



# Medicaid Advisory Committee

March 10, 2026





# Medicaid Program Updates



# Medicaid Medical Director Updates

Dr. Kathleen Willis

# Medicaid Program Updates

- Appointments and Nominations
  - Thrive Well Subcommittee: *Jordan Losavio*
- Review Minutes from November 18, 2025 Meeting
- Bylaws Review
- HR 1 Medicaid Work Requirements

# HR 1 Establishes 1<sup>st</sup> Work Requirements for Medicaid Expansion Recipients

## What is changing?

- A new federal law requires some adults on Medicaid to report their work or community engagement hours to keep their health coverage.

## Who is impacted?

- This change will not affect most Louisiana Medicaid members. Of the 1.5 million Louisiana Medicaid members, 1.2 million will not be affected.
- Many people are exempt from these new requirements, including pregnant or postpartum women, caregivers of young children or a disabled individual, medically frail people, disabled veterans and foster youth.

## Transition Timeline

- The changes will be implemented starting January 1, 2027. Medicaid will notify impacted members several months before the effective date of the change to allow them time to prepare.

## What can members do now?

- Members should be sure to keep their contact information up to date with Louisiana Medicaid so they do not miss these important updates or requests for information.
- They can visit [www.ldh.la.gov/medicaid/work-requirements](http://www.ldh.la.gov/medicaid/work-requirements) for the latest information.



# Response to HR No. 246: Medicaid Investments for a Healthy Louisiana

Report Review  
Louisiana Medicaid Advisory Committee  
March 10, 2026

# AGENDA

- I. Welcome & Purpose**
- II. Report Core Team**
- III. Background & Context**
- IV. Delivery – Build Community Capacity**
- V. Payment – Advance Systems Solutions**
- VI. Measurement – Use Quality Measures Differently**
- VII. Further Recommendations**
- VIII. Questions**

# REPORT CORE TEAM

- Annika Vanderspek, Invest in Louisiana
- Courtney Foster, Invest in Louisiana
- Currin Wallis, 504HealthNet
- Dana Smith, LSU Health New Orleans
- Nick Albares, Volunteers of America
- Robin Gruenfeld, March of Dimes

# PURPOSE

- OF THE COMMUNITY-BASED SOCIAL SERVICES SUBCOMMITTEE:
- House Resolution No. 246 created the Community Based Social Services Subcommittee (CBSS) to explore ways Medicaid can invest in meeting the Health-Related Social Needs of Louisiana's Medicaid enrollees.
- OF THIS MEETING:
- To review the report *Medicaid Investments for a Healthy Louisiana* created in response to HR 246.

# BACKGROUND & CONTEXT

# LOUISIANA H.R. 246 (2024)

## WHAT

- Study ways that Medicaid can invest in community-based social service organizations to address health-related social needs.

## WHY

- Decrease healthcare costs and improve care quality, experience, and the overall health of Louisianans

## Health-Related Social Needs (HRSNs)

## Social Determinants of Health (SODH)

**Individual-level** needs to attain wellbeing

**Community or population-level** aspects that impact individual's ability to attain wellbeing

Income, housing, nutrition, transportation

Racism, environment, public policy

Individual/family focused intervention

Systems, policy, funding

# HRSNs

- Nutrition
- Transportation
- Connectivity
- Life Skills
- Housing
- Respite

Appendix C: Recommended Services for HRSNs	
DOMAIN	RECOMMENDATION
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Members receive deliveries of nutritious, prepared meals and healthy groceries to support their health needs.</li> <li>• Members also receive vouchers for healthy food and/or nutrition education.</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Transit vouchers for school and work</li> <li>• Non-emergency medical transportation rides to grocery stores, community resources and social supports, and other services, ages 18+</li> </ul>
<b>Connectivity</b>	<ul style="list-style-type: none"> <li>• Assistance with connectivity (internet, hotspot, smartphone) for beneficiaries who do not qualify for SafeLink or LifeLine</li> </ul>
<b>Life Skills</b>	<ul style="list-style-type: none"> <li>• Access to HiSET coach and job skills training platform to find new career paths, earn credentials and certifications, and highlight skills to local employers. Must not have a high school diploma, GED, or be in another education program.</li> <li>• GED test preparation support, ages 16+; covers one retake, if needed.</li> <li>• Financial Coaching</li> </ul>
<b>Housing</b>	<p>For members experiencing or at risk of homelessness:</p> <ul style="list-style-type: none"> <li>• <b>Transitional Rent</b> Up to six months' rent for members who are experiencing or at risk of experiencing homelessness and meeting certain eligibility criteria</li> </ul>

