

Louisiana Medicaid Managed Care RFP Input
On Behalf Of: BHG - Behavioral Health Group
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Greetings

In response to the recent bulletin stating that LDH is seeking online input on key elements of the Medicaid managed care contracts, prior to releasing the RFP in 2021, please see the following feedback on behalf of BHG - Behavioral Health Group. Behavioral Health Group (BHG) is a leading provider of opioid addiction treatment services in Louisiana and nationwide.

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 allowing the MCOs to better meet enrollees' behavioral health needs?

Feedback: *A key leap in person-centered SUD treatment is the development of medication-assisted treatment (MAT). Medications such as buprenorphine and methadone, which prevents withdrawals and cravings for opiates, have redefined evidence-based treatment for SUD by targeting biological causes of dependence. ASAM defines addiction as a chronic medical disease involving complex interaction among brain circuits, genetics, the environment, and individual's life experiences. MCO financing models should incentive and promote MAT providers to provide multidisciplinary, integrated care teams designed to deliver "whole person care."*

MCOs should help people in recovery by promoting and facilitating a patient community that supports one another. Substance use disorder is a relapsing and remitting disease. Due to its chronic and progressive nature, biology of addiction supports dopamine over/underproduction of dopamine in the midbrain. The reality of SUD means avoiding triggers, managing cravings and struggling through relapse. Long-term support services are essential beyond acute "episodes of care" and must include physical health. These communities can be developed and cultivated by MCO integration of gyms (specifically those that include yoga and meditation) to promote active sober community.

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.)

Feedback: *BHG - Behavioral Health Group's recommendations focus on pregnant women struggling with substance use. MCOs must promote treatment protocols that include traditional*

SUD care combined with wraparound services and peer support tailored to each woman's specific circumstances, with the common goal of a healthy, successful pregnancy. These recommendations coupled with recognizing addiction pre-substance use such as ADHD, Isolation, etc. methodologies also act as a preventative aid to discourage future use.

Ohio instituted a program known as Moms Plus. The goal of MOMS Plus is to improve care and outcomes for the mother-infant dyad by supporting maternity care providers in the care of pregnant women with OUD, working closely with those who provide medication assisted treatment (MAT) and behavioral health (BH) therapy in addition to various support organizations. Ohio recognizes that the need for MAT, BH, and social services for OUD, a chronic disease, is not going to end at the time of delivery. A reliable plan for coordination of care and continued support for the mother-infant dyad is needed in the postpartum period.

The "Mentor-Partner" model in the MOMS+ initiative builds on the expertise of faculty who provide successful maternity medical homes for pregnant women with OUD prototypes and those who developed and implemented neonatal abstinence syndrome care bundles. These faculty serve as Mentors to build the capacity and capability of Partner maternity care practices.

The project aims to:

- *Increase the identification of pregnant women with OUD*
- *Increase the % of women during pregnancy who receive PNC, MAT, BH counseling each month*
- *Improve the communication amongst OB, OTP, and Community Resources*
- *Increase the % of women with negative toxicology screen at delivery*
- *Decrease the % of full-term infants with NAS requiring pharm treatment*
- *Increase the % of babies who go home with their mother*
- *Improve the hand-off for continued care following pregnancy*

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.

Feedback: *One recommendation for the promotion of new payment methodologies is the implementation of protocols to ease administrative concerns. Providers often feel overwhelmed in terms of understanding and staying on top of many clinical and regulatory changes related to VBP. Developing communications and processes to avoid this would likely promote adoption.*

Coordinating with providers to have a strong EHR and data management structure would be important as VBP moves forward. Providers realize that their EHRs may not be useful in terms of pulling out data, or that they do not have the capacity or expertise to analyze data that they can pull from their EHRs. Providing funding and support to build this infrastructure is an additional challenge.

Recruiting and retaining staff are significant challenges. New pressures with VBP such as (1) needing to utilize more qualified staff with higher degrees and more certifications, (2) having higher caseloads and more administrative work but the inability to pay more and (3) non-hospital based programs losing highly qualified staff to higher paying hospitals or MCOs.

Another workforce challenge centered on training. Many staff are not knowledgeable about VBPs, requiring a lot of training. Second, there is a challenge to provide training given the cost and need to keep staff engaged in providing billable services.

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?

Feedback: *Researchers have found that there are some aspects of a person's life that can contribute to individual becoming less likely to have substance use or addiction related issues. These are called protective factors and can include: having a childhood with a positive adult role model, being motivated and having personal goals, involvement in meaningful activities, and being connected to a positive and reliable community of support. These factors biologically contribute to the production of dopamine which enhances mood and lessens cravings. Medical stabilization and community support are dual needs in affective addiction treatment. As one addiction researcher states "The opposite of addiction is connection."*

One area MCOs can be held accountable for significantly improving health equity is to develop, maintain, and create a navigation hub between providers and local support services. Improving individual and population health requires partnerships and intersectoral action to engage other sectors (e.g., education, justice and employment) in creating healthier environments. There is a growing interest in "clinical-community relationships" to create multistakeholder, community-wide collaborative initiatives that can have far-reaching effects (e.g., offering low-cost daycare and early childhood education opportunities, introducing violence prevention programs in schools, increasing the number of parks and green spaces, banning soda-vending machines, creating bicycle lanes or introducing farmer's markets to combat food deserts).

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.

Feedback: *One area of interest to BHG is a mandate that MCOs provide consistent coverage of evidence-based services, especially if those MCOs already cover those services in their Medicare and Commercial lines but exclude them from Medicaid. An example is that currently not all Louisiana MCOs contract with Opioid Treatment Providers. This service has been flagged as a priority to deal with the opioid epidemic sweeping our nation. Coverage should not be disparate across the plans.*