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April 12, 2018

To whom it may concern:

*Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care
Future Vision and Policy Considerations for Public Engagement
Prepared by: the Bureau of Health Services Financing*
Louisiana Medicaid

Request for input:

- 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?

It has come to our attention that the Louisiana Department of Health (the Department or LDH) is planning its third procurement cycle for the state's Medicaid managed care program. As explained, "LDH also seeks new and better ways to help more enrollees achieve their health goals and improve their wellbeing." Part of improving the health of our communities is a focus on the "Triple Aim:" improved care, improved health and lower health care costs. The pursuit of quality initiatives in the hospital setting provides the path to meeting these goals. One of these quality initiatives promoted and supported by the Center for Disease Control, Joint Commission and the World Health Organization includes the Baby Friendly USA designation for all hospitals, nationally.

Obtaining such a designation requires many changes in the policies and processes provided by Women's Health Services to their community. These include the education and support of staff, physicians and patients. With this designation at our facility, the community has responded with an increase in breastfeeding initiation, as well as Inpatient and Outpatient lactation management

ordered by the physician caring for the mother and newborn. Currently, the reimbursement in caring for and following the breastfeeding patient has not been addressed by the state. As the percentage of women who chose to breastfeed their children increases in our region, which consequently improves the health of the community and decreases healthcare costs; the time and resources spent on these patients as both inpatients and outpatients continues to equally increase.

Medicaid Managed Care Organization (MCO) contracts must change to represent reimbursement for quality care. As the state's vision for "better care, better health and lower costs" becomes the goal in our communities, financial reimbursement has not followed suit by Medicaid. LDH must hold MCOs accountable in bringing "greater focus on continuous quality improvement initiatives, program integrity, and improvements in health information technology" in hospitals. LDH must hold the contracted health plans accountable for reimbursement for quality and evidence-based practices and initiatives, such as the Baby Friendly USA designation.

The United States Breastfeeding Committee and National Breastfeeding Center recommend support for breastfeeding mothers, including lactation counseling services, as well as supplies and breast pumps. Breastfeeding has been cited as one of the "most compelling preventative modalities available to health care providers...reducing the risk of several common causes of infant morbidity...reducing incidences of middle ear disease, diarrhea and respiratory illnesses" (United States Breastfeeding Committee, National Breastfeeding Center, 2014).

Donor milk has drastically reduced the rates of mortality caused by necrotizing enterocolitis, a life threatening disorder in premature infants, in the NICU setting. Per quality reporting to the Vermont Oxford Network, our level III NICU has had one incident of necrotizing enterocolitis in a severely premature infant since receiving our Baby Friendly designation (yearly deliveries 1700-2000 per year). The community and national health care costs are also decreased in exclusively breastfed infants for 6 months, who lower their risk of developing chronic diseases that can carry into adulthood such as obesity, lymphoma, and leukemia and insulin dependent diabetes. Even the mother receives the benefits of breastfeeding related to her own body, with duration and exclusivity. The mother can reduce her risk for pre-menopausal breast cancer and premenopausal ovarian cancer (United States Breastfeeding Committee, National Breastfeeding Center, 2014).

It is imperative that health care organizations continue to support and encourage breastfeeding by promoting success and maintenance of the breastfeeding mother, closing the gap in meeting national goals for initiation and exclusivity. Federal governmental agencies and health professional associations collectively support breastfeeding as a public and national initiative, encouraging more and more hospitals to become Baby Friendly USA facilities; but health insurance plans continue to lack in their coverage of preventative services including lactation services in the hospital. As insurance companies offer more support for "Smoking Cessation" programs and "Promise Reward Programs," lactation services should also follow suit in improving public health through breastfeeding initiation and exclusivity; in turn, decreasing the cost of healthcare related childhood and adult diseases and illness.

It is vital that the following be considered for reimbursement, as our use and staff hours have increased to provide these patient services, as a quality Baby Friendly facility:

- Coverage of donor human milk
- Higher reimbursement for facilities that have achieved Baby-Friendly designation
- Coverage of breast pumps and supplies
- Coverage of breastfeeding education and support from a lactation provider (inpatient and outpatient-See Table 1 and 2)

