Louisiana Medicaid Managed Care RFP Input
On Behalf Of: Louisiana Addiction Treatment Providers (LATP
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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 Louisiana Addiction Treatment Providers (LATP). LATP was founded to create a voice on policy; to recommend guidelines and standards for chemical dependency facilities, programs, and personnel; and to take whatever actions are deemed necessary to improve the effectiveness of work on behalf of the chemically dependent and their families.

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?

Feedback: *One significant impact that could be achieved through integration would be MCO implementation and promotion of chronic disease management care for those undergoing addiction treatment. Patients with addiction disorder have difficulty complying with treatment of concomitant physical conditions when their decision-making power is compromised by their mental health disorder. The primary sites of care for these patients are mental health clinics, substance abuse clinics, intensive day-treatment facilities, and, in some cases, mental health inpatient facilities. The need for integration of physical and mental healthcare services for patients with severe behavioral health disorders derives in large part from the high incidence of physical medical conditions among these patients (including substance abuse), occurring in about two-thirds of the patient population.*

The most common physical conditions to which patients with addictive disorder issues are susceptible are diabetes, obesity, coronary artery disease, and hypertension. The best way to integrate physical and mental health care for these patients is to use a "reverse integration" model, in which a primary care provider (usually a nurse practitioner) is integrated into a behavioral health setting. Although currently not common, this type of integration has been shown to significantly increase compliance with treatment plans for chronic medical conditions among patients with severe mental health diagnoses and could be accomplished on-site in some cases and through telemedicine in others.

LATP recommends a pilot a site that has potential for real impact of such a model that best fits the population served and the resources available. This step may require an investment for the costs of the behavioral health providers or additional training of the primary care provider while and negotiation of value-based incentives with MCOs. In order for SUD's to see a high volume of complex co-morbid patients would require an increase of professional medical staff and any

integration incentive should keep those costs in mind. Delivery reform must be accompanied with a rate increase for SUDs and addressing the stay cap for first stay and/or a relapse stay.

If successful, expand the pilot sites and the level of integration as funds become available through successful value-based contracting efforts.

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: *LATP recommends dedicated network capacity building by the MCOs to address substance abuse for pregnant women. An example would be a dedicated treatment facility for pregnant women with opioid addiction. Many pregnant women do not seek treatment for fear that their children will be taken away. These dedicated sites would allow women to stay with their babies during treatment. Additionally, preventative population health education promotion by the MCOs to create connections that would help women of childbearing age find substance misuse treatment more easily. Another MCO improvement could be an incentive to recruit peer support specialists to help women seeking recovery.*

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 area that could promote VBPs would be for LDH and the MCOs to explore whether licensing or other regulatory requirements inhibit providers from pursuing integration. States often have separate and potentially duplicative or conflicting licensing requirements for primary care and SUD treatment facilities, which can impose substantial administrative or financial barriers to providers looking to integrate service models. For states seeking to use VBP to encourage the integration of SUDs and primary care, it is important to address such barriers in advance of or alongside payment reform efforts.*

LATP recommends that any VBP payment model for addiction treatment uses a per member per month capitated payment along with some fee-for-service payments, specifically in preventive care. Capitation payments are based on historical claims and nontraditional patient engagement methods such as telehealth. It should also take into account a member's risk score, including chronic disease management needs, to further compensate providers whose patients require more complex care. Lastly, the model should account for healthcare environment factors, like CMS regulations and utilization trends. Quality measures for this model should be aligned with HEDIS quality metrics.

For promotion of VBP, quality will have to truly take precedent over quantity-based decisions Current bed-stay caps enforced by MCOs often lead to the discharge of patients well before clinically appropriate leading to relapse, crisis, and re-admission. VBPs will need to address the need for such flexibility.

Most State Medicaid fee schedules pay more for a 30-second laboratory toxicology test than they do