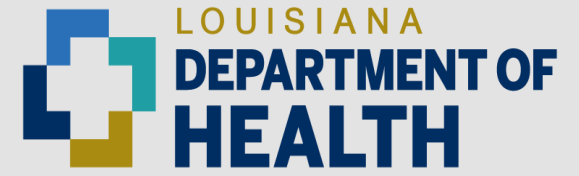


Medicaid Program Updates



Overview

- MCO RFP
- Quality
- Benefits
- Future/ongoing initiatives

MCO RFP

- LDH will be re-procuring the managed care organizations
- Please send any and all suggestions to healthy@la.gov
- Currently in an emergency contract with the 5 current MCO's which will be extended through calendar year 2021

Quality

- HEDIS 2020 results are in (care that occurred in 2019)
- Preparing the report of patient experience survey results
 - We are interested in exploring supplemental patient experience questions (<https://www.ahrq.gov/cahps/surveys-guidance/item-sets/search.html>)
- Continuing research and development of the Quality Rating System (this was the health plan “report card” that you all provided feedback on)
 - The new federal managed care rule impacts this and so we will bring back changes to the group
- Will be advancing to a new quality measure set in 2021, as determined by public engagement process throughout last year

Quality: New Incentivized Measures

Measure	New/existing	Rationale
Childhood Immunization Status (Combo 3: DTAP, IPV, MMR, HIB, Hepatitis B, VZV, and PCV)	New	Provider stakeholder and OPH request, evidence-based treatment
Immunizations for Adolescents (Combo 2: meningococcal, TDAP/TD, HPV)	New	
Cesarean Rate for Low-Risk First Birth Women*	New (had been incentivized previously)	Continuing ongoing work in improving maternal and neonatal outcomes
Colorectal Cancer Screening	New	Provider stakeholder request, Medicaid priority, evidence-based treatment
Cervical Cancer Screening	New	Provider stakeholder and OPH request, high rates of cervical cancer, evidence-based treatment
HIV Viral Load Suppression	New (had been incentivized previously)	Provider stakeholder and OPH request, MCO request, high public health impact, outcome-based measure

*A lower rate indicates better performance

Quality: New Incentivized Measures

Measure	New/existing	Rationale
Follow-Up After Hospitalization for Mental Illness (within 30 days)	Existing	Provider stakeholder and OBH request, strengthen linkage between medical/behavioral health, currently poor performance
Follow-Up After Emergency Department Visit for Mental Illness (within 30 days)	New	
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (within 30 days)	New	
Comprehensive Diabetes Care - HbA1c poor control (>9.0%)*	New	Provider stakeholder request, Medicaid priority, outcome-based measure
Controlling High Blood Pressure	Existing	Provider stakeholder request, Medicaid priority, outcome-based measure

*A lower rate indicates better performance

Benefits (COVID-19)

- COVID-19 testing, treatment, and vaccination
 - Under the Families First Coronavirus Relief Act, Medicaid is required to cover all of these
 - We work to implement as soon as we receive information from CMS
 - There may be delays in adding to our fee schedules, but we work with MCOs and providers to recycle claims to ensure appropriate reimbursement

Benefits (Revisions)

- Bariatric Surgery, updates to eligibility criteria:
 - A BMI ≥ 40 kg/m², or more than 100 pounds overweight; or
 - A BMI ≥ 35 kg/m² with one or more comorbidities related to obesity; or
 - A BMI of 30 to 34.9 kg/m² with type 2 diabetes mellitus if hyperglycemia is inadequately controlled despite optimal medical control by oral or injectable medications
- Specified details regarding services for beneficiaries under 18
 - a BMI ≥ 40 kg/m² or 140% of the 95th percentile for age and sex, whichever is lower; or
 - a BMI of 35 to 39.9 kg/m² or 120% of the 95th percentile for age and sex, whichever is lower, with one or more severe obesity-related medical conditions
 - Requests for beneficiaries under the age of 13 will be reviewed for medical necessity on a case-by-case basis

Benefits (Revisions)

- Obstetric ultrasounds: Will exclude maternal fetal medicine specialists from pre-specified limits (January 1, 2021)
 - Currently a workgroup to determine ultrasound policy for general OBs
- Non-invasive prenatal testing: prevent prior authorization or medical review due to time-sensitive nature of the test (December 1, 2020)

