre-registration is not required.  
For more information, visit [www.ldh.la.gov/pavingtheway2019](http://www.ldh.la.gov/pavingtheway2019)  
or email [healthy@la.gov](mailto:healthy@la.gov).*

**Paving the Way to a Healthier Louisiana:  
Advancing Medicaid Managed Care**

*Future Vision and Policy Considerations for Public Engagement*

**LOUISIANA DEPARTMENT OF HEALTH**

Secretary  
REBEKAH E. GEE, MD, MPH

[← BACK TO LDH](#)

**Healthy Louisiana**

Louisiana.gov > LDH > Healthy Louisiana

## Paving the Way to a Healthier Louisiana

Louisiana Medicaid serves nearly 1.6 million Louisianians, approximately 35 percent of the state's population. In 2012, Louisiana Medicaid initiated a managed care delivery model to provide better care and better health outcomes for Medicaid recipients. Today, managed care organizations (MCO) deliver healthcare services to more than 90 percent of all recipients. The MCO contracts provide specified Medicaid core benefits and services to children and adults enrolled in Louisiana Medicaid. The current contracts expire in December, 2019. As such, the Louisiana Department of Health (LDH) plans to release a Request for Proposals (RFP) in January 2019 for its Medicaid managed care contracts for services effective in January 2020.

LDH is committed to transforming its Medicaid managed care program to provide better care and better health for its enrollees. LDH plans to hold public forums across the state in March 2018 to present and receive input on its vision for the future and key design elements under consideration as it looks ahead to the next procurement cycle. This vision and key design elements under consideration are outlined in the white paper below. All meetings are open to the public

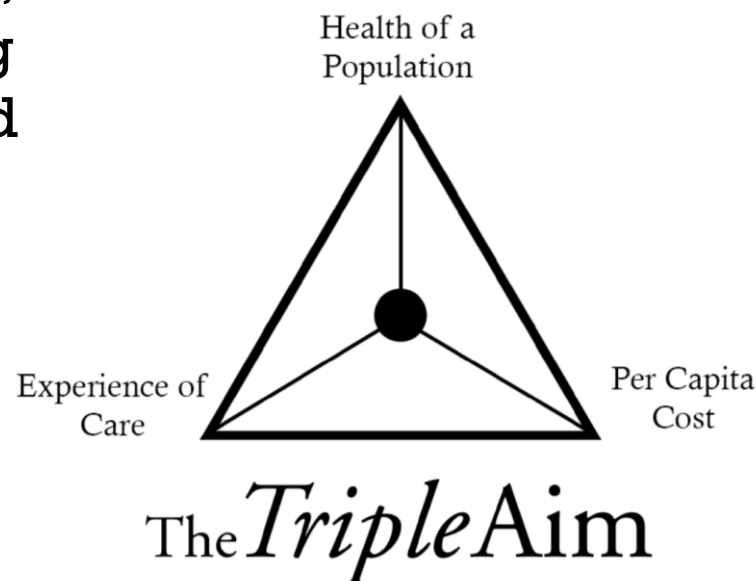
ABOUT HEALTHY LOUISIANA
DASHBOARD
ELIGIBILITY BY PARISH/DISTRICTS
RESOURCES
TESTIMONIALS
ANNUAL REPORT

# TODAY'S AGENDA

- Review white paper content
  - Vision
  - Objectives
  - Key design elements
- Open microphone for public comment on the questions listed under any of the 12 key design elements
- Comment cards provided for written feedback

# VISION FOR THE FUTURE

LDH will partner with enrollees, providers, and high-performing health plans to build a Medicaid managed care delivery system that improves the health of populations (**better health**), enhances the experience of care for individuals (**better care**) and effectively manages Medicaid per capita care costs (**lower costs**).



