

## **RFP Draft Response: Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care Future Vision and Policy Considerations for Public Engagement**

### **Executive Summary**

This response is being submitted on behalf of approximately 30 Medicaid consumers who attended a community meeting to share their experiences with Medicaid at Ashe Cultural Arts Center, located in Central City New Orleans, on April 9<sup>th</sup>, 2018. This meeting was facilitated by 504HealthNet for the purposes of ensuring that feedback from current enrollees is included in the Managed Care procurement process.

504HealthNet is a non-profit member association consisting of 23 organizations operating in Southeastern Louisiana, predominately in Jefferson, Orleans, Plaquemines and St. Bernard parishes. These organizations provide primary care or behavioral health services to all residents regardless of ability to pay. Collectively these independent organizations operate 70 sites and serve over 175,000 patients. Over 50% of the patients that these clinics serve are enrolled in Medicaid.

#### **A. Limit the Number of Statewide MCOs**

*Request for input: Please share recommendations on the maximum number of statewide MCOs the state should contract with for Medicaid. The state currently contracts with five Medicaid MCOs.*

Response: Fewer than five to minimize complexity for consumers. It is confusing when their friends and family are on Medicaid, but all have different plans that cover different services and medications.

#### **C. Enhance Network Adequacy and Access Standards**

*Request for input: Please offer suggestions for changes in the next Medicaid managed care procurement to enable the Department and its contracted MCOs improve and ensure enrollee 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?*
- *What specific delivery and care coordination approaches might MCOs employ to meet the needs of enrollees in rural and underserved areas?*
- *How might the Department improve its evaluation of the adequacy of MCOs' response to enrollee health care needs in rural and underserved areas?*
- *Are there deficiencies in MCO provider networks in certain regions/parishes and/or covered services that LDH should specifically address in the managed care procurement?*

Response:

*Transportation:* Transportation presents a huge barrier for current Medicaid enrollees. Many attendees cited negative experiences with the existing transportation system provided by Medicaid. Their issues were around how early one has to reserve the ride (days in advance); the short time window to get out to the van when it arrives at their house; the length of time one has to wait after their appointment for the ride to return home; and the lengthy and illogical route one has to take on the ride home, depending on where the other passengers are being dropped off.

Participants in this community meeting suggested that Medicaid work with Uber and Lyft which are reliable ride services. However, given the wide range in comfortability with technology among Medicaid consumers, they stated that it would be necessary to give patients the option to book these rides with either text, call, through an app, or with assistance from a health center staff.

### *Communication*

Medicaid consumers stressed that care delivery and coordination would be aided by increased communication between MCOs and enrollees, and between health center staff and enrollees. Since cultural competency is so important in health care, a Community Health Workers (CHW) employed by the MCO or the health center, respectively, would preferably be the point of contact. Enrollees expressed a need for more communication on the following:

- Determining whether their assigned MCO is the most appropriate for their health needs
- Determining whether their assigned Primary Care Provider (PCP) is a good fit for them
- How to change their assigned PCP if necessary
- Details about their network so that they know where they can go: which clinics and doctors take Medicaid
- Finding a PCP upon discharge from the hospital or ER with a new diagnosis
- Support and education following a new diagnosis; check-ins for reassurance and clarity
- Support and education between doctor's appointments for people trying to manage a chronic disease

One current enrollee recounted a story of receiving a new diagnosis for a rare chronic disease at UMC and leaving feeling lost – without support to find a PCP, without resources to learn more about her disease, and without a health care professional to call with questions. Upon learning about 504HealthNet, this enrollee stated that she wished she had been informed about the network of Community Health Centers earlier, and suggested that each enrollee have an assigned CHW that they could reach out to for situations like these where they simply need more support. The group of enrollees came to the conclusion that receiving an assigned CHW based on where they lived rather than a PCP assignment upon enrolling would make more sense.

The attendees stated that it would be extremely helpful if the MCOs was required to facilitate a meeting (preferably in-person) with a new enrollee sometime during the first month. During this visit, the CHW assigned by the MCO could talk to the new enrollee about finding an appropriate PCP and Community Health Center that can become their Medical Home. They can inquire about whether or not the new enrollee needs to be connected with a behavioral health care provider as well, or a dentist, etc. The CHW should check back with enrollees after their first few visits to a PCP to see whether or not that PCP is working for them or not. If the MCO has a hand in helping ensure that their enrollee is supported by a CHW and is happy with their PCP, they are more likely to go to the doctor and manage their health.

