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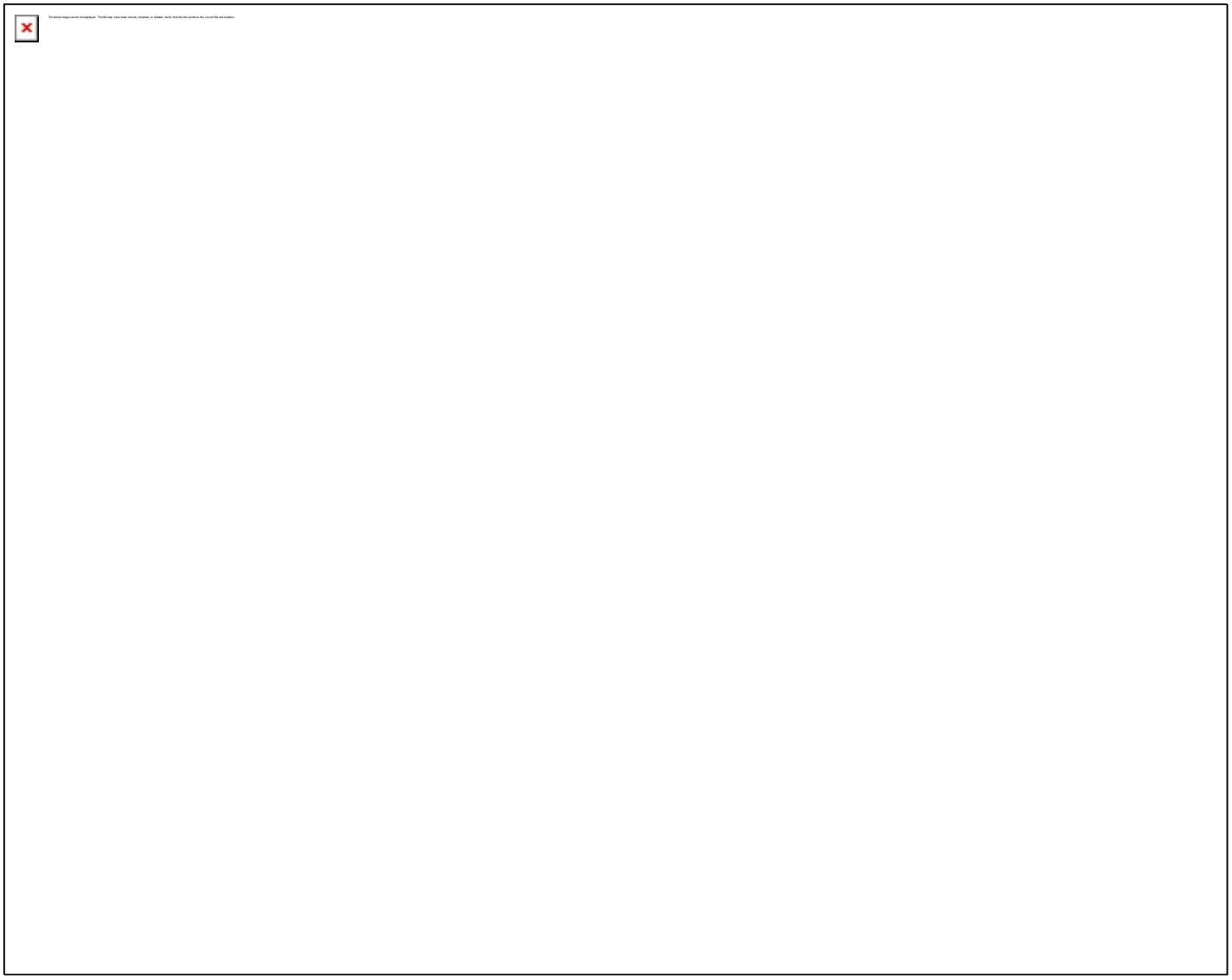
From: MCO3.0Feedback@la.gov
Sent: Tuesday, December 29, 2020 11:28 AM
To: MCO3.0Feedback
Subject: 2021 MCO RFP Online feedback submission notification

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 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 published at some point in the future.	
Name of Individual or Organization	Green & Healthy Homes Initiative
Email Address or Phone Number	kmcclain@ghhi.org
Organization Type	Consumer advocacy 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 pr
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 behavio
health services for Medicaid enrollees to decrease fragmentation of care, improve health outcomes, and reduce costs. Goals of integration include enhar
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 integ
of behavioral health and physical health care delivery for enrollees in this upcoming procurement. What specific network development, care delivery, and
coordination services approaches should LDH consider to allow the MCOs to better meet enrollees' behavioral health needs?