"A RATIONALLY DESIGNED  
STRUCTURE MAY NOT  
NECESSARILY BE  
BEAUTIFUL BUT NO  
BUILDING CAN BE  
BEAUTIFUL THAT DOES  
NOT HAVE A RATIONALLY  
DESIGNED STRUCTURE"

Eugène Emmanuel Viollet-le-Duc

# FORM FOLLOWS FUNCTION

## Real world example: Screening for HRSNs

**Form:** Fee-for-service reimbursement for HRSN screening

**Function:** Emphasizes **number of screens** (and creates a *bridge-to-nowhere*)

Fee-for-Service	Value-Based Care
Pays providers for volume of services (quantity)	Rewards providers based on patient health outcomes, quality of care, and cost efficiency
Focuses on individual service	Focuses on longitudinal, holistic, and coordinated care
Can lead to higher costs	Controls costs by minimizing unnecessary treatment
Carries little or no financial risk for providers	Shared financial risk with payers based on outcomes

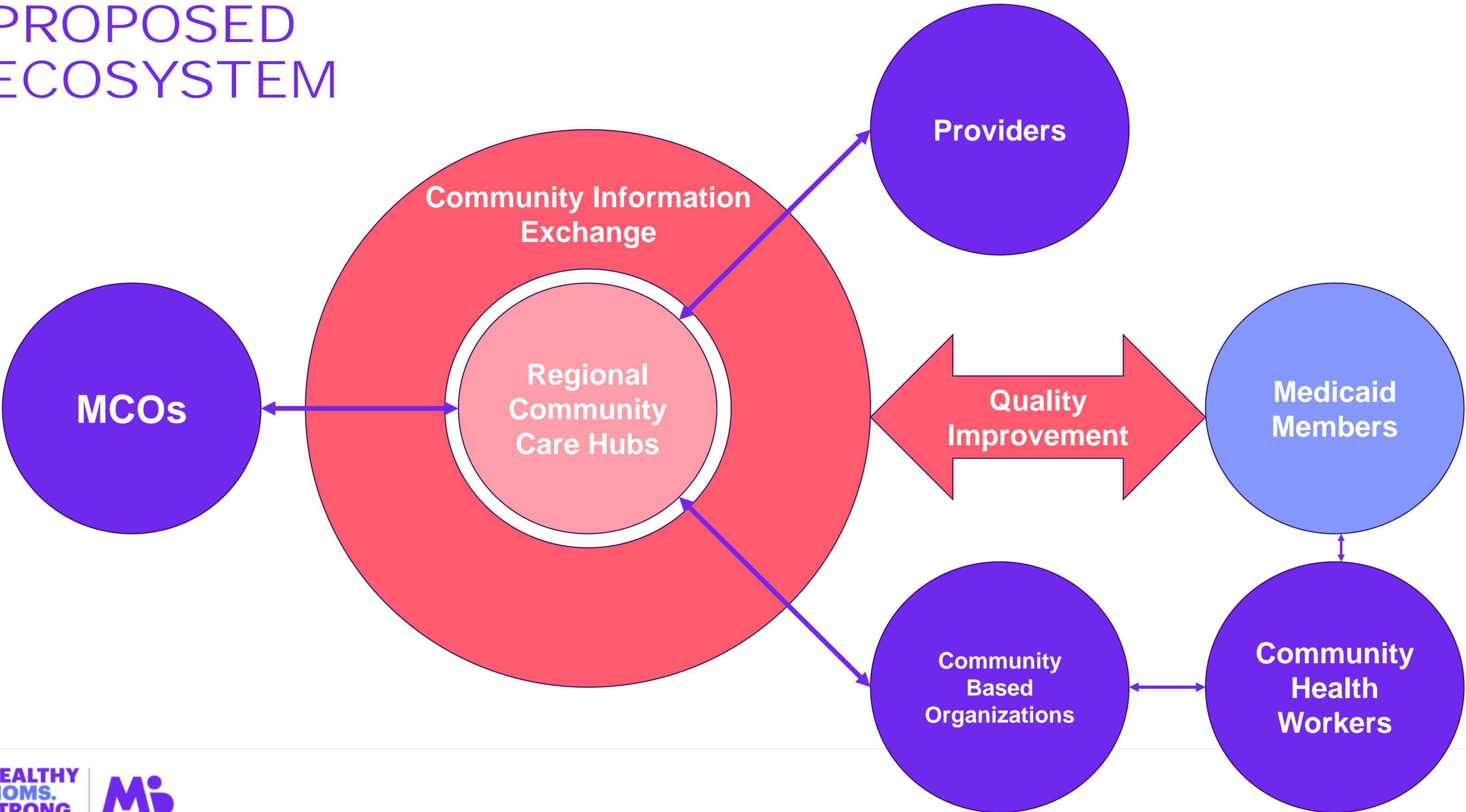
# #1: WE TALKED TO THE BENEFICIARY ADVISORY COMMITTEE

