AmeriHealth Caritas Louisiana
10000 Perkins Rowe, Block G, Suite 400
Baton Rouge, LA 70810

December 29, 2020

SUBMITTED VIA E-MAIL

Louisiana Department of Health
628 N. 4th Street
Baton Rouge, LA 70802

RE: MCO RFP 21

To the Louisiana Department of Health:

AmeriHealth Caritas Louisiana is pleased to respond to the Louisiana Department of Health's (LDH's) request for input on key areas of interest for the upcoming Request for Proposal anticipated to be released in Spring 2021. We are a committed partner to LDH, serving more than 220,000 Medicaid enrollees in Louisiana over the past nine years.

The enclosed response includes recommendations and observations derived from AmeriHealth Caritas Louisiana's nine years of experience with Healthy Louisiana, the Louisiana Medicaid managed care program, and the more than 37 years of Medicaid managed care experience of the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas Louisiana is committed to leveraging our clinical and business acumen to provide seamless quality health care experiences for our enrollees and supporting the Triple Aim of better care, better health, and lower costs in the Medicaid managed care program.

Please provide email confirmation of your receipt of our response.

Sincerely,

Kyle C. Viator
Market President
AmeriHealth Caritas Louisiana

Medicaid Managed Care RFP 2021 Feedback Form

Medicaid Managed Care RFP 2021 Feedback Form, Section 1

Name of Individual or Organization

AmeriHealth Caritas Louisiana, Inc. d/b/a AmeriHealth Caritas Louisiana

Email Address or Phone Number

kviator@amerihealthcaritasla.com

225-300-9238

Organization Type

☐ Health system

☐ Provider organization

☐ Consumer advocacy organization

☒ Insurer

☐ Other

(If an organization, indicate what type of organization you are.)

Is your organization statewide or regional?

☒ Statewide

☐ Regional

What regions does your organization represent based on the map below?

☒ Region 1

☒ Region 2

☒ Region 3

☒ Region 4

☒ Region 5

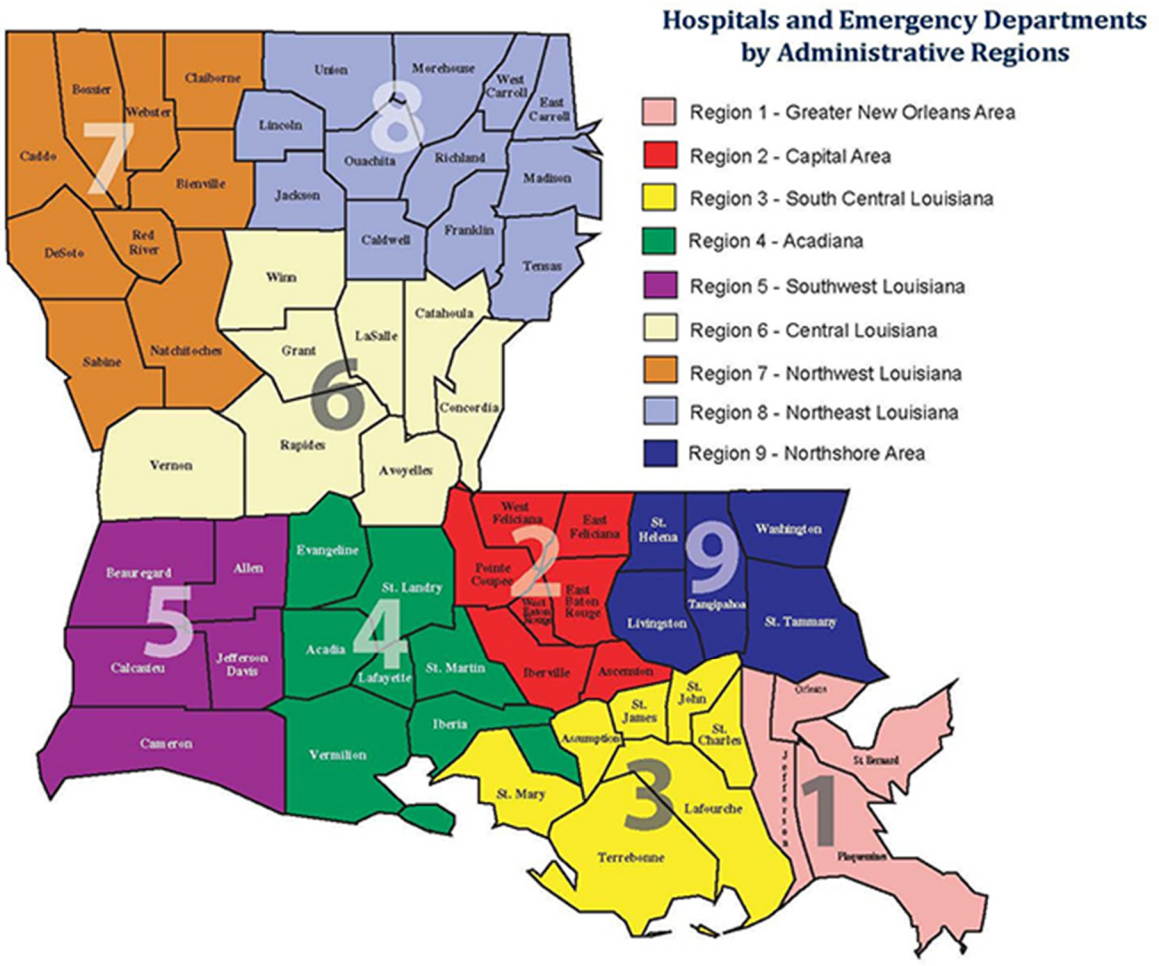
☒ Region 6

☒ Region 7

☒ Region 8

☒ Region 9

(Choose all that apply.)



Areas of Interest:

In developing the RFP, LDH has identified the following areas of interest that warrant further research and potential development:

- Behavioral health integration
- Child and maternal health outcome improvement
- Delivery system reform
- Disaster planning and recovery
- Department of Justice settlement agreement requirements
- Fraud, waste, and abuse initiatives
- Health equity
- Increased MCO accountability

You may offer your input on these areas in the next section.

Medicaid Managed Care RFP 2021 Feedback Form, Section 2

Instructions: Please offer input on any of the following areas of interest. You may provide input in as many areas as you wish, but you do not have to provide input on all of them for your feedback to be submitted.

Behavioral Health Integration

Louisiana Medicaid seeks to integrate financing models by contracting with MCOs that manage all physical and behavioral health services for Medicaid enrollees to decrease fragmentation of care, improve health outcomes, and reduce costs. Goals of integration include enhancing provider access to data, incentives, and tools to deliver integrated services and coordinate care across settings.

Please offer suggestions on how the MCOs can support key aspects of behavioral health and physical health integration and how they can improve integration of behavioral health and physical health care delivery for enrollees in this upcoming procurement. What specific network development, care delivery, and care coordination services approaches should LDH consider to allow the MCOs to better meet enrollees' behavioral health needs?

Supporting the Integration of Behavioral Health and Physical Health Delivery

To help support and improve key aspects of behavioral health and physical health integration, the Louisiana Department of Health (LDH) should consider allowing MCOs to implement a variety of innovative strategies, including:

- Designing a standard behavioral health attribution model so providers can collaborate on care for the enrollee.
- Incorporating enrollee navigation support staff and physical health provider training to help them better engage enrollees in the management of their own physical and behavioral health conditions.
- Offering incentives for providers to help build greater care coordination, transparency, and communication between primary care and behavioral health providers.

These approaches, along with the use of multidisciplinary teams that include MCO, enrollee, and provider representation to support integrated service delivery, will help to better meet the physical and behavioral health needs of enrollees.

Child and Maternal Health Outcome Improvement

Louisiana Medicaid provides health insurance for more than half of all pregnancies and more than three-quarters of all children in the State. The aim of the Medicaid managed care program is to improve child and maternal health outcomes.

Please offer suggestions on the key aspects of child and maternal health outcome improvement and what strategies could be used to address these aspects. (Some possible topics may include coordination and transition of care, how to increase patient engagement, how to care for special populations for both mothers and children, and suggestions for mitigating trauma and adverse social determinants of health.)

Key Aspects of Child and Maternal Health Outcome Improvement

Key aspects that lead to improvements in child and maternal health outcomes through whole-person care include:

- Analyzing and addressing health disparities and social determinants of health (SDOH) in child and maternal populations, including analysis of outcome data to identify health disparities among distinct enrollee populations in different regions of the state.
- Identifying health risks in pregnant enrollees to prevent future health problems for women and their children.
- Increasing scheduled enrollee prenatal, postpartum, and well-child visits to their primary care providers.
- Caring for pregnant mothers with special needs.

Strategies for Improving Child and Maternal Health Outcomes

To address the above aspects of improving maternal and child health outcomes beyond dedicated maternity and pediatric care management, we recommend the following strategies for improving child and maternal health outcomes:

- **Care coordination and transition of care —** Promoting a continuum of care for women throughout their lifetime, including preventive and contraceptive care, helps improve overall family health and builds trust with enrollees prior to their pregnancies. We also support identifying and addressing health disparities in underserved populations of pregnant women.
- **Increase enrollee engagement —** We recommend focused MCO- and provider-led education as part of a continuum of care to empower female enrollees in adopting healthy behaviors, condition self-management, and adherence to prescribed medical treatments. Through such increased enrollee engagement, enrollees are more likely to trust the information provided

by the MCO and take part in conversations with their providers about pregnancy planning and preventive care.

- **Mitigate adverse childhood experiences as drivers of enrollee health —** We recommend trauma-informed care training of enrollee-facing care managers and field associates to help create a trauma-informed environment that is sensitive to the needs of enrollees affected by adverse childhood experiences. MCOs should also seek formalized partnerships to provide enrollee referrals to agencies and community-based organizations specializing in providing maternal-child health services and supports.

Delivery System Reform

In the last couple of years Louisiana has instituted a number of reforms related to payment models and provider network structures that will improve quality of care for Medicaid managed care enrollees. These reforms include instituting incentives such as Value Based Payments, and other incentives for quality care.

Please offer suggestions on the best way to promote adoption of new payment methodologies that reward providers for the value they create as opposed to the fee-for-service methodology that rewards solely on the basis of volume of services.

Promote Adoption of Value Based Payment (VBP) Methodologies

The easiest method to encourage provider adoption of new payment methodologies is by seeing results among their peers and provider groups and through improved enrollee outcomes and patient experiences. As early adopters have more experience with VBP, they will also see results such as gaining a competitive advantage, creating reliable streams of revenue that are not contingent on volume, assisting in fostering innovation, and helping address gaps in SDOH. For engaged providers, VBP arrangements help to promote their continued success and transformation into increased levels of accountability provided they can collaboratively assess the capabilities, characteristics, and needs of their specific patient population with the MCO. As the market matures, more sophisticated models that focus on specific provider types with programs built around their specialized types of care can be introduced. LDH can also encourage participation in these payment methodologies and promote the value these programs offer by providing deidentified results data and specific provider success stories to provider stakeholder groups.

LDH should also encourage participation in multipayer collaborations by MCOs. MCOs can build upon the experience and lessons learned from these collaborations to further refine and revise strategies to increase provider engagement and adoption of VBP models, and to focus on ways to continue to improve enrollee health outcomes. Collaborative discussions could focus on program specifics, metrics, and other measures used to improve consistency and reporting among the various provider types, ways to help reduce the providers' administrative burden,

identify educational needs or health issues that could be addressed to improve health outcomes, and ways to further encourage provider engagement.

Disaster Planning and Recovery

Disasters are a part of life in Louisiana, 2020 has proven that. Whether disease or weather-related, disasters present a serious risk to Louisiana Medicaid beneficiaries – who may be heavily impacted by public health emergencies such as COVID-19, or by tropical storms and hurricanes. In the event of such disasters, MCOs play a crucial role in meeting the health care needs of Medicaid managed care enrollees.

Please offer suggestions as to what barriers to care enrollees and providers encounter during disaster events, and what specific measures can MCOs take in the care planning process to mitigate these barriers.

Mitigating Barriers to Care When Disaster Strikes

Emergencies such as COVID-19, tropical storms, hurricanes, and flooding, can rapidly impact access to, and availability of, resources and services that are critical in meeting the health care needs of enrollees. Barriers to care that affect enrollees and providers during disaster events include:

- Inability to physically access health care service facilities and providers, which further exacerbates existing challenges to enrollees in navigating needed and appropriate care through the complex health care infrastructure.
- Inability to access food, water, transportation, and shelter.
- Loss of power, infrastructure, and communication services.
- Displacement after evacuation.
- Inability to access medical information and charts, medication, and life-saving supports (e.g., dialysis treatment).

To support continuity of services, we suggest that LDH partner with MCOs to reduce the risk of trauma and re-traumatization through proactive disaster planning, including:

- A plan for coordinated outreach when a disaster is imminent that distributes the responsibility for contacting providers between LDH and MCOs so as not to duplicate efforts and overburden providers. This outreach should include communicating streamlined, emergency workflows that support providers during a disaster in order to keep them operational or to help them resume operations as quickly as possible.
- A plan for targeted outreach to enrollees in high-risk populations in order to support their medical, behavioral health, and social needs during a disaster.
- Collaboration between LDH and all MCOs on consistent ongoing educational correspondence to enrollees and providers to support them with best practices for mitigating and avoiding risks associated with the disaster.

- LDH should also enable a process to accept and include in the official state eligibility file temporary or emergency contact information for enrollees, including address and phone number.

DOJ Settlement Agreement Requirements

In 2018, a Federal Department of Justice (DOJ) investigation found that the State of Louisiana (along with several other states) violated the Americans with Disabilities Act (ADA) by housing mentally ill individuals in nursing homes. Subsequently, LDH agreed to review and add services for Medicaid-eligible adults with a serious mental illness (SMI) in community-based settings under terms of an agreement to resolve the investigation. Care and service integration provided by MCOs will play a crucial part in meeting the terms of that agreement and further advancement of outcomes for this population.

Please offer suggestions for how care and services specific to the SMI-diagnosed population covered by the agreement could be developed to both avoid nursing facility placement and ensure community integration upon discharge from placement.

Key Components for Success in Meeting DOJ Settlement Agreement Requirements

Diversion from nursing facility placement and transition planning begins with the presumption that, with the proper resources, individuals can live in their own community through a person-centered planning process based on self-determination and recovery principles. Significant home-based supports need to be in place before diversion or home transitions occur for this specialty population, a complex population that may require a greater degree of coordination than other MCO enrollees. Therefore, all enrollee screenings and evaluations having the aim of preventing or diverting nursing facility placements should be expanded to consider all of these predicted enrollee needs to prevent any failed transitions that may lead to unplanned acute hospitalizations.

We recommend that MCOs support the building of enrollee home-based support services by connecting them to existing, expanded, and new behavioral health, physical health, and social support services. Additionally, we support the expansion of opportunities for services referred by MCOs that are covered under a waiver to meet the needs of their enrollees with serious mental illness (SMI). We also recommend the continuation of all of the above mentioned services for enrollees who require them but may have challenges in meeting their programmatic requirements.

A well-planned and implemented crisis system of care that meets the diverse behavioral health emergencies of Louisiana residents is important for successful community reintegration. MCOs could play an important role in system of care by collaborating with agents in the crisis system of care (i.e., 24/7 mobile crisis response capacity, crisis intervention services for de-escalation and recovery, and crisis telephone lines) for enrollees experiencing a crisis to keep them living in their communities and avoiding placement in other institutional settings including nursing

facilities. For example, MCOs could encourage network providers to develop opportunities and resources for their patients regarding community support services, like referring enrollees with SMIs for these services.

Finally, MCO-based care managers can help support LDH's transition care managers through education on supports available to enrollees, including those through the Medicare benefit. We suggest the appointment of an MCO-based liaison with extensive Medicare knowledge and experience.

Fraud, Waste, and Abuse Initiatives

Program integrity and compliance activities are meant to ensure that taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste, and abuse (FWA) in Medicaid programs. Prevention, detection, and recovery of FWA ensures resources are efficiently administered in the Medicaid managed care program. FWA initiatives are designed to strengthen the State's Medicaid managed care program integrity and oversight capabilities.

Please offer suggestions for changes that could be made in the new MCO contract that will strengthen FWA prevention, detection, and recovery efforts.

Safeguarding the Integrity of Program Resources

Partnering with MCOs to proactively seek to prevent, detect, and recover fraud, waste, and abuse (FWA) is key to ensuring that taxpayer dollars are used to deliver quality, necessary care for enrollees. To this end, we suggest LDH include the following items in the new MCO contract:

- Increasing prospective editing as a mechanism for identifying instances of FWA (e.g., overutilization of specific procedure codes) prior to payment. Prevention via prospective editing, as opposed to discovering FWA through retrospective reviews, eliminates the need to recover lost resources, which is often more costly and is not always feasible.
- Building on LDH's recent efforts for home- and community-based providers, extending electronic visit verification to other high-risk, community-based services (i.e., mental health rehabilitation) in order to support best practices and timely provision of services to enrollees.

Health Equity

Health Equity is defined as a state where every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Addressing health equity in the context of Medicaid Managed Care means focusing on improving population health by working to reduce identified disparities for Medicaid populations. Quality improvement and health equity approaches will inform and guide managed care in Louisiana. This will include identifying the key social determinants of health (SDOH) and related outcome measures such as baseline health outcome measures and targets for health improvement; measures of

population health status and identification of sub-populations within the population; identification of key SDOH outcomes; and strategies for targeted interventions to reduce disparities and inequities. SDOH are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.

Please offer suggestions for how LDH can require the MCOs to focus on addressing social determinants of health and other health disparities in Louisiana. How can LDH best hold the MCOs accountable for significantly improving health equity among Medicaid managed care enrollees?

Addressing Health Equity and SDOH

A wide range of potential solutions for addressing SDOH are available to MCOs, from referring enrollees to free community services to participating in programs that address food insecurity, housing, or recidivism. AmeriHealth Caritas Louisiana recommends that LDH consider the following suggestions to increase MCO focus on SDOH and other health disparities:

- Assessing enrollee SDOH needs, MCOs should utilize any findings to connect enrollees to needed supports and services with existing community-based resources in a timely manner and document that work.
- Developing a health equity strategy with clear and measureable goals that hold MCOs accountable and incentivize those MCOs that achieve certain metrics to help drive further improvement.
- Incorporating health equity and bias training requirements for MCOs to educate associates and providers on SDOH awareness and health disparities.
- Requiring MCOs to obtain NCQA Distinction in Multicultural Health Care, which supports quality improvement and patient experience by MCOs to reduce health disparities through the application of objective standards.
- Developing a forum for MCOs to meet routinely with the LDH Office of Health Equity and other social service agencies to share recommendations to improve services and address policy challenges beyond access to Medicaid services faced by enrollees.

Increased MCO Accountability

The MCO contracts specify the MCOs' responsibilities with respect to the Medicaid managed care program. Holding the MCOs accountable for meeting the terms of the MCO contracts are important to the efficient operation of the Medicaid managed care program and ensure quality care is delivered to Medicaid managed care enrollees. While penalty provisions such as significant fines are included in the existing MCO contracts, LDH is interested in enhancing MCO accountability.

Please offer suggestions for how can LDH hold the MCOs accountable for statewide policy, operational, and financial priorities in the MCO contract.

Suggestions for MCO Accountability

It is important for LDH to build collaborative relationships with MCOs by engaging in proactive discussions regarding provider issues and concerns, changes to services or programs, and understanding LDH's needs, concerns, and objectives before changes are implemented. This gives MCOs the opportunity to provide feedback and develop effective and achievable solutions.

One suggestion to help improve MCO accountability is through developing a program to reward performance**.** As a best practice recommendation used in other Medicaid programs, offer an incentive to reallocate unearned funds from MCOs failing to meet quality goals to be awarded to better performing MCOs that have shown the most improved outcomes for the Medicaid population.

Additional Feedback

Have feedback on an area not represented above? Please provide it below.

AmeriHealth Caritas Lousiana has the following recommendations for the upcoming procurement:

- The procurement document should expressly state which services rendered by an entity under the managed care agreement would qualify that entity as a *Material Subcontractor*, *Major Subcontractor*, and/or *subcontractor*. This will aid in ensuring that the defined terms are not subject to individual interpretations by the applicants, but rather will result in a clear and uniform understanding that conforms to LDH's true intent.
- LDH should set a reasonable dollar threshold in the annual value of an entity's subcontract with an MCO, such that any subcontract that falls beneath that dollar value would be exempt from the obligations required of a *Material Subcontractor* or *Major Subcontractor*.
- LDH should clearly allow flexibility in the types of documentation that an applicant's *Material Subcontractors* or *Major Subcontractors* must submit in a proposal, whether in demonstration of its sound financial condition or otherwise. For example, the list of owners in a closely-held corporation may not be public information, and requiring the submission of the ownership list as part of the procurement process may foreclose a qualified subcontractor from being included in an applicant's proposal. Similarly, LDH should not limit financial documentation to audited financial statements, as there are any number of reasons why an otherwise viable entity may not be able to submit such documentation for each of the years set forth in the procurement document. The entity, e.g., may not be subject to SEC or other statutory or regulatory requirements to audit their financial statements annually, or may be a closely-held corporation that does not publicly disclose its financial statements. By permitting flexibility in the documentation by which a subcontractor can demonstrate its

financial soundness or other qualifications to serve the Medicaid program, LDH can avoid inadvertently building into the RFP a preference for large, national and/or publicly held subcontractors over smaller, local, and/or privately-held subcontractors.