Child and maternal health outcome improvement – Louisiana Medicaid provides health insurance for more than half of all pregnancies and more than 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 asp (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.)

o 2.6.1.1.10 Early childhood health and development, including adverse childhood experiences As par Population Health Strategic Plan, the State requires the MCO to address LDH's population health prior defined by the Louisiana Managed Care Quality Strategy. The list of identified priorities includes early childhood health and development. Based on what we know concerning the impact of childhood expos lead and poor environmental air quality, the Green & Healthy Homes Initiative (GHHI) encourages the to provide additional guidance recognizing these issues as high priority for MCO consideration. Requir could be included in the RFP for MCO applicants to provide their strategy on addressing environmenta conditions that impact health such as lead poisoning, asthma and injury. Requirements could also be i in the RFP for MCO applicants to provide how they will partner with community-based organizations a other providers of services that address the social determinants of health. BRFSS data from 2015 esti that 14% of all children in Louisiana have been diagnosed with asthma, and 8.8% maintain current ast symptoms. Statewide analysis of age-adjusted asthma-related healthcare utilization find that from 201 9.89 per 1,000 kids were treated for asthma-related needs in Louisiana emergency departments, and per 1,000 were hospitalized. Recently, LDH and community-based partners in Baton Rouge have take efforts to address the childhood burden of asthma by participating in a technical assistance project wit to design a comprehensive asthma intervention inclusive of home-based education and environmental remediation. Partners intend to pilot the program, known as BREATHE, locally in Baton Rouge first be expanding the model to serve communities statewide. GHHI encourages the State to include in the RF requirements of the MCO applicants to describe how they would approach providing comprehensive c asthmatics and other conditions where care guidelines include services that are not traditionally descri medical, but impacts the health quality for those beneficiaries. According to the Louisiana Administrativ Code, providers of routine care to children aged 6-72 months who live or spend at least 10 hours per w any Louisiana parish must screen for lead poisoning and are responsible for ensuring that all children a lead test between ages 6-72 months (LAC 48: V. §7005, §7007, and §7009). In 2016, 14.7% of child under the age of six were tested. Of the children tested, 4.5% had an initial blood lead level equal to o greater than the CDC reference level of 5 µg/dL . This is completely unacceptable, for something that i requirement for all children covered by Medicaid. The State should include in the RFP financial penalti MCOs who do not reach a lead screening rate of 80% for the children. And the RFP should require MC applicants to provide their strategy on how they will work with Medicaid providers to ensure compliance the lead screening requirements. The State should require MCO applicants to describe how they will incentivize providers in Louisiana to increase testing among children and pregnant women in order to identify cases of lead poisoning and connect those impacted by lead to case management and suppor services. Incentives should be created for practices or providers who are in compliance with the HEDI standards and penalties should be established for providers who are not in compliance. Examples can include provider report cards based on blood lead testing that make performance scores more visible a available to the public, and higher reimbursement for providers who are in compliance. Another examp provider incentives is being implemented in New Jersey where they are developing a tier system of recognition for the top screening pediatricians in each county, where Certificates of Recognition will be presented to pediatricians based on certain criteria.

Delivery system reform – In the last couple of years Louisiana has instituted a number of reforms related to payment models and provider network stru that will improve quality of care for Medicaid managed care enrollees. These reforms include instituting incentives such as Value Based Payments, and c 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 fee-for-service methodology that rewards solely on the basis of volume of services.

o 2.17.1 Value-Based Payment (VBP) Overview Louisiana Medicaid's efforts to explore innovative solu that support improved quality of care and payment for value over service delivery are commendable bu up a system of independent program design that can prove challenging for participating MCO's. In GH experience working with MCO's and state Medicaid programs to structure value-based arrangements, proven helpful for the state to provide strong guidance to support the development of MCO-level VBP programs. The provision of contract templates and a state VBP roadmap are examples of direct steps Louisiana can take to effectively explore VBP contracting options and set successful initiatives up for s By providing reference of a standard value-based contract arrangement, state Medicaid can streamline VBP strategic planning process for MCO's and reduce the level of review needed by LDH prior to implementation. GHHI has worked with Health Management Associates (HMA) to develop VBP contra templates that specifically include non-medical services that address social determinants of health. An critical aspect of incentivizing the uptake of VBP payment models is for payments the MCOs make unc those models to be unequivocally counted as medical for medical loss rate purposes and for rate setti purposes. The State should make that explicit in the RFP. o 2.17.5.3.7 Specific health outcomes and efficiency goals that shall be tracked and evaluated for performance as part of each VBP model in alig