BAC Concern	CBSS Goal
Bridge-to-nowhere problem	<b>Delivery</b> Build community capacity
Benefits are opaque and difficult to obtain	<b>Payment</b> Advance systems solutions
Insurance should provide consistency and accountability	<b>Measurement</b> Approach quality measures differently

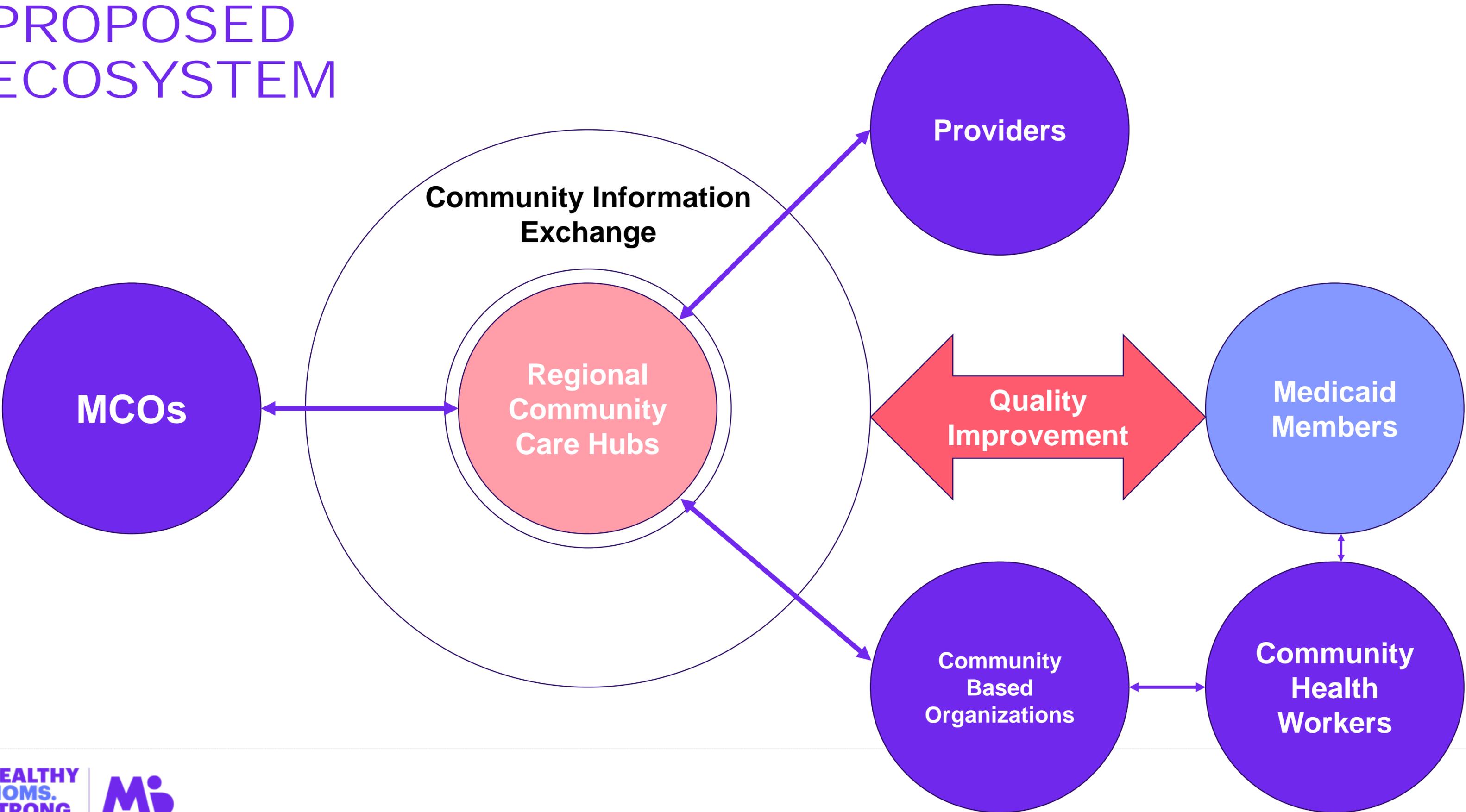
# DELIVERY

BUILD COMMUNITY CAPACITY

# PROPOSED ECOSYSTEM



# PROPOSED ECOSYSTEM



# COMMUNITY INFORMATION EXCHANGE

A community-governed ecosystem that uses a unified technology platform to enable health, human, and social service providers to share data and coordinate care for individuals.

