

April 17, 2018

Organizations:

1. North Oaks Medical Center, LLC
2. North Oaks Rehabilitation Hospital, LLC
3. North Oaks Physician Group, LLC

Type of Organization: Health System

Region: Tangipahoa and Livingston Parish

For your consideration, we have provided our feedback on the design elements presented in LDH’s Whitepaper, “Paving the Way to a Healthier Louisiana: Advancing Medicaid Managed Care”.

POLICY AREA	INPUT
a. Limit the number of statewide MCOs	We recommend two MCOs. We need to standardize as much as possible for efficiency and practicality.
b. Expect MCOs to operate as innovators to achieve the Triple Aim	To reduce complexity, have fewer MCOs with standardized processes across. To reduce administrative burden and unnecessary costs, require MCO’s UR/CM staff to be more available, including on-site visits, with quicker turn-around on decisions (for example: approvals). To improve care and population health, increase available contracted providers in current markets as well as expanding to new ones, such as SNF, home health, etc. Increase the availability of outpatient and lower level of care resources with faster determinations for approval.
c. Enhance network adequacy and access standards	The use of media, mailings, direct calls, etc., to inform enrollees of available resources in rural areas based on the medical history and needs. Tangipahoa parish has a large need for Medicaid providers, however unable to secure locally. Specialist services are located in one area or the patient must be sent over one hour driving time away for needs. Most enrollees have transportation difficulties, which further complicates the matter. Services that are lacking in our area include oncology, endocrinology, cardiology, pulmonology, and pain medicine. Home health, LTAC and SNF

	facilities that are in contract are difficult to find, often necessitating the need for single-case agreements, which usually do not work out.
d. Invest in primary care, timely access to care, telehealth and medical homes	Increase access to local PCPs with appointment availability within 3 days of request. Work with local home health/physician practices/mid-level practices to provide telehealth solutions in lieu of an on-site appointment with a provider. Charge enrollees as self-pay for non-emergent visits to the emergency room unless triaged by MCO triage line and reference number provided for instructions to arrive to ED versus seeing PCP.
e. Improve integration of physical and behavioral health services	Increase the number of available providers.
f. Advance value-based (VBP) and delivery system reform	As VBP are adopted, health equity as it relates to social determinants of health should be utilized and weighted.
g. Improve care management/care coordination at MCO and provider levels	Make MCO's care coordinators readily available as well as visible. Require facility-based visits when patient is hospitalized to improve overall care coordination. Also, ensure outreach is done on continuous basis to ensure follow up is complete and preventative health is arranged. MCOs should be required to employ and support the available Community Health Workers. These community-level workers will allow for better overall coordination and outreach opportunities.
h. Increase focus on health equity and social determinants of health	Contract and work with community-based social service and volunteer organizations to provide for the various social determinants of health. For example church congregations providing healthy meals or transportation to appointments. The MCOs can develop and institute these programs in all communities with the assistance of local governments and providers.
i. Promote population health	Work with and support local organizations and providers to offer health promotion/prevention programs in the community based settings.
j. Apply insights from behavioral economics to facilitate enrollees' healthy behaviors and choice	Minimize monetary incentives for healthy behaviors. Instead, cover programs such as smoking cessation programs, weight loss programs, etc.

k. Improve approach to value-added benefits	Continue with basic value-added benefits, such as vision, dental, pre-natal and pediatric services.
l. Achieve administrative simplification	Need to utilize one set of evidenced based, widely accepted clinical criteria for pre-approvals, referrals, and approvals for hospitalization. Required documentation for continued stay utilization review should be standardized and succinct. Ensure the MCO's systems are current and compliant with Medicaid guidelines. Improve websites for accessing authorization and covered services information. Clearer guidelines for medical versus pharmacy 3rd party administrators.

We appreciate the opportunity for allowing North Oaks to submit feedback.

Sincerely,



Michelle Watkins
Revenue Management Director
North Oaks Health System