Benefits (Revisions)

- Breast Surgery, clarified coverage (January 1, 2021):
 - Medically necessary mastectomy
 - Breast conserving surgery
 - Reconstruction
 - Risk-reducing mastectomy
 - Reduction mammoplasty including medically necessary removal of breast implants

Benefits (Revisions)

- Inpatient concurrent care, revised coverage (January 1, 2021):
 - Each provider from a different specialty/subspecialty can be reimbursed for one initial hospital visit per admission
 - Within the same specialty/subspecialty:
 - Only one provider can be reimbursed for one initial hospital visit per admission
 - Only one provider can be reimbursed for a maximum of one subsequent hospital visit per day
 - Only the provider responsible for discharging the beneficiary shall be reimbursed for hospital discharge services on the discharge day

Benefits (New)

- Perinatal Depression Screening (January, 2021)
 - Performed during a well-child visit, billed under the child's coverage, separately reimbursed
 - Administered from birth to 1 year in accordance with American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule
 - (Recommended but not required)
- Developmental and Autism Screening (January, 2021)
 - Administered during well-child visit in accordance with the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule
 - Separately reimbursed

Future and Ongoing Initiatives

- Pediatric concurrent care during hospice:
 - For members under age 21
 - Clarification that they may receive hospice services in addition to life-prolonging care
- Improving breastfeeding support services
 - Louisiana has one of the lowest breastfeeding rates in the country
 - Only about 40% of all Medicaid beneficiaries breastfeed their infants at least 8 weeks, which means that over 8,000 mothers stop breastfeeding their infants during these early weeks.
 - Member interviews
 - Review of coverage and benefits
 - Provider engagement forthcoming

Future and Ongoing Initiatives

- Reducing Low-Value Medical Device Use
 - Collaboration with the University of California-San Francisco (they receive funding from Arnold Ventures)
 - A significant proportion of low-value care originates from inappropriate use or overuse of technology
 - A growing contributor to this waste and harms are high-risk medical devices, which too often enter the market based on little or no evidence of clinical benefits

Low Value Medical Devices

- First Initiative: Endovascular revascularization for peripheral arterial disease
 - Analyzed utilization through Medicaid claims
 - In 2019 LA Medicaid expenditures were \$7M for this procedure
 - Of the 1923 revascularization claims filed that year, 43.6% were for patients with an intermittent claudication diagnosis code
 - Conduct literature review of publicly available FDA adverse event reports to estimate the harms of procedure/device
 - A 4.6% increased risk of mortality was found in a meta-analysis of 8 RCTs
 - Similar quality of life, functional, and long-term outcomes found between conservative therapy and endovascular revascularization without any of the potential procedure-related complications

Low Value Medical Devices

- Endovascular revascularization:
 - Develop policies and procedures to drive appropriate use
 - Support optimization of conservative management:
 - Physical activity (provider directed)
 - Exercise lasting 30-60 minutes at least 3 times per week
 - Guideline directed medication therapy:
 - Antiplatelet therapy
 - Aspirin
 - Clopidogrel
 - Statins
 - Antihypertensive therapy for patients with hypertension
 - Smoking cessation
 - Behavioral counseling
 - Medication therapy (i.e., varenicline, bupropion, and/or nicotine replacement)

Low Value Medical Devices

- Next Steps:
 - Continued development of policies and procedures
 - Stakeholder engagement
 - Review and data analyses of other devices:
 - Other types of stenting
 - Musculoskeletal injections

Future and Ongoing Initiatives

- Sexually transmitted infection testing in Medicaid-insured people:
 - Supported by CDC and a multistate collaborative with Alabama, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee
 - Project aim is to look at syphilis, chlamydia, and gonorrhea testing in different populations
 - Preliminary results in Q1 and Q2 2021

COVID-19 Updates

- [PHE](#) status updated by Health and Human Services on October 23, 2020
- Louisiana guidelines are subject to change, keep an eye out
- Medicaid-related updates continue to be posted on [Louisiana Medicaid](#) website
- Can always email us with questions



Questions?