CIEs serve **two** primary functions:

1. Provide a directory of community-based organizations that deliver direct services to address HRSNs
2. Help providers make and manage referrals to community-based organizations for relevant services



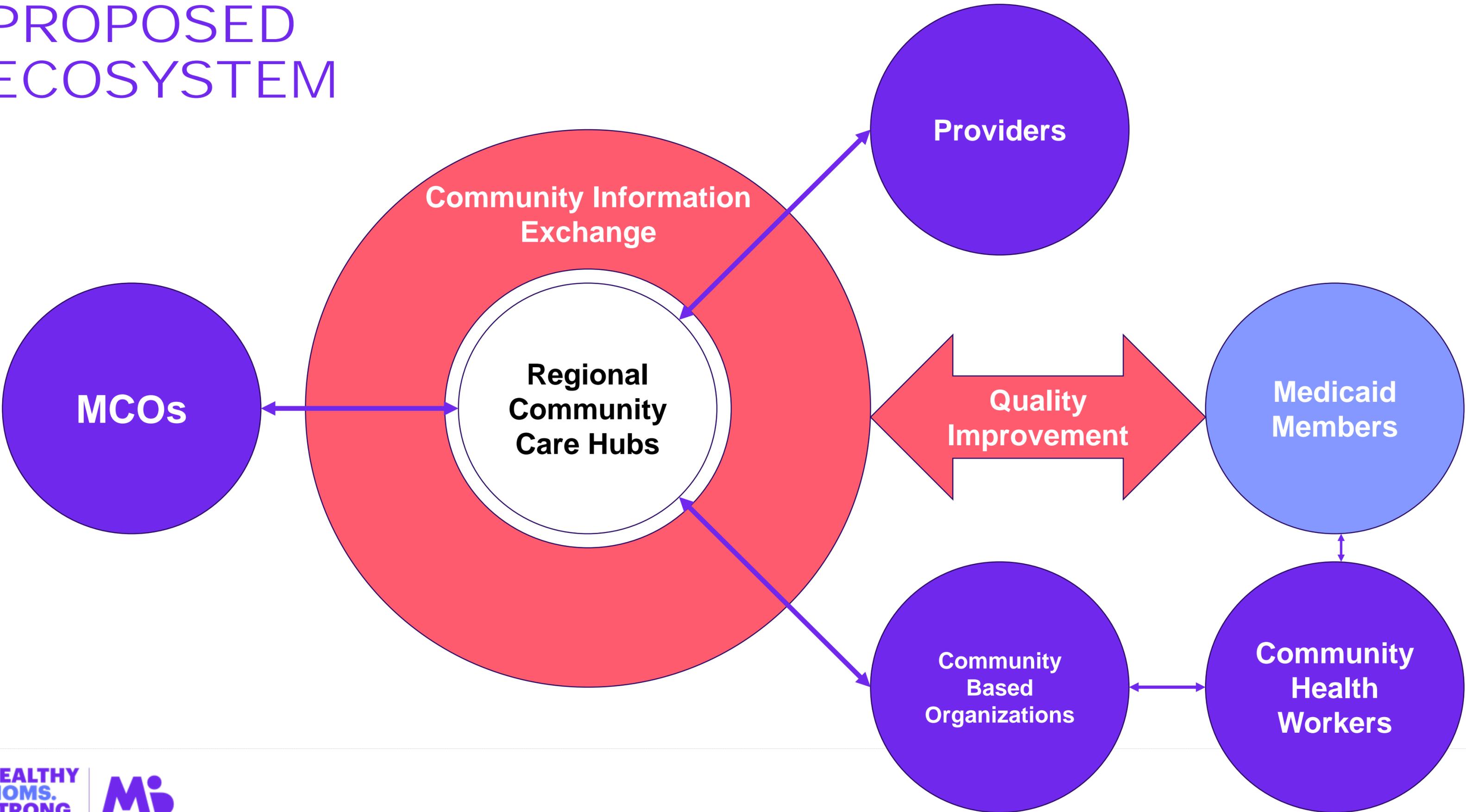
# COMMUNITY INFORMATION EXCHANGE, CONTINUED

