

MCO 3.0 Health Equity Overview

Medicaid Quality Committee Meeting

10/28/2022

Objectives

- MCO 3.0 Brief Health Equity Overview
- Specific Health Equity Requirements
- Questions

MCO 3.0 Contract Overview

- Current Emergency Contract vs. MCO 3.0 RFP and Model Contract
- Health equity

Emergency Contract	MCO 3.0 RFP and Model Contract
Does not address health equity.	Adds RFP questions related to health equity and uses terms consistent with LDH's health equity framework.
Does not address health equity.	Requires that collection, analysis, and submission of data support health equity efforts.
Does not address health equity.	Requires that MCOs submit a Health Equity Plan.
Assigns 2% of the withhold to quality and value-based payment.	Links health equity tasks and/or benchmarks to MCO Performance Withhold.

Defined Terms in MCO 3.0

- **Health Disparity** – The preventable differences in health outcomes in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by disadvantaged populations.
- **Health Equity** – Achieved when every person in a community has the opportunity to reach their full health potential and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."
- **Health Equity Plan** - The Contractor's strategic initiatives and approaches to activate practices, protocols, and resources that equitably and effectively support the wellness and well-being of all the people, populations, and communities LDH serves, consistent with the LDH Health Equity Plan.

https://ldh.la.gov/assets/cphe/Equity_Framework.pdf

Health Equity Overview

Section 2.6

- The Contractor must participate in, and support, LDH's efforts to reduce health disparities, address social risk factors, and achieve health equity.
- The Contractor must engage a variety of Enrollees and populations to develop and implement a Health Equity Plan designed to address the cultural, socioeconomic, racial, and regional disparities in health care that exist among the Contractor's Enrollees and communities within the State.
- The Health Equity Plan shall be developed in alignment with the Contractor's Population Health Strategic Plan, the Louisiana Medicaid Managed Care Quality Strategy, and the LDH Health Equity Plan.

LDH Medicaid Quality Strategy

Section 2.16

- Defines and drives the overall vision for advancing health outcomes and quality of care provided to Enrollees.
- Establishes clear aims, goals, and objectives to drive improvements in care delivery and the outcomes and metrics by which progress will be measured.
- Articulates priority areas for quality improvement, and details the standards and mechanisms for desired outcomes, integration with population health priorities, and the ***advancement of health equity through reduction of health disparities***.
- Is a roadmap by which LDH shall use the managed care infrastructure to facilitate improvement in the clinical and non-clinical drivers of health, incentivizing the Contractor to attain quality goals and improve health outcomes.

Health Equity Plan

Section 2.6.1.2

- Overall strategies and specific activities to achieve each measurable objective must include, but are not limited to:
 - Ensuring the delivery of services in a culturally appropriate and effective manner to all Enrollees by promoting cultural humility at all levels of the Contractor's organization and with Network Providers, including promoting awareness of implicit biases and how they impact policy and processes;
 - Engaging diverse families when designing services and interventions that integrate care and address childhood adversity and trauma;
 - Obtaining ongoing input from Enrollees who have disparate outcomes to incorporate the perspective of the Enrollee;
 - Ensuring that each functional area with outward facing communications tests potential publications with Enrollees for understanding and conveyance of the intended message, as well as cultural appropriateness;

Health Equity Plan

Section 2.6.1.2 (Continued)

- Overall strategies and specific activities to achieve each measurable objective must include, but are not limited to:
 - Partnering with community-based organizations to address SDOH-related needs, including ensuring the active referral to and follow-up on identified needs related to SDOH by:
 - Providing validated up-to-date community resource lists for Enrollee and provider use
 - Sharing health needs assessments and other sources identifying SDOH needs, subject to State and Federal privacy requirements, with Network Providers and community health workers, by request
 - Reimbursing Network Providers for screening for SDOH needs and submitting applicable diagnosis codes (“Z codes”) on Claims including specific reimbursement amounts and frequencies

Health Equity Plan

Section 4.4.4.1

- The Health Equity Plan must:
 1. Stratify MCO results on certain quality measures to identify/address disparities.
 2. Include staff/provider training requirements related to equity, beyond CLAS requirements.
 3. Include social needs/equity questions in Health Needs Assessment and develop mechanisms to close the referral loop to act on identified social risk factors.
 4. Engage a variety of Enrollees/populations in the MCO's health equity approach.

Health Equity Administrator

Section 2.2.2.4.4.8

- The **Health Equity Administrator** shall serve as the single point of contact responsible and accountable for all matters related to health equity within the Contractor's organization and provider network to support the effectiveness and efforts of the Contractor's Health Equity Plan.
- The Contractor may hire or designate an existing employee to serve as the HE Administrator. The HE Administrator must be a high-level employee (i.e., director level or above) but may have more than one area of responsibility and job title.

Health Equity TRAINING

Section 2.2.2.7.2

- The Contractor shall provide initial and ongoing **staff training** that includes an overview of contractual, state and federal requirements specific to individual job functions.
- The Contractor shall ensure that all staff members having contact with Enrollees or providers receive initial and ongoing training on health equity and social determinants of health, beyond Culturally and Linguistically Appropriate Services (CLAS) requirements and with regard to the appropriate identification and handling of quality of care concerns.

STRATIFY MCO Performance Measures

Section 2.6.3

- The Contractor shall ensure that data collection, data systems, and analysis allow for the identification of disparities by Enrollee characteristics.
- As directed by LDH, the Contractor shall stratify and annually report on quality measures by race, ethnicity, language, geographic location (urban/rural parish) and/or by disability in a format provided by LDH.
- LDH may publicly share these stratified results, including comparing performance across MCOs, over time, and to state and other available benchmarks.

Attachment H Measure #58

Objectives	Measures for Stratified Data
Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities	<ul style="list-style-type: none"> • <u>Pregnancy</u>: Percentage of Low Birthweight Births, Contraceptive Care – Postpartum Women Ages 21–44 • <u>Child</u>: Well Child Visits in the First 30 Months of Life, Childhood Immunizations (Combo 3), Immunizations for Adolescents (Combo 2) • <u>Adult</u>: Colorectal Cancer Screening, HIV Viral Load Suppression, Cervical Cancer Screening • <u>Behavioral Health</u>: Follow-Up After Emergency Department Visit for Mental Illness (within 30 days), Follow-Up After Emergency Department Visit for Substance Use (within 30 days), Follow-Up After Hospitalization for Mental Illness (within 30 days)

Performance Withhold – Equity

Sections 2.6.4 and 4.4

- LDH may designate certain health equity related tasks and/or benchmarks to be linked to a portion of the MCO performance withhold consistent with the withhold requirements in Part 4 of the Contract.
- Section 4.4.1.2 Health Equity withhold = 0.5% of the applicable monthly capitation to incentivize the Contractors' health equity strategies.
- Section 4.4.4 For each Contract year, the Contractor may earn back the Health Equity withhold based on its reporting and performance relative to health equity requirements as established by this Contract and LDH as described in the Health Equity section.

THANK YOU

Questions?

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