To help foster additional support for enrollees in managing their health and navigating the health care system between appointments, nurse triage lines and remote patient monitoring would be very helpful and could work well with a system that utilizes CHWs comprehensively.

### *Network deficiencies*

Even in urban areas like the Greater New Orleans region, there is a serious shortage of psychiatrists and other behavioral health specialists, dentists, optometrists, and affordable, reliable public transportation presents a challenge. These are issues that current Medicaid enrollees expressed that keep them from

accessing health care. These issues can be addressed and mitigated through the expansion of providers in the Medicaid network, or an expansion of telehealth.

Current enrollees also expressed frustration with the fact that they cannot easily access alternative pain management services like acupuncture, massage, chiropractic work, yoga, and other types of body work. Expansion of these types of services under Medicaid would be greatly beneficial to the health outcomes and wellbeing of enrollees. Participants in the community meeting felt like they were often pushed towards opioids or other intense drug therapies for pain management that they did not like. More choices around prescription drugs in general, and particularly in chronic pain management, is definitely desired. Finally, attendees of the focus group had a long discussion about their need for more home-based caregiving support. Several enrollees care for an elderly or disabled relative at home and find it difficult to facilitate any sort of check-up from a health care professional in the home. This presents a great challenge when the person that they are caring for is too disabled or frail to get to a clinic. Additional resources and support around basic home based care (triage type screenings) would greatly aid the Medicaid population and their families.

#### **D. Invest in Primary Care, Timely Access to Care, Telehealth and Medical Homes**

*Request for input: Please suggest ways in which successful bidders might demonstrate initiatives that would meet the Department's goal to improve enrollee access to primary care, and the Department's desire for increased practice transformation into medical homes.*

- *How might the Department encourage or require contracted MCOs use of telemedicine or telehealth, and e-visits to improve enrollee access to care?*
- *How might the Department encourage or require MCOs to adopt effective triage lines or screening systems, or other technology to help improve access and coordination of care?*

#### **Response:**

Because increased communication between health center staff and enrollees is also requested, a nurse triage line and remote patient monitoring would be very appropriate for the MCOs to adopt. A care team that includes a CHW, and nurse, and a PCP could be very effective in reviewing results from remote patient monitoring and working with the patient in their community to convey the findings and promote lifestyle changes. This system would increase communication and support to enrollees.

Integrating telehealth technologies into delivery sites for Medicaid patients will allow for more collaborative care between primary care teams and specialists. This is essential for residents in rural and underserved areas who do not have adequate access to specialty care. Even in urban areas like the Greater New Orleans region, there is a serious shortage of psychiatrists and other behavioral health specialists, and affordable, reliable public transportation presents a challenge. These issues that are preventing Louisianans from accessing health care and improving health outcomes can be addressed and mitigated through the expansion of telehealth.

#### **E. Improve Integration of Physical and Behavioral Health Services**

*Request for input: Please offer suggestions for key aspects of behavioral health and physical health integration and how the Department 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*

*the Department encourage or require MCOs to employ to better meet enrollees' behavioral health needs?*

Response:

It would be helpful if all of the PCPs across all Community Health Centers (CHCs) had one referral list for behavioral health care, detailing the insurances that they accept, and any specialization that they might have. Current enrollees are frustrated with the referral process as they are often only given one option when referred to a behavioral health care provider/ psychiatrist and feel like they don't have options or choice when they do not connect well with that particular behavioral health care provider. Enrollees feel that the current referral process is random and haphazard. They feel that they are being referred on the basis of who their PCP knows, and that there is not enough consideration for where the patient lives, their culture, background, and specific behavioral health needs.

The referral process should be standardized. A list with all behavioral health care providers that take Medicaid, mapped out, would facilitate this effort greatly. Patients should also receive more information about how the referral process works: what to expect, how long it will take to get an appointment, how a specific specialist was selected, etc.

Finally, a specific request from Medicaid patients is that the MCOs allow for more than one hour for a behavioral health visit. Enrollees expressed that they need more time for such visits, especially when they had to wait a long time for their appointment. They are frustrated that Medicaid will only pay for one hour of time. Since most behavioral health visits center around discussion, they feel that one hour is not enough time.