USE CASE	Description	Data Flow
<b>ID Enrollee and qualify for community supports</b>	Compile and analyze administrative, physical, behavioral, dental and social service data and information received from Providers, Enrollee, and others	<ul style="list-style-type: none"> <li>• Claims/encounter data -&gt; MCO</li> <li>• Providers, CBOs, jails/prisons, etc. send records with enrollee info to MCO</li> </ul>
<b>Assignment and Engagement</b>	Assign Enrollees to a Community Health Worker based on their previous provider relationships, health needs, and known preferences, and use available information to reach out to and engage with Enrollees qualifying for benefits.	<ul style="list-style-type: none"> <li>• MCO -&gt; CHW or provider</li> <li>• CHW/Provider reports back to MCO</li> </ul>
<b>Care coordination and management</b>	Support care coordination and care transitions for engaged enrollees, including supporting referrals across the MCO's Community Health Hub network.	<ul style="list-style-type: none"> <li>• Provider/CHW -&gt; CBO</li> <li>• CBO -&gt; Provider</li> </ul>
<b>Billing and encounter reporting</b>	Submit claims and accurate reporting	<ul style="list-style-type: none"> <li>• Provider -&gt; MCO</li> <li>• MCO -&gt; Medicaid</li> </ul>

## CIE Benefits

- **Enrollees** – faster access to services, reduced trauma from repeating information, and better health outcomes
- **Agencies** – reduced duplication of services, streamlined intake processes, and improved collaboration between providers
- **Communities** – data to address gaps in services and make data-informed funding and policy decisions

# PROPOSED ECOSYSTEM



# COMMUNITY CARE HUBS

Community Care Hubs are place-based, multi-stakeholder collaborations in each of Louisiana's nine public health regions that provide infrastructure and support to Community-Based Organizations who want to work with Medicaid.

Key functions of each Community Care Hub include:

- Identifying opportunities to improve the health and healthcare of the community;
- Planning and implementation of strategies that meet regional HRSNs;
- Selecting performance measures that matter to insured people