# OBJECTIVES



- 1) Advancing evidence-based practices, high-value care and service excellence
- 2) Supporting innovation and a culture of continuous quality improvement in Louisiana
- 3) Ensuring enrollees ready access to care, including through non-traditional means such as medical homes and telehealth
- 4) Improving enrollee health
- 5) Decreasing fragmentation and increasing integration across providers and care settings, particularly for enrollees with behavioral health needs
- 6) Using a population health approach to maximize enrollee health, supported by health information technology, to advance health equity and address social determinants of health
- 7) Reducing complexity and administrative burden for providers and enrollees
- 8) Aligning financial incentives for plans and providers and building shared capacity to improve health care quality through data and collaboration
- 9) Minimizing wasteful spending, abuse and fraud

# KEY DESIGN ELEMENTS

(a) Limit the number of statewide MCOs	(g) Improve care management/care coordination at MCO and provider levels
(b) Expect MCOs to operate as innovators to achieve the Triple Aim	(h) Increase focus on health equity and social determinants of health
(c) Enhance network adequacy and access standards	(i) Promote population health
(d) Invest in primary care, timely access to care, telehealth, and medical homes	(j) Apply insights from behavioral economics to facilitate enrollees' healthy behaviors and choices
(e) Improve integration of physical and behavioral health services	(k) Improve approach to value-added benefits
(f) Advance value-based payment and delivery system reform	(l) Achieve administrative simplification

# LIMIT THE NUMBER OF STATEWIDE MCOs

- What are your recommendations on the maximum number of statewide MCOs the state should contract with for Medicaid?



# EXPECT MCOS TO OPERATE AS INNOVATORS TO ACHIEVE THE TRIPLE AIM

- How can MCOs offer innovations to reduce program complexity, administrative burden, and unnecessary costs and to improve care and population health in partnership with providers and patients?
- How can the procurement best advance evidence-based care and meet the Triple Aim?



# ADMINISTRATIVE SIMPLIFICATION



- Please offer specific ideas for achieving LDH's aim for greater administrative simplification in its Medicaid managed care program by reducing the burden and complexity of the program for enrollees.
- What are your ideas to make the program less burdensome for providers by reducing paperwork, redundancies, and improving clarity of clinical criteria?



# INVEST IN PRIMARY CARE, TIMELY ACCESS TO CARE, TELEHEALTH, AND MEDICAL HOMES

- How can successful bidders demonstrate initiatives that would meet LDH's goal to improve enrollee access to primary care, and LDH's desire for increased practice transformation into medical homes?
- How might LDH encourage or require contracted MCO's use of telemedicine or telehealth, and e-visits to improve enrollee access to care?
- How might LDH encourage or require MCOs to adopt effective triage lines or screening systems, or other technology to help improve access and coordination of care?

# IMPROVE CARE MANAGEMENT/CARE COORDINATION AT MCO AND PROVIDER LEVELS

- Please offer suggestions for functions and elements related to improving care management and coordination at both the MCO and provider levels.
- Provide your opinion on whether MCOs should be required to employ, support, and/or utilize Community Health Workers for certain populations and care management interventions.



# IMPROVE INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH SERVICES

- Please offer suggestions for key aspects of behavioral health and physical health integration and how LDH could ensure that successful bidders offer and support improved integration of behavioral health and physical health care delivery for enrollees in this upcoming procurement.
- What specific network development, care delivery and care coordination approaches might LDH encourage or require MCOs to employ to better meet enrollees' behavioral health needs?



# ENHANCE NETWORK ADEQUACY AND ACCESS STANDARDS

- What are your suggestions for changes to enable LDH and its contracted MCOs to improve and ensure enrollees' ready-access to covered services, especially in rural and underserved areas?
- What types of reporting and monitoring of MCO provider networks would you recommend to better assess the adequacy and timeliness of access to care for Medicaid MCO enrollees?



# APPLY BEHAVIORAL ECONOMICS TO PROMOTE HEALTHY BEHAVIORS AND CHOICES

- Please offer suggestions for how best to incent Medicaid MCO enrollees for healthy behaviors and medical compliance and/or share experiences applying behavioral health economics in other insurance settings.



