Methodist Health System Foundation
260 Oak Harbor Blvd
Slidell, La 70458
Provider Organization
Region- St. Bernard, Louisiana

Wendy Beron CEO
Heather Surcouf School Based Health Manager

Medicaid White Paper Feedback

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Suggestions:

a. Limit the number of Statewide MCOs-

   Medicaid should have a standardized process that all MCOs follow regarding assuring that best practice and standards of care are followed/linked to reimbursement.

b. Expect MCOs to operate as innovators to achieve the Triple Aim
   - Medicaid should require the MCO's to collaborate and have uniform reimbursement per provider type and service performed.
   - MCOs / Medicaid should offer uniform, easily accessible education initiatives to providers
   - Medicaid should work with MCOs to develop systems to utilize technology to allow for the sharing of information among providers with regard to test performed and the results of the services. Currently, it is a difficult and time consuming process to review identify needs or services provided.

c. Enhance network adequacy and access standards
   - Medicaid could encourage MCOs to incentives providers/practices who offer services beyond typical office hours.
   - Streamline provider credentialing. Credentialing process should be a one- time activity through one credentialing body (i.e. Medicaid). This process should assure credentialing to all MCOs, rather than each MCO having their own, very different credentialing process.
   - MCOs should recognize that PCP/ School-Based Health Center partnerships increases access to provide preventive services (well visits, screenings) to children and adolescents. These partnerships should be encouraged and perhaps rewarded.
   - Medicaid/MCOs should be encouraged to maintain an up to date data base (digital format) of specialty service providers with availability and services provided.

d. Invest in primary care, timely access to care, telehealth and medical homes

   MCOs should hire and train individuals to serve as care coordinators. By doing so, the patient-specialty referral process would be less burdensome, costly and more effective.

e. Improve integration of physical and behavioral health services
   - MCOs should recognize that school-Based Health Centers (SBHCs) in Louisiana utilize an interdisciplinary team approach. In-house referrals are made between physical health and behavioral health services. MCOs can work with SBHCs to develop a model of care.
   - MCOs should pool and coordinate data systems between primary care, behavioral health to reduce duplication of screenings.

- MCOs should provide reimbursement for behavioral health screenings and intervention when conducted by primary care providers, including School-Based Health Center providers.

f. Advance value-based payment (VBP) and delivery system reform
   - If MCOs continue to offer incentives to members the incentives should be designed to cover the cost associated with improved health (gym membership, free classes, and alternative health methods) or health related behaviors (healthy cooking classes, etc.).

g. Improve care management/care coordination at MCO and provider levels
   MCO's should conduct community needs assessments to better target member health services.

h. Increase focus on health equity and social determinants of health
   - MCOs should encourage collaboration between PCPs and SBHC. SBHCs provide access to services for children and adolescents, yet services are underutilized in some area due to competition between PCP and SBHC. MCOs should recognize that both PCP and SBHCs play an important and needed role in delivering services to an underserved population. Payment structures should reflect the value of such relationships.
   - Encourage collaboration between providers, this should include School-Based Health Centers; offer incentives for established collaboration (MOU's) and conduct audits to ensure collaboration is taking place not just in writing.

l. Achieve administrative simplification

   - Providers should be credentialed for all plans. The credentialing process is burdensome. Each MCO has different requirements. Once credentialed MCOs should conduct audits to ensure that the provider is in practice and in compliance.
   - MCOs "house" all documents related to credentialing in one location.
   - MCOs have an identified group of individuals who are readily available to answer questions.
   - MCOs allow for reimbursement from the time of the application, not the date of credentialing.
   - MCOs provide webinars or seminars on current best practices to ensure that enrollees receive the same level of care regardless of the provider. MCOs conduct audits to ensure that standards are being met.