	with the measures specified in the MCO Manual As part of the VBP Strategic Plan requirements, MCO identify the evaluation measures that will be tracked to support assessment of VBP impact. Having a s set of measures to support MCO's in the VBP planning process would make it easier for MCO's to trac program impact, would allow for greater capacity to analyze programs of similar health improvement fo across MCO's, and would support widespread population health improvements. For asthma, GHHI has developed a standard set of metrics in consultation with federal agencies and national stakeholders to measure environmental trigger management and associated health outcomes. Access to the publicatio be found on our website (https://www.greenandhealthyhomes.org/home-based-environmental-manage services/). o 2.17.9.1 Preferred VBP arrangements are priorities for LDH based on the potential to imp health care and cost-efficiency. The Contractor shall implement three (3) different types of preferred V models from the list below within three (3) years of the Contract operational start date. To prioritize the commitment to providing better care and improved health outcomes for Medicaid beneficiaries, focuse efforts to address the social determinants of health (SDOH) should be advanced through the MCO VB strategic planning process. Medicaid programs in other states have demonstrated success by requiring MCO's to develop programs to address SDOH, encouraging mandated screening for SDOH needs and requiring VBP contracting with community-based organizations to address identified needs at the local primarily through provision of non-covered services. To support this approach, it is imperative that the recognize the value of these services and count payment towards them as part of an MCO's medical s Currently, the State pays out fixed payments at a capitated rate to support covered services under Me managed care contracts. MCO's are required to demonstrate that a percentage use of these funds is u to cover member health services, as opposed to the administrative and other costs accrued by the con In practice, the costs associated with SDOH programming are rarely qualified to be counted towards m spend. This impacts the rate setting process as funds expended to implement and offer cost-saving he improvement programs are not taken into account to support accurate calculation of the capitate paym rate. This may de-incentivize MCO's from pursuing implementation of innovative SDOH programs as th work to reach or exceed the minimum MLR threshold. If changes to this process can be made to allow arrangements in which the full value of payment counts towards setting the managed care rate, MCO's be more encouraged to pursue quality care opportunities. Another opportunity to incentivize VBP paym models is to encourage MCOs to partner with third party funders to support services that address SDO New York has CMS-approved language as part of its VBP Roadmap (https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/2019/docs/sept_redline2c "MCOs and providers that engage in VBP arrangements are encouraged to collaborate with third party partners to identify and secure investment and support for SDH interventions. In many instances, third partners may strengthen and supplement existing investments in SDH. Potential partners maintain an interests across the State, including but not limited to early childhood interventions, food security and housing, for example. Potential partnerships exist in instances where goals between MCOs and VBP Contractors align with the goals and investment strategy of third party partners. Managed Care Organi may explore strategic and innovative partnerships with third party investors to secure additional investm social determinants of health interventions." The State should include similar language in the RFP to o additional incentives for VBP models that address SDOH through these kinds of partnerships. This is a way to reduce risk of investment in services and care that are preventative in nature.

Disaster planning and recovery – Disasters are a part of life in Louisiana, 2020 has proven that. Whether disease or weather-related, disasters presen serious risk to Louisiana Medicaid beneficiaries – who may be heavily impacted by public health emergencies such as COVID-19, or by tropical storms a 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 ta the care planning process to mitigate these barriers.

	o 6.18.1 The Contractor shall submit an Emergency Management Plan for approval as part of readines reviews. The Emergency Management Plan shall specify actions the Contractor shall conduct to ensur ongoing provision of health services in an epidemic, disaster or manmade emergency including, but no limited to, localized acts of nature, accidents, and technological and/or attack-related emergencies. Re to the LDH approved Emergency Management Plan shall be submitted to LDH for approval no less tha (30) calendar days prior to implementation of requested changes. The Contractor shall submit an annu certification (from the date of the most recently approved plan) to LDH certifying that the Emergency Management Plan is unchanged from the previously approved plan. While MCO's are required to prov emergency management plan to the State, additional guidance could be used to ensure these plans in protocol to support identification of emergent needs by plan members, provision of targeted support, a continuation of regular health services. During times of crisis, individuals and communities may experi additional stressors / health-related / SDOH needs. It is important that the MCO be able to promptly ide these needs and utilize a patient-centered approach to address them as part of regular or expanded b and services. Targeted use of rapid needs assessment in disaster zones may be utilized by MCO's to emergent needs. Emergency management plan guidance should identify specific determinants of heal may be impacted in an emergency, including housing, access to food, and access to utilities, and shou include a list of resources that can be used to help address these needs for Medicaid beneficiaries. Im of a disaster can be mitigated and recovery processes can be shortened if recipients also have easy a flexible access to healthcare. MCOs can proactively plan for emergencies by increasing access among recipients. One important method of increasing access to care that has increasingly emerged in the fa the COVID-19 pandemic is using virtual services and remote platforms in healthcare delivery. MCO's s this momentum by building in capacity to support remote service options as part of their regular benefi

	aid groups working to transition health education and SDOH services to remote platforms, GHHI has developed a Virtual Healthy Homes Toolkit inclusive of resources and best practices. The Toolkit can b found on our website (https://www.greenandhealthyhomes.org/virtual-healthy-homes-toolkit/). Addition guidance on development and application of virtual service lines can be provided via our technical ass program.

