

## MCO 3.0 Contract Provider Engagement

September 2, 2022

# Managed Care Organizations effective January 1, 2023

► Louisiana Medicaid will contract with five existing MCOs plus one new entrant:

1. Aetna Better Health
2. AmeriHealth Caritas Louisiana
3. Healthy Blue
4. Louisiana HealthCare Connections
5. United Healthcare Community
6. Humana Healthy Horizons in Louisiana (NEW)

# Enrollment Changes for 3.0

## Enrollee Assignment

- Current enrollees will be assigned, effective 1/1/2023, excluding specific high risk populations
- This will be a one-time event prior to go-live

## Disenrollment

- All enrollees will have from the date of receiving their letter until 3/31/2023 to make a plan change
- Open enrollment will be reinstated October 2023

## Automatic Assignment

- Automatic assignment will seek to preserve provider and household relationships

# Why is this important?

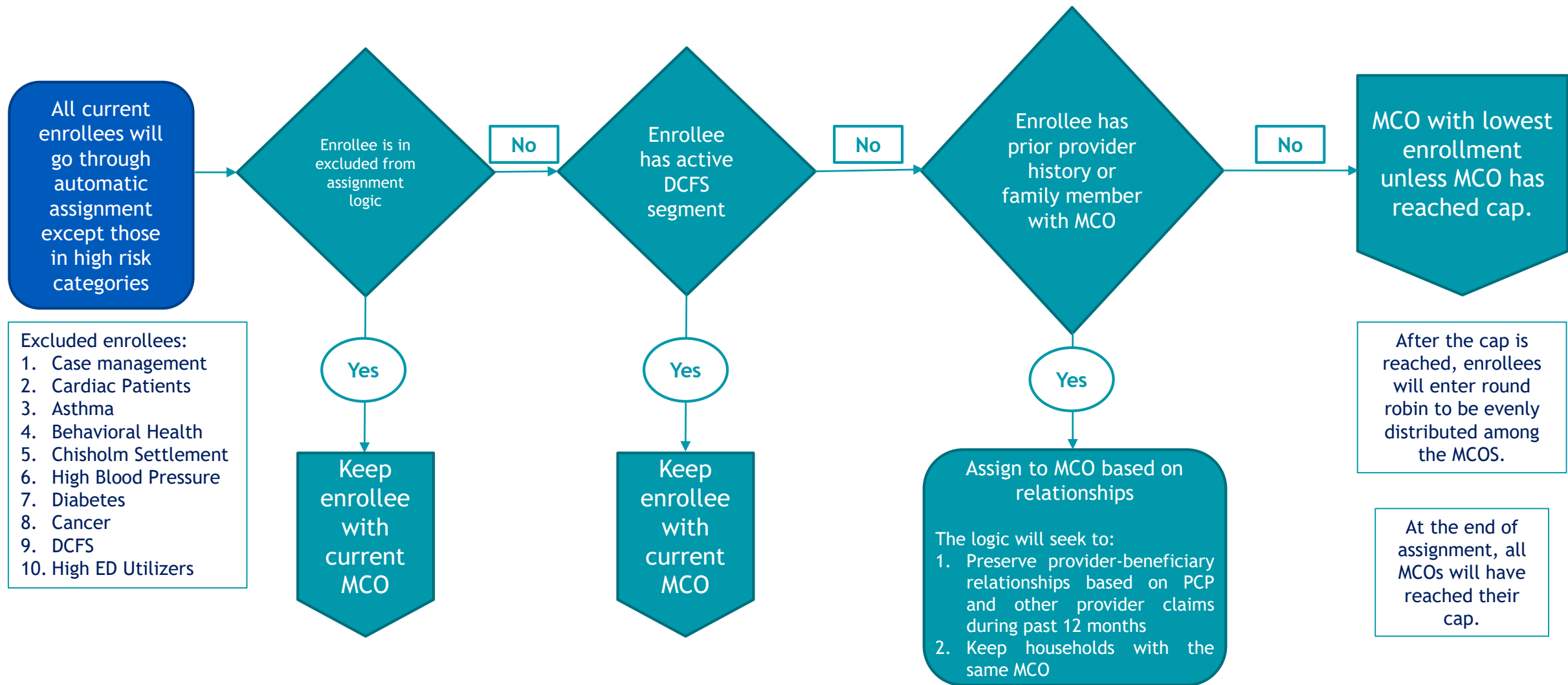
- ▶ To engage providers and address provider concerns regarding the MCO 3.0 contract auto assignment logic.
- ▶ Providers should understand how the auto assignment and disenrollment process works for their patients.
- ▶ To better understand how the provider/patient/member relationship will be preserved using the new auto assignment logic.
- ▶ To assure providers the auto assignment logic and new contract have been designed to ensure continuity of care.
- ▶ To confirm the new entrant will have an adequate provider network on day one.
- ▶ To assure providers that enrollee MCO assignment changes will be followed by a disenrollment period opportunity to change plans.