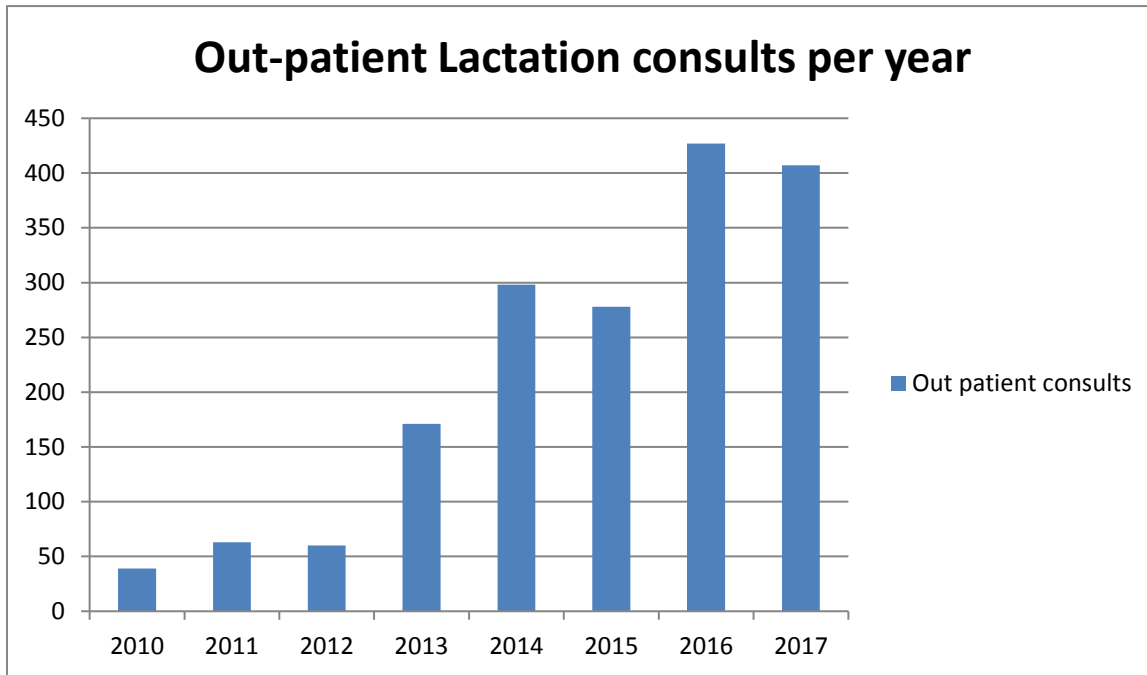


Table 1: Outpatient consults per year since 2014 Baby Friendly Designation by Lactation Provider (IBCLC)

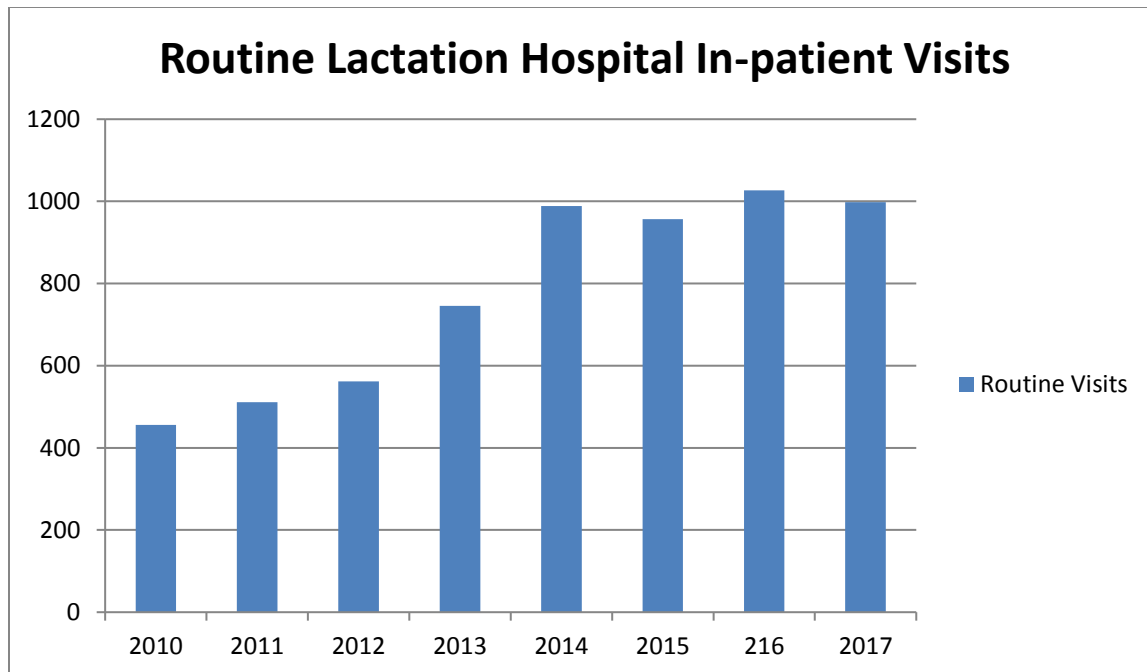


Table 2: Inpatient routine Lactation visits per year since 2014 Baby Friendly Designation By Lactation Provider (IBCLC)

In the past years, Aetna has been an example of reimbursement for Lactation services including reimbursement for E/M codes: 99203, 99202, 99201 and PM codes 99401, 99402, 99403 and 99404. Services endorsed and supported by the Institute of Medicine and Health Resources Services Administration include: breast feeding support, supplies and counseling; screening and counseling; contraceptive counseling; and well woman visits. Traditional Medicaid programs with pregnancy related coverage have not been required to provide breastfeeding support and supplies in the past years, but many states choose to now provide these benefits. Preventative services in the future managed care contracts should look to adding comprehensive lactation support and counseling, costs of ...equipment for the duration of breastfeeding, as well as pasteurized donor human milk for “preterm and medically compromised infants” (United States Breastfeeding Committee, National Breastfeeding Center, 2014, pp. 5-6).

With a significant demand in healthcare for increased quality initiatives and evidenced based practice, related to payment for services, reimbursement options by insurance companies and state Medicaid programs must follow suit. As hospitals seek preventative services and negotiate reimbursement with insurance providers to help promote the health of their communities and decrease national healthcare costs, this range of preventative services must also apply to mother and child services. In “Paving the Way to a Healthier Louisiana,” value-based and quality care services should be considered while negotiating managed care contracts for the state of Louisiana.

Works Cited

United States Breastfeeding Committee, National Breastfeeding Center. (2014). *Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies*. Washington DC.