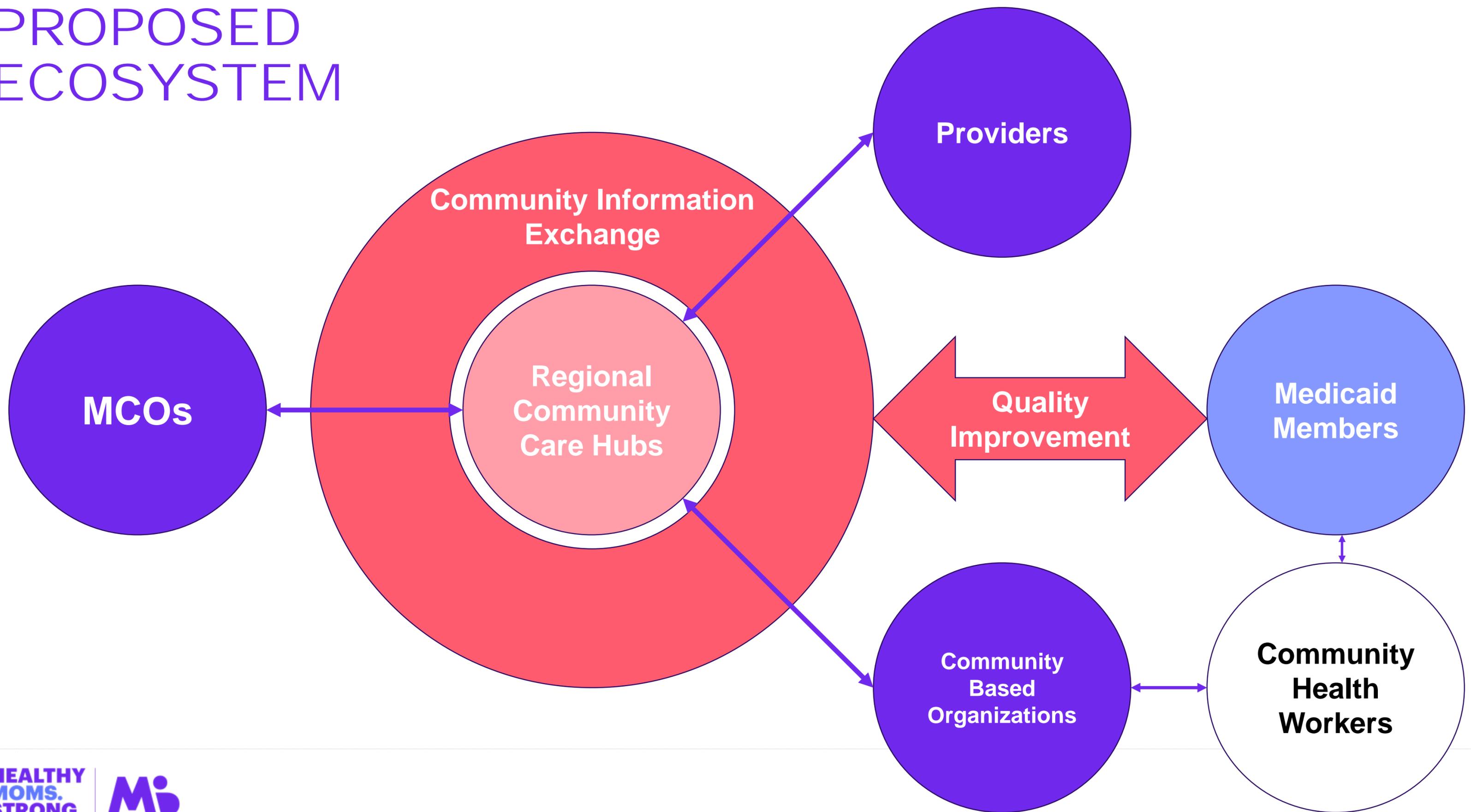
# COMMUNITY CARE HUBS, CONTINUED

## Community Care Hubs

Infrastructure support can include but is not limited to...

- Billing assistance
- Data systems
- Workforce development for Community Health Workers, etc.
- Individual community-based organization capacity building and technical assistance support
- Insurance/liability protection

# PROPOSED ECOSYSTEM



# COMMUNITY HEALTH WORKERS

The Community Health Worker (CHW) workforce facilitates delivery of services through Community-Based Organizations.

Current CHW reimbursement is fragmented and encounter-based. Reformed CHW reimbursement should support sustained, longitudinal engagement with members.

A sustainable payment model would establish:

- A reimbursement rate of approximately \$20 per unit, with one unit defined as 15 minutes of service provision.
- An allocation of up to 40 units per Medicaid member per month.



# COMMUNITY HEALTH WORKERS, CONT.

Reimbursable CHW services should **explicitly** include:

- Health education
- Health-related social needs screening and assessment
- HRSN navigation and direct service provision
- Employment and workforce training support
- Food security assistance
- Housing navigation and stabilization
- Utility assistance coordination
- Transportation support
- Home visits

# RECOMMENDATIONS

- Roll together upfront costs of capacity building and technical assistance (2.2)
- Create the following infrastructure:
  - Community Information Exchange (1.1)
  - Community Care Hubs (1.2)
- Invest in Community-Based Organizations ability to meet the expanded demand for services (1.3)
- Revamp Community Health Worker reimbursement to support sustained, longitudinal engagement with members (1.4)
  - \$20/unit (unit = 15min of service provision)
  - Up to 40 units/member/month
  - Update service list to explicitly include:
    - Health-related social needs screening and assessment
    - HRSN navigation and direct service provision
    - Employment and workforce training support
    - Food security assistance
    - Housing navigation and stabilization

# PAYMENT

ADVANCE SYSTEMS SOLUTIONS

# Definitions

<b>Feature</b>	<b>Section 1115 Waiver</b>	<b>In-Lieu of Service</b>	<b>Value-added Benefit</b>
<b>Authority</b>	Federal	State Regulation (42 CFR 438.3)	Plan Choice (Admin Cost)
<b>Approval Process</b>	Lengthy federal negotiation with CMS	Approved by CMS via state contract	Plan-level, approved by State
<b>Cost Basis</b>	Budget neutral	Cost-effective	Plan admin dollars
<b>Nature of Service</b>	Experimental/broad reform	Substitutes for covered services	Extra, non-core services
<b>Target Area</b>	HRSN	Physical, behavioral, or social needs	Member-perks/ Extras to improve member experience

# SECTION 1115 WAIVERS

HR 246 directed the study of 1115 waivers as a key approach to meet HRSNs

A March 2025 Centers for Medicare and Medicaid Informational Bulletin rescinded Biden-era guidance for 1115 Waivers to better reflect the priorities of the current administration

Current HRSN 1115 waivers are not nullified, but future requests will be considered on a case-by-case basis

<b>Feature</b>	<b>Section 1115 Waiver</b>
<b>Authority</b>	Federal
<b>Approval Process</b>	Lengthy federal negotiation with CMS
<b>Cost Basis</b>	Budget neutral
<b>Nature of Service</b>	Experimental/broad reform
<b>Target Area</b>	HRSN

# VALUE-ADDED BENEFITS

Sweeten the deal for enrollees to choose one plan over another.