# Automatic Assignment Logic for One-Time Assignment of Current Enrollees

## ► Preserving Current Enrollees with High Risk Conditions:

- Approximately 38% of enrollees will stay with their current plans based on high risk categories such as, but not limited to:
  - ◆ Case Management
  - ◆ Cardiac Patients
  - ◆ Asthma
  - ◆ Behavioral Health
  - ◆ Chisholm Settlement
  - ◆ High Blood Pressure
  - ◆ Diabetes
  - ◆ Cancer
  - ◆ DCFS
  - ◆ High Emergency Room Users

# Automatic Assignment Logic for One-Time Assignment of Current Enrollees



# Automatic Assignment Logic for One-Time Assignment of Current Enrollees

- ▶ The enrollment broker will assign the enrollees not segregated into a high risk group to the MCO with lowest enrollment.
- ▶ Enrollees will be assigned in the following order:
  - Group members by family
  - Enrollees age 19 and over
  - Enrollees under age 19
  - Zip code
  - Alphabetical order by last name, first name
- ▶ This will allow families to maintain access to care and provides equal opportunity for the plans to obtain members.
- ▶ To the degree that Medicaid is able to identify high-risk enrollees (for example, enrollees who may be ineligible at the end of the PHE), Medicaid will determine a means to disperse those enrollees evenly across the MCOs.

# Automatic Assignment Logic for One-Time Assignment of Current Enrollees

- ▶ Enrollment plan seeks to even enrollment categories across all plans, not the level of enrollment
- ▶ All plans should have a minimum enrollment of 150,000 on day one
- ▶ Plans will have a cap set based the % of member choice of each plan but limited to a maximum
- ▶ Is a one-time assignment methodology and cap for initial assignment only