# VALUE ADDED BENEFITS & SERVICES

## Examples of Current Offerings

- **Adult Vision (21+)**
  - Eye exam
  - \$ towards glasses or contacts
- **Adult Dental (21+)**
  - Dental exams and cleanings
  - Filling and extractions
  - X-rays
- **Weight Management (adults and peds)**
  - Appointments with dieticians
  - Gym memberships
  - Weight Watchers meetings
- **Cell phone**
- **Rewards for healthy behaviors**
  - Debit/gift cards for annual preventive care, wellness screenings, prenatal/postpartum exams
- **Pharmacy**
  - No/reduced co-pays
  - Over the counter drug coverage



# IMPROVE APPROACH TO VALUE-ADDED BENEFITS

- Please offer suggestions related to whether and how MCOs should be able to offer value-added benefits and services at no additional costs under the next procurement.
- Should value-added benefits apply to enrollees, providers, or both?

It's time to choose a health plan for you and your family.

**How can you choose a health plan?**

Look at the chart below to compare the extra services each health plan offers. Here are some things to think about when you decide which health plan to choose.

- Which health plans do your current doctors take?
- Does one of the health plans have extra services you want or need?

You can choose one plan for each family member or the same plan for more than one family member.

This chart details extra benefits available to members who get physical health benefits through Healthy Louisiana.

	<b>aetna</b> AETNA BETTER HEALTHY OF LOUISIANA	<b>AmeriHealth Caritas</b> Louisiana	<b>Healthy Blue</b>	<b>Louisiana</b> healthcare connections	<b>UnitedHealthcare</b> Community Plan
Website	<a href="http://www.aetna.com/healthcareconnections">www.aetna.com/healthcareconnections</a>	<a href="http://www.americahealthcaritas.com">www.americahealthcaritas.com</a>	<a href="http://www.healthyblue.com">www.healthyblue.com</a>	<a href="http://www.louisianahealthcareconnections.com">www.louisianahealthcareconnections.com</a>	<a href="http://www.uh.com">www.uh.com</a>
Member Services	1-855-243-0802 • TTY 711 Available 24 hours a day, 7 days a week	1-888-758-0004 • TTY 1-800-428-7588 Available 24 hours a day, 7 days a week	1-844-531-6941 • TTY 711 Available Monday-Friday 7a.m.-7 p.m.	1-866-995-1333 • TTY 711 Available Monday-Friday 7a.m.-7 p.m.	1-866-875-1607 • TTY 711 Available Monday-Friday 7a.m.-7 p.m.
Why choose us?	We focus on the whole person - their physical, behavioral and social needs. We provide access to quality care for people with complex needs.	Our name, AmeriHealth Caritas, stands for care. As a mission-based organization, we put care at the heart of our work.	We're about more than just doctor's visits. With special services like health education, events and rewards we offer you many ways to get and stay healthy.	Connect to the care you need: more than 15,000 providers, local health coaches and your own rewards debit card.	UnitedHealthcare Community Plan helps pregnant women, kids, families and adults get the care they need.
Care Management Programs	All of the health plans have special programs to help members with chronic illness such as asthma, congestive heart failure, diabetes, hepatitis C, HIV, obesity and social cell anemia. If they do not have a program in place that fits your needs, they will work with you to create one. They also have programs for pregnant women with a high risk of problems during pregnancy and delivery.				
Circumcision	All health plans cover newborn male circumcision. Check with the individual plan to find out more about their rates for getting this service.				
Help to Stop Smoking	All health plans cover coaching and medications (with a prescription) to help members stop smoking.*				
Adult Vision (21+)	Eye exam (No co-pay) \$60 toward glasses or contacts (once a year)	Eye exam (No co-pay) \$100 toward glasses or contacts (once a year)	Eye exam (No co-pay) Glasses covered in full* (once a year)	Eye exam (No co-pay) Glasses covered in full* (once a year)	Eye exam every two years (No co-pay) \$100 toward glasses or \$105 toward contacts (once every two years)
Adult Dental (21+)	Dental exams and cleanings (twice a year) Fillings and extractions X-rays (once a year) \$500 total benefit per year*	Dental exams, cleanings, fillings, extractions and X-rays with in-network providers, up to \$500 per year.*	Dental exams and cleanings (twice a year) Fillings and extractions X-rays (once a year)	Two visits each year for exams, cleanings, X-rays, fillings, extractions, and more at Federally Qualified Health Centers.	Dental exams, cleanings, fillings, extractions and X-rays with in-network providers, up to \$500 per year.*
Adult Pain Management	Members who have gone to the Emergency Room 4+ times for pain can work with a case manager in our pain management program.	Members who have gone to the Emergency Room 4+ times for pain can work with a case manager to find ways to manage pain.	Members who have gone to the Emergency Room 4+ times for pain can work with a case manager to find ways to manage pain.	Certified pain management coaches help address chronic pain for members in care management.	Members over 21 will be provided six (6) visits per year to an in-network chiropractor.

