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From: MCO3.0Feedback@la.gov
Sent: Tuesday, December 29, 2020 1:56 PM
To: MCO3.0Feedback
Subject: 2021 MCO RFP Online feedback submission notification

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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	Coalition of Louisiana Addiction Service & Prevention Providers (CLASPP)
Email Address or Phone Number	lgranier@claspp.org
Organization Type	Provider organization
Other (please describe)	
Is your organization statewide or regional?	Statewide
What regions does your organization represent based on the map below?	



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.

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?

First, in the future all MCOs need to allow for retro authorizations. Currently, all but one do. This is critical to those with SUD seeking services who are also awaiting Medicaid approval—providers should be able to offer services to these individuals as they await approval, regardless of MCO. Second, there should be consistent, universal prior authorization procedures as well as consistent, universal coverage of service for members. Third, a centralized database for limited information access would be useful so that primary care providers can know that a client has been in SUD inpatient treatment, and therefore, as an example, avoid prescribing an opioid to someone with an active addiction. This would also be helpful for care coordination because providers on both sides could access one site for information which would facilitate coordination of care.

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.)

Integrated data from one source would provide the benefit of obtaining information as to the pregnant patient's behavioral health and substance abuse history would be helpful in knowing the best treatment options and social support needs. As a substance abuse inpatient provider we are expected to question at intake our women with dependent children's child immunization history, social environmental factors, etc. for SAPT funding. Most clients upon admit to our facility are unaware, ill-informed due to their addiction, and generally poor historians. A single reliable source would be better for all. As providers, we are also expected to provide resources as well for a population that we generally do not serve. It would be helpful to go to a single access point and determine if a MCO covered child has a pediatrician, last visit, immunization information, etc. As a substance abuse treatment provider for the adult mother or father, if we determine the physical and social needs of the child are lacking, it would be good to know we were able to report the case to a coordinator within the MCO and hand the remaining support needs to another qualified professional, as the health of the child is not in our scope of 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.

Our suggestion would be to provide a percentage increase or bonus payment based on total program completions and a reduction in recidivism—as long as the latter wouldn't create a barrier in seeking continuing care.

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.

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.

The SMI population does flow through in-patient addiction treatment centers. In order to assure community integration, structured social support is paramount, especially for the client with co-occurring disorders. Presently a client with SMI cannot find halfway house placement due to SMI. Community integration has to be supported in a similar model of

care that encourages and supports independence but does not mandate it. Also worth seriously considering is a longer length of stay at the 3.5 level, which is important because it would give clients more time to acclimate to their prescribed psychotropic medication before stepping down into a community based setting.

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.

Providers should be required to show evidence of their own corporate compliance work plans and to show evidence that the work plans are being effectively implemented. All work plans would be required to include chart audits that checked for accuracy in billing, timeliness in billing, and a process for refunding over payments, etc. Additionally, MCOs should be conduct trainings periodically for providers on what the requirements are in a given situation. There need to be more internal checks and guidelines. Further, this information should be readily available online for providers to access to there is no confusion or delay between the MCOs and providers.

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?

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.

MCOs should be held accountable in the same way that providers are held accountable. In much the same way as the state did when the managed care program first started— providing weekly live sessions so providers can give direct feedback and get answers immediately—just as we are required to review recurring issues, the state should review consistent problematic areas and take actions based on direct feedback from providers. Further, poor communication (often in the form of a fax with no particular importance attached to it) or nonspecific information about changes in billing codes lead to constant headache. Providers should receive updates on billing codes well in advance of the change happening, rather than having to clean up the billing after the fact, which in turn leads to untimely payments and denials that take months to address.

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