**H. Improve Care Management/Care Coordination at MCO and Provider Levels**

*Request for input: Please offer suggestions for the RFP and/or model contract functions and elements related to improving care management and coordination at both the MCO and provider levels. In addition, please 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? Please elaborate.*

Response:

Yes, Community Health Workers (CHWs) are so needed to help manage and coordinate care for the Medicaid population. During the community meeting, enrollees made it clear that cultural competency with providers is very important, and CHWs would help bridge this gap. Enrollees also expressed an urgent need for more health education on nutrition, medications, screenings and health tips, early detection of dementia, and caregiving. They suggested that these type of sessions be delivered at home visits, churches, or community centers. This is the type of activity for which CHWs are essential.

Enrollees are eager for more communication from their MCO (or an assigned CHW affiliated with the MCO as discussed previously), and/or health care providers, so that they feel more connected with the health care system. This communication would focus on health education (particularly for enrollees with a new diagnosis or chronic disease), results of regular health screenings, support with lifestyle changes, guidance in navigating referrals, etc.

CHWs can play this role by calling or visiting enrollees in person to check in, asking about how they are doing with lifestyle changes, and helping them navigate specialists, arranging transportation to new

hospitals, and additional health needs. Enrollees need CHWs to bridge the gap to better health because they have the time and skills required to effectively change patient behavior. They are needed to provide additional information that the doctor didn't get to during the visit, to answer questions that come up for patients once they get home, and to advocate on behalf of patients. CHWs would make the health system at large far more accessible to patients who do not have the confidence or high level of experience/ education required to navigate the system alone. Medicaid enrollees expressed that currently, they simply don't know who to call with questions between appointments, where to look for reliable, culturally appropriate health information, or where to turn for trusted, health care-savvy support. CHWs can be the cost-effective solution to so many of the barriers that enrollees face. During the Medicaid community meeting, enrollees cited that CHWs should help them with:

- Finding community health centers
- Finding a ride to the hospital
- Finding alternative pain treatment options (apart from opioids)
- Figuring out if any "alternative" pain management services are covered by Medicaid
- Doing research on the side effects and regime of a new medication that they have been prescribed
- Accessing social services or public programs to help them adopt healthier lifestyles
- Educating them on a disease or chronic condition that they have been diagnosed with
- Finding a behavioral health care provider that meets their needs
- Translating

#### **I. Achieve Administrative Simplification**

*Request for input: Please offer specific ideas for achieving the Department's aim for greater administrative simplification in its Medicaid managed care program by reducing the burden and complexity of the program for enrollees. In addition, the Department is interested in ideas to make the program less burdensome for providers by reducing paperwork, redundancies, and improving clarity of clinical criteria.*

#### **Response:**

More communication and clearer information from the MCOs to patients are required to simplify the existing complexity. Enrollees in the community meeting specifically requested that their Medicaid card contain all of the critical phone numbers that they need to successfully navigate the health care system, including the numbers for:

- Transportation
- General questions about their plan
- Their CHW
- A contact to help them find or change their PCP

Again, CHWs to support patients through the complexity will also help immensely. Enrollees clearly asked for this in the meeting and repeatedly restated that they need this type of support to enter and thrive in the health care system.

## **Conclusion**

To close the community meeting on Medicaid, the facilitator asked the attendees to go around the room and answer the following question “What do you want from Medicaid?” These are their responses:

- 1) More time (longer appointments)
- 2) To be more updated
- 3) More affordable prescriptions
- 4) More information about where to go to get what you need
- 5) Support for caregivers
- 6) Better compensation for Medicaid providers
- 7) Dental care
- 8) Increased income eligibility
- 9) A list of prescriptions covered by Medicaid
- 10) Easier access to health care services
- 11) Increased services covered by Medicaid (especially dental, vision, and behavioral health)
- 12) Vision care
- 13) Better transportation
- 14) Community health workers that work for the MCO to follow up with and help patients
- 15) A CHW assignment when you get your insurance card that can do an initial visit and general needs assessment with new enrollees
- 16) Easier access to home care services
- 17) Reliable transportation
- 18) Navigation support (from CHWs, or organizations like 504HealthNet that can answer enrollees’ questions about the health care system)