- Current VABs offered in Louisiana:
  - Food
  - Housing
  - Transportation
  - Connectivity
  - Life Skills

...Health-Related Social Needs

**See Appendix D – Value-Added Benefits Currently Offered in Louisiana**

Feature	Value-added Benefit
<b>Authority</b>	Plan Choice (Admin Cost)
<b>Approval Process</b>	Plan-level, approved by State
<b>Cost Basis</b>	Plan admin dollars
<b>Nature of Service</b>	Extra, non-core services
<b>Target Area</b>	Member-perks/ Extras to improve member experience

HEALTH-RELATED  
SOCIAL NEEDS IN  
LOUISIANA ARE  
COVERED AS VALUE-  
ADDED BENEFITS...

IT DOESN'T HAVE TO  
BE THIS WAY.



# IN-LIEU OF SERVICES

In Lieu of Services (ILOS) are medically appropriate, cost-effective services or settings that MCOs may cover to substitute services otherwise covered under the Louisiana Medicaid State Plan.

- Federal regulations (42 CFR §438.3(e)(2)) require that ILOS be voluntary for both the plan and the enrollee, medically appropriate substitutes for covered care, and not used to reduce access to State Plan benefits.
- Services are reimbursed via claims and encounter data

<b>Feature</b>	<b>In-Lieu of Service</b>
<b>Authority</b>	State Regulation (42 CFR 438.3)
<b>Approval Process</b>	Approved by CMS via state contract
<b>Cost Basis</b>	Cost-effective
<b>Nature of Service</b>	Substitutes for covered services
<b>Target Area</b>	Physical, behavioral, or social needs

# TWO NEW DEFINITIONS

## Capitation Rate

Fixed, pre-negotiated fees paid to MCOs or providers for each assigned patient. This is a predictable, upfront, set amount of money to cover the predicted cost for a specific patient over a certain period.

## Medical Loss Ratio

Divide the total medical expenses and quality improvement costs by the total premiums collected (less any applicable taxes and fees)

In-Lieu of Service	Value-added Benefit
State Regulation (42 CFR 438.3)	Plan Choice (Admin Cost)
Approved by CMS via state contract	Plan-level, approved by State
Cost-effective	Plan admin dollars
Substitutes for covered services	Extra, non-core services
Physical, behavioral, or social needs	Member-perks/ Extras to improve member experience
<b>Included in capitation rate calculation</b>	<b>Not included in capitation rate calculation</b>
<b>Included in Medical Loss Ratio calculation</b>	<b>Not included in Medical Loss Ratio calculation*</b>

\*unless activities are categorized as activities that improve healthcare quality

# RECOMMENDATIONS

- Define and apply (2.1) an advantageous mix of financing strategies to pay for HRSNs in Louisiana that can:
  - Build capacity among Community-Based Organizations to deliver services related to HRSNs
  - Improve person-centered, holistic outcomes, and
  - Control costs
- Determine if MCOs in Louisiana can classify expenses related to partnership-building as “activities that improve healthcare quality” where appropriate (2.3)
- Embed care management expectations into the non-benefit portion of MCO capitation rates to encourage MCO partnerships with Community-Based Organizations and Community Care Hubs (2.4)
- Require MCOs to reinvest a portion of profit and reserves into community capacity to address HRSNs (2.5)

# MEASUREMENT

APPROACH QUALITY MEASURES DIFFERENTLY

# LOUISIANA'S QUALITY STRATEGY FRAMEWORK: HRSNS

Priority Area	Goal	Objective
Promote aligned and improved health outcomes	Improve quality and outcomes across the care journey	Prevent prematurity and reduce infant mortality
		Prevent obesity and address physical activity and nutrition in children and adults
		Promote healthy development and wellness in children and adolescents
		Improve hypertension, diabetes, and cardiovascular disease management and control
		Improve respiratory disease management and control
		<b>Advance value-based payment arrangements and innovation</b>
Advance equity and engagement for all individuals	Advance health equity and whole-person care	<b>Stratification of data</b>
		<b>Advance specific interventions to address social determinants of health</b>
		Improve overall health
	Engage individuals and communities and become partners in their care	
Accelerate Interoperability and Scientific Innovation	Accelerate and support the transition to a digital and data-driven healthcare system; transform healthcare using science, analytics, and technology	<b>Review data collection systems to ensure digital measurement and reporting is feasible</b>
		<b>Use quality performance data to evaluate the effectiveness of program interventions in improving health outcomes</b>