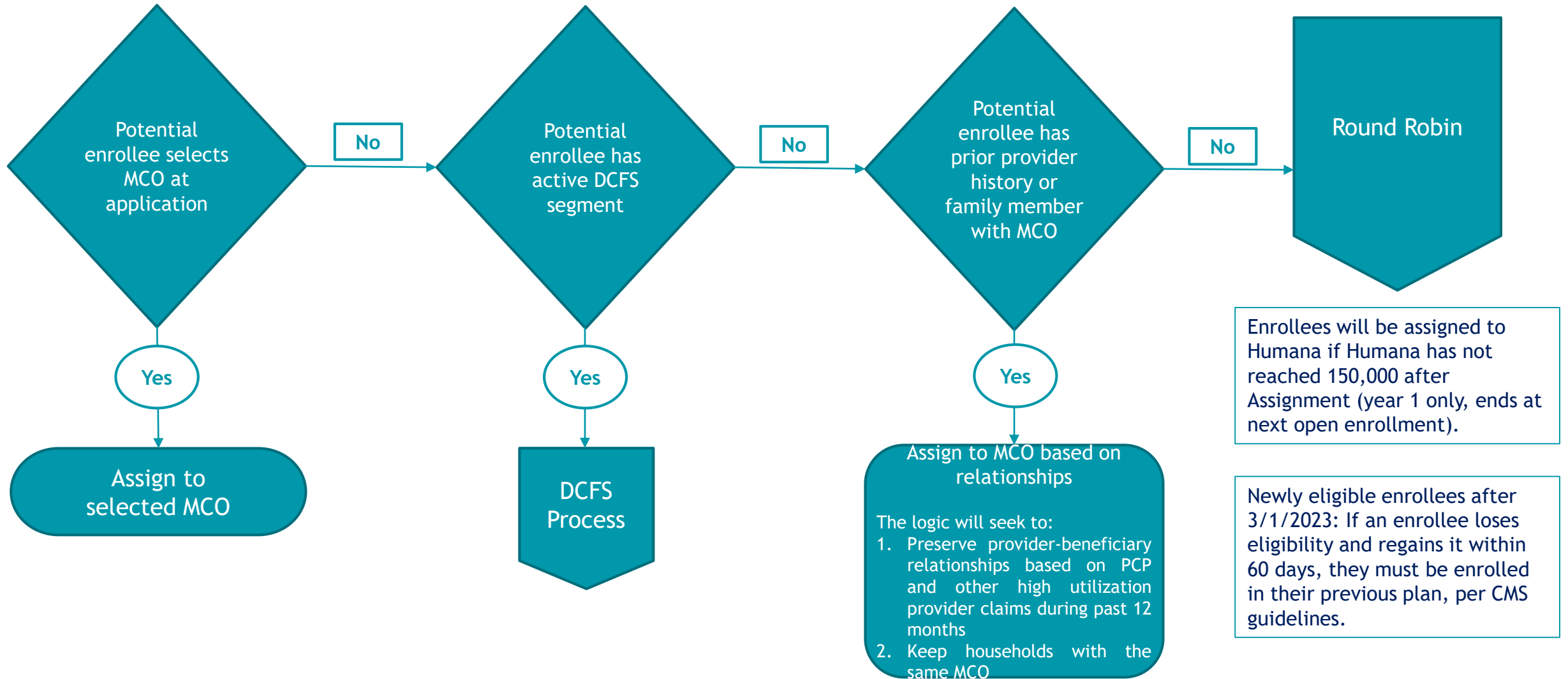


# Automatic Assignment Logic for One-Time Assignment of Current Enrollees

## ► VBP and HEDIS

- Those members in high risk groups will remain with their current plan
- LDH will consider the disruption of other members in determining if the quality and VBP withholds should be suspended
- Those members that are auto assigned may be assigned to their current plan
- LDH's expectation is that the MCOs will still need to report and meet targets/deliverables outlined for members and one of the ways they do this is through provider incentive programs.
- Although each MCO must make decisions on the design and level of those programs based on the performance goals they are expected to meet, LDH expects performance not to suffer.
- LDH is not party to MCO/Provider agreements and does not influence them. Providers should work with the MCOs to make any needed adjustments to these arrangements.

# Automatic Assignment Logic for Potential Enrollees during Operations and after One-Time Assignment



# Disenrollment Periods

- ▶ Current enrollees have a “disenrollment period” from receipt of packet until March 31, 2023
  - Potential enrollees will have a 90-day disenrollment period after enrollment (January 1 until March 31)
- ▶ After the disenrollment period, all enrollees are locked in until the next open enrollment period
- ▶ An Enrollee may request disenrollment from a MCO for cause, at any time, with approval
- ▶ Standard open enrollment periods will resume, beginning October 2023

# Automatic Assignment of Current Enrollees

Eligibility Effective Date	Drill Down Category	Plan Selection Options	AA Logic	Notes
Before 12/1/2022	All Currently Active Enrolled Members including those with the option of Voluntary Opt-In	No initial plan selection.  Members will receive documentation upon AA.	Member will be assigned via AA Logic (includes all six plans) and informed of their newly assigned plan including the effective date of change as 1-1-23, along with detailed documentation stating their right to change plans should they not agree with the decision.	Members will be afforded a Plan Selection from one of Six (Seven-if Voluntary Opt-In) Plans, including Aetna, ACLA, HBL, LHCC, UHC, Humana, and Legacy Medicaid. Voluntary Opt-Ins will have the option to 'opt out' of Managed Care and remain in Legacy Medicaid or "opt-in" Managed Care at any time.

# Assignment of Potential Enrollees (new Medicaid applicant)

Eligibility Effective Date	Drill Down Category	Plan Selection Options	AA Logic	Notes
1/1-12/1/22	Retroactive New Eligibles	5 current MCOs: ABH, ACLA, HBL, LHCC, UHC	If the member does not make a plan selection at the time of application, they will be assigned to a plan via AA <u>without</u> the option of the incoming MCO.	These members will be informed of the opportunity to make a plan change with the option to select one of 6 MCOs. A disclaimer should be added informing that if Humana is selected as an option, their enrollment will have an effective date of 1-1-23. This must be clearly stated.
1/1/23 and Later	New Eligibles	5 current MCOs + new MCO: ABH, ACLA, HBL, LHCC, UHC, and Humana.	If the member does not make a plan selection at the time of application, they will be assigned to a plan via AA <u>with</u> the option of the incoming MCO.	These members will be informed of the opportunity to make a plan change with the option to select one of 6 MCO's.
Varies (See Above)	Voluntary Opt-In Population	Dependent upon when eligibility is received. Refer to the Eligibility Effective Date options above.	If the member does not make a plan selection at the time of application, they will be assigned to a plan via AA. Refer to Effective Date Options above for AA Logic considerations.	Placement into Humana is only an option for members who become eligible 1/1/23 or later. These members will also have the option to 'opt out' of Managed Care and remain in Legacy Medicaid.

# Plan Change Effective Date Guidelines

- ▶ Always begins on the 1<sup>st</sup> day of the month of the member's eligibility; these members can have retroactive transfer start dates.
- ▶ Any transfer request (whether phone, web, or mail) processed on or before the 2<sup>nd</sup> to last business day of the month will be effective the following month.
- ▶ Any transfer request processed on the last business day of the month will be effective on the second following month from the date of request.

Examples:

Request & Process Date	Effective Date
11/4/22-12/27/22	01/1/23
01/12/23	02/1/23
01/27/23	02/1/23
01/31/23	03/1/23

# For Additional Information

- ▶ The latest information about MCO contract changes, provider enrollment and member health plan assignments can be found at [www.healthy.la.gov](http://www.healthy.la.gov). Click on the “Medicaid Provider Updates” tab.
- ▶ Follow the link to find more information about:
  - Provider webinars about the new MCO contracts including a webinar schedule, webinar slides and a recording of the presentation.
  - Provider contacts for contracting with each of the six MCOs.
  - Provider enrollment links for the upcoming September 30, 2022, deadline for enrollment.
- ▶ Check back at [www.healthy.la.gov](http://www.healthy.la.gov) for regular updates and additional provider resources.



## Questions & Answers



# Questions or Comments?

Contact Ali Bagbey at [ali.bagbey@la.gov](mailto:ali.bagbey@la.gov)

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