Questions? Call 1-855-229-6845. The Louisiana Department of Health has tried to make this chart as accurate and complete as possible. However, because it must rely on the various health plans to provide this information, LDH cannot guarantee its accuracy. You can learn more about the health plans by contacting them directly.

\*Please contact the health plan for eligibility requirements and details for this benefit.

Revision: September 2017



### CATEGORY 1

FEE FOR SERVICE –  
NO LINK TO  
QUALITY & VALUE



### CATEGORY 2

FEE FOR SERVICE –  
LINK TO QUALITY  
& VALUE



### CATEGORY 3

APMS BUILT ON  
FEE-FOR-SERVICE  
ARCHITECTURE



### CATEGORY 4

POPULATION –  
BASED PAYMENT

**A**

**Foundational Payments  
for Infrastructure  
& Operations**

(e.g., care coordination  
fees and payments for  
HIT investments)

**A**

**APMs with  
Shared Savings**

(e.g., shared savings with  
upside risk only)

**A**

**Condition-Specific  
Population-Based  
Payment**

(e.g., per member per month  
payments, payments for  
specialty services, such as  
oncology or mental health)

**B**

**Pay for Reporting**

(e.g., bonuses for reporting  
data or penalties for not  
reporting data)

**B**

**APMs with  
Shared Savings  
and Downside Risk**

(e.g., episode-based  
payments for procedures  
and comprehensive  
payments with upside  
and downside risk)

**B**

**Comprehensive  
Population-Based  
Payment**

(e.g., global budgets or  
full/percent of premium  
payments)

**C**

**Pay-for-Performance**

(e.g., bonuses for quality  
performance)

**C**

**Integrated Finance  
& Delivery Systems**

(e.g., global budgets or  
full/percent of premium  
payments in integrated  
systems)

# HEALTH CARE PAYMENT LEARNING ACTION NETWORK

## Alternative Payment Model Framework



# ADVANCE VALUE-BASED PAYMENT AND DELIVERY SYSTEM REFORM

- Please offer suggestions on how contracted MCOs can best promote adoption of new payment methodologies that reward providers for the value they create as opposed to fee-for-service methodologies that reward providers for the volume of services they provide.
- Please comment on provider readiness to participate in VBP arrangements, including ACOs, by 2020. What support should LDH or its MCOs make available to providers?
- Please suggest policies for the MCO model contract related to Medicaid ACOs criteria for ACOs, and/or the respective roles of ACO, MCO and LDH.



# PROMOTE POPULATION HEALTH



- What requirements should be placed on MCOs in terms of utilizing a population health approach to care delivery?
- What are the key aspects that should be included within a population health strategic plan?

# INCREASE FOCUS ON HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH

➤ Please offer suggestions for ways that LDH can utilize the upcoming managed care procurement to increase MCO focus on social determinants of health and improve health equity.



- Respond to LDH Whitepaper  
*Paving the Way to a Healthier  
Louisiana: Advancing Medicaid  
Managed Care*

[http://www.ldh.la.gov/assets/HealthyLa/LDH\\_MCO\\_RFP\\_WP.pdf](http://www.ldh.la.gov/assets/HealthyLa/LDH_MCO_RFP_WP.pdf)

- Email responses to [healthy@la.gov](mailto:healthy@la.gov)
- Responses due by April 17, 2018 at  
2 p.m. Central Time





# QUESTIONS?



**Healthy  
Louisiana**