

Bradley Wellons

From: MCO3.0Feedback@la.gov
Sent: Tuesday, December 29, 2020 5:09 PM
To: MCO3.0Feedback
Subject: 2021 MCO RFP Online feedback submission notification

EXTERNAL EMAIL: Please do not click on links or attachments unless you know the content is safe.

The Louisiana Department of Health (LDH) plans to release a Request for Proposals in Spring of 2021 for its Medicaid managed care contracts. You are invited to provide feedback on the areas of interest listed below. You may comment on one or all areas of interest. All comments will become public record and may be published at some point in the future.

Name of Individual or Organization	Center for Hope Children and Family Services, LLC.
Email Address or Phone Number	centerforhoperehab@nocoxmail.com
Organization Type	Provider organization
Other (please describe)	
Is your organization statewide or regional?	Regional
What regions does your organization represent based on the map below?	Region 1



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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

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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?

The providers association (community) had proposed several ways, concerns, and suggestions to improve the integration of behavioral health and physical health care delivery for enrollees in the Medicaid program in Louisiana. Because there has been inconsistent management of care that has caused most providers unnecessary costs in providing services, we suggest the following for your consideration. 1. MCOs should make their recipients aware of who their PCP is/are, 2. Approving intensive outpatient (IOP) and behavioral health services simultaneously. To move towards having fewer MCOs instead of six, 3. To increase authorizations, 4. To have a clear definition of services such as the CPST and PSR under the MHR system, 5. Standardization of prior authorization among all MCOs, a standardization of audit tools among all MCOs, and a centralized credentialing database among all MCO's, training, 6. Raise the reimbursement rates for outpatient professional services equal to the Medicare rates paid in Louisiana for these services, 7, create only one accreditation agency in Louisiana to accredit providers both in physical and mental health. MCO's should ensure that behavioral health services are always carved-in, whether specialty outpatient mental health (MH) services, inpatient mental health services, and outpatient and inpatient substance use disorder (SUD) services. Provide reimbursement rates that support the level of care and services provided to patients/clients.

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.)

A formative process to identify and define the pattern of disruption in insurance coverage and the direct impact on pregnant individuals enrolled in Medicaid that impacts high-quality care received during pregnancy and postpartum. Factors associated with unmet social needs and issues related to implicit bias and racism. Many individuals first become eligible for Medicaid during pregnancy and can lose coverage 60 days postpartum. Shifting to a high-value, evidence-based maternity care model may also reduce unnecessary care and help address the underlying causes of health disparities—implementing high-quality midwifery care.

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.

Promoting a value-based rewards system can be very rewarding as there would be incentive/bonus from the MCOs; for cost management performance for emergency service utilization for each client, which is managed by effective ER usage management compared to the network average. Therefore, increasing the sustainability of a network of quality Medicaid behavioral health providers, LDH should develop five or six standardized quality outcome measures that could be used by all MCO's to establish contracts with groups of providers in their network that would provide these provider groups financial incentives to meet these outcome measures. MCO's should be expected to immediately begin contracting with provider groups who have already proven to be quality providers based on data MCO's have on these providers, including audit findings or client satisfaction surveys. MCO's should analyze how agencies they contract with to meet quality outcome standards every quarter and pay them based on their performance. Enable Fairer Comparisons Among Providers avoid penalizing providers who treat patients with greater social needs. The state and MCO's could adjust quality measures and stratify performance scores for social risk factors. For example, instead of holding providers to a static quality benchmark, say, 75th percentile in a particular HEDIS measure, states may reward improvement on specific measures compared to the provider's prior performance. Other state models reward primary care providers based on demonstrated improvement on selected performance measures relative to their own historical baseline rather than against other primary care providers' performance during the same period.

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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.

To avoid services specific to the SMI-diagnosed population going to nursing facility placement LDH/MCOs should increase or double the amount of community-based services (CPST and PSR services).

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.

We believe that delivering quality, necessary care and preventing fraud, waste, and abuse (FWA) in Medicaid programs is essential to the integrity of compliance. We suggest that MCO's or LDH should collectively have one independent company auditing agency a few times a year unless there is suspicion of fraud, waste, or abuse. This could reduce the number of audits an individual agency has from 12-15 per year down to 3-4. MCO's need to realize that agencies are accredited by CARF, COA, or Joint Commission who all do their site visits, and audits and these entities are supposed to ensure that accredited agencies meet specific standards of providing quality care clients and documenting this². The Medicaid SIU should only do SIU audits for suspected fraud, waste, or abuse. MCO's should refer agencies to Medicaid SIU instead of doing SIU audits themselves

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?

Integrating a payment systems that sustain and reward high-quality, equitable health care target health disparities when measuring quality performance, which requires 1. stratify quality measures by race or ethnicity and 2. select specific measures that are disparity-sensitive or otherwise capable of capturing improvements in health equity or the impact of interventions. Provide reimbursement rates that support the level of care and services provided to patients/clients. CMS has developed a health-related social needs screening tool that should be a systematic process to screen for social determinants.

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.

Many rural hospitals and community health providers have closed or struggle to remain open because of the Medicaid and Medicare populations that do not pay the full cost of services provided. MCOs provide coverage to Medicaid recipients by providing prior authorization, processing claims, and other services. Limiting the number of MCO's would cut down and reduce administrative costs in healthcare. The questions to be asked by LDH have six MCO's saved the state money? Has the health status of managed care beneficiaries gotten better?

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