# LOUISIANA'S 2025 MEDICAID QUALITY INTERVENTIONS

- **Performance Improvement Projects (PIPs)** Designed to achieve significant improvement on priority outcomes sustained over time. 0.5% of the withhold is linked to health equity strategies.
- **Increase use of Value-Based Payments and improve health outcomes** 2% withhold requirement in MCO contracts incentivizes quality care, health outcomes, value-based payment, and health equity
- **Managed Care Incentive Payment (MCIP) Program**  
Provides incentive payments to MCOs for achieving quality reforms that increase access, improve quality, and/or enhance the health of enrollees

# APPROACH QUALITY MEASURES DIFFERENTLY

- Involve Beneficiary Advisory Committee and regional Community Care Hubs in selection of performance measures (3.1)
- Enforce accountability & transparency through HRSN value-based performance measurement (3.2)
  - Use Community Information Exchange to inform quality improvement efforts
  - Add performance data to existing dashboards
- Use MCIPs and other quality measures to emphasize holistic outcomes and collaboration with Community Care Hubs (3.3)

# FURTHER RECOMMENDATIONS

# ACTION PLAN

Several activities must happen in tandem to reach result:

- **Community Information Exchange**  
Build data infrastructure
- **Community Care Hubs**  
Empower and coordinate community-based organizations
- **Payment Reform**  
Incentivize providers and MCOs to address HRSNs
- **Performance Measurement**  
Foster opportunities for collaboration

Actions Brief Description	SFY22	SFY23	SFY24	SFY25	Priority
A1. Recommended measures & screening tools	X	X			🍏
B1. Facilitate MCO, provider & CBO Coordination	X	X	X		🍏
C1. Provider reimbursement options	X	X	X		🍏 🏠 🗣️
C2. Incentives or requirements for MCOs	X	X	X	X	🍏 🏠 🗣️
D1. Internal HHS workgroup	X	X	X	X	🍏 🏠 🗣️
D2. External workgroups & collaboratives	X	X	X	X	🍏 🏠 🗣️
A2. Data collection strategy		X	X		🍏
C3. Build measures into existing programs		X	X		🍏 🏠 🗣️
B2. Assess & Enhance SNAP & WIC		X	X	X	🍏
B3. Assess & Enhance 2-1-1		X	X	X	🍏 🏠 🗣️
D3. Medicaid beneficiary engagement		X	X	X	🍏 🏠 🗣️
A3. Monitor trends			X	X	🍏
C4. Explore new care delivery and financial models			X	X	🍏 🏠 🗣️
A4. Expand data infrastructure focus				X	🏠 🗣️
B4. Expand coordination focus				X	🏠 🗣️

# ROLL UPFRONT COSTS TOGETHER

For example:

- Technical assistance, IT, and legal support
  - Community Health Hubs
  - Community Information Exchange
- Capacity building
  - Community Based Organizations to meet the workload
  - Workforce development to ensure there are enough trained community health workers, and that member interactions are trauma-informed and culturally-appropriate

# MEDICAID GUIDANCE – CONTRACT & MANUAL

Request that MCOs outline strategies they will employ to make members aware of benefits that meet their HRSN (1.6.1)

Establish guidance that makes it simple for MCOs to apply the correct financing strategy (1.6.2):

- Revise the list of possible Value-Added Benefits in the contract (See Appendix D: Value-Added Benefits Currently Offered in Louisiana);
- Expand the list of ILOS pre-approved in Louisiana to include HRSN ILOS;
- Clearly outline how to add ILOS (Appendix B: How to Propose an In-Lieu of Service)
- Recommend a benefit or rate floor for the HRSNs services that is non-binding but fair and equitable for the workforce.

Proactively develop best practices for documentation and data sharing for MCOs (3.4).

QUESTIONS?

THANK YOU!

**HEALTHY  
MOMS.  
STRONG  
BABIES.**



ROBIN

GRUENFELD

*Director of Collective Impact – New Orleans*

*Maternal and Infant Health*

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# Subcommittee Updates

- *Adult Medicine – Dr. Michael Bodin - Chair*
- *Behavioral Health – Dr. Lannis Tynes – Chair*
- *Community-Based Social Services – Vacant*
- *Dental – Dr. Nicholas G. Mosca - Chair*
- *Emergency Medicine – Dr. Annelies De Wulf - Chair*
- *Neonatology – Dr. Steve Spedale - Chair*
- *Obstetrics – Dr. Joseph Biggio - Chair*
- *Pediatrics – Dr. Laura Drake - Chair*



# Announcements/Open Forum



# 2026 Meeting Dates

- **May 12, 2026**
- **August 11, 2026**
- **November 10, 2026**



# Adjournment

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**THANK YOU**

**QualityCommittee@LA.Gov**