DOJ settlement agreement requirements – In 2018, a Federal Department of Justice (DOJ) investigation found that the State of Louisiana (along with other states) violated the Americans with Disabilities Act (ADA) by housing mentally ill individuals in nursing homes. Subsequently, LDH agreed to review 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 avoi nursing facility placement and ensure community integration upon discharge from placement.

	o 2.7.8.1 Enrollees that are identified for transition from a nursing facility to the community as part of th Agreement Target Population shall begin to receive transitional case management services prior to rel from the nursing facility as part of their discharge planning process. The Contractor shall support the S transition team in the development of the transition plan required as part of the DOJ Agreement. The transition plan shall include a plan to house individuals with SMI in safe, healthy, and affordable housin provide individuals with SMI with strong care management and social support systems to aid in the tra Living in substandard housing and suffering the related economic burdens can severely exacerbate th mental and physical health of residents. Better enabling reimbursement for housing interventions and services offered by healthy housing community organizations is essential to help prevent long-term ca admissions for people with SMI going forward. Permanent supportive housing with embedded commun health workers is also a promising approach to assisting individuals with SMI live independently with d and gain access to coordinated health and social support. In addition, interoperability systems to facilit integration of health and social service data and secure communication between health and social ser providers will be critical to support the SMI population.

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 ens resources are efficiently administered in the Medicaid managed care program. FWA initiatives are designed to strengthen the State's Medicaid managed 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.

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 disadva 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 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 inequities. SDOH are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. T 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 Louisian can LDH best hold the MCOs accountable for significantly improving health equity among Medicaid managed care enrollees?

	o 2.6.3.2.1 The Contractor shall identify and coordinate with community-based organizations and/or O population health improvement strategies. AND 2.6.3.2.2 The Contractor shall identify and, to the exte applicable, enter into agreement with community-based organizations and/or OPH to coordinate popul health improvement strategies which address socioeconomic, environmental, and/or policy domains; a as provide services such as care coordination and intensive case management as needed and suppor evidence-based best practices. The State should require MCOs to identify, engage, and enter into agreements with community-based organizations to support coordinated delivery of their approved pop health improvement strategy. While State guidance denotes that agreements should address payment arrangements, options to reimburse community-based providers remain limited. Social determinants o are key drivers of health disparity in our communities, and under the current payment structure many evidence-based interventions demonstrating impact on health outcomes do not qualify for reimbursem support improved health equity among Medicaid beneficiaries, Louisiana should recognize the value o services and count payment towards them as part of medical expenses. MCO's should be required to out referral networks for members to community organizations and actively engage with existing comm based resources through direct, tracked referrals, to address social and structural determinants of hea order to advance equity in access and improvements in health outcomes. These referral networks sho include community organizations that support healthy and affordable housing for recipients, provide ac food, and help recipients mitigate utility burden. Establishing these referral networks will assist in conn recipients with community resources that support their health and wellbeing and will help increase utili of evidence-based interventions that qualify for reimbursement. MCOs should also be required to work

	an evaluator established by the State with a focus on measuring the impact on equity. The evaluation s include community-based participatory research to ensure that beneficiaries' needs are included. o 2.6 The Contractor shall, to the extent applicable, support the design and implementation of an evidence-b Community Health Worker (CHW) program which addresses SDOH, promotes prevention and health education, and is tailored to the needs of community members in terms of cultural and linguistic compe and shared community residency and life experience. Community Health Workers (CHW's) play a criti in supporting improved health outcomes and reducing health disparities among diverse populations. W MCO's are encouraged to pilot CHW demonstrations, concurrent support at the state level is needed t ensure these programs can provide appropriate compensation for services provided. A 2020 study on Louisiana Community Health Worker workforce conducted by the Center for Healthcare Value and Equ Louisiana State University Health Science Center reported that the primary funding sources for CHW positions statewide are core operating funds and federal /state / private grants. Sustainable funding to CHW's in direct service to Medicaid beneficiaries through a billing and reimbursement pathway does n exist. Louisiana should consider advancing reimbursement considerations and the creation of appropr CHW CPT codes as a critical step towards the promotion of health equity among beneficiaries. Other s have provided reimbursement for CHW activity (e.g. Indiana, Missouri for asthma). The State should e that the reimbursement rate for CHW activities is adequate enough to drive a market for these services payments could be incorporated into VBP payment models as well.
Increased MCO accountability – The MCO contracts specify the MCOs' responsibilities with respect to the Medicaid managed care program. Holding th MCOs accountable for meeting the terms of the MCO contracts are important to the efficient operation of the Medicaid managed care program and ensu quality care is delivered to Medicaid managed care enrollees. While penalty provisions such as significant fines are included in the existing MCO contrac 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.	
Have feedback on an area not represented above? Please provide it below.	