

Bradley Wellons

From: Healthy Louisiana
Sent: Tuesday, December 29, 2020 4:43 PM
To: MCO3.0Feedback
Subject: FW: MCO RFP 21

Importance: High

From: Bret Talbot [mailto:Bret.Talbot@infamedics.com]
Sent: Tuesday, December 29, 2020 4:43 PM
To: Healthy Louisiana
Cc: Steve Spedale ; Karen Lambert
Subject: MCO RFP 21
Importance: High

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To whom it may concern:

As a hospital based provider, for the benefit of our patients and in partnership with the multiple hospitals we staff, Baton Rouge Neonatal Associates, Inc. d/b/a Infamedics participates with all of the Louisiana Medicaid managed care organizations and has since the inception of the MCO program. For the past 27 years and specifically during the years of Medicaid managed care, I have volunteered significant time to Medicaid quality improvement efforts for our state's most vulnerable patients, my patients.

Speaking from personal experience, my foremost recommendation is that LDH limit the number of contractors in the program to as few as legally possible. While each of the current health plans offers unique challenges, the fact that there are so many of them creates an overall administrative burden, not only to health care providers, but also to LDH to consistently and appropriately monitor their contracts. The administrative burden to the providers is exponentially reduced by the reduction in number of plans and their variation in interpretation and application of LDH policy. Each plan applies different factors to their medical necessity determinations and their interpretation of national clinical practice guidelines, in addition to creating their own. Each of the MCOs utilizes reimbursement as a lever to address health policy and attempt to influence actual health care delivery. More plans results in more approaches to health care and a lack of consistence for beneficiaries, as well as to health care service delivery.

LDH should also incorporate considerations for quality improvement efforts for specialty care providers into the contracts. The program should be designed to attract the best and most qualified health care providers in Louisiana. Without sufficient reimbursement for services and attention to rewards for quality performance, adequate networks will continue to be difficult to attain.

Currently, many care and case management services are provided by the health care community, rather than by the managed care plans. The managed care program design for care management is not effective for our patients. The contracts should offer reimbursement and financial support for the providers actually doing the work. For example, our discharge coordinators schedule all of the infant's follow-up upon discharge from the NICU. This includes arranging for home medications and durable medical equipment.

Thank you for the opportunity to comment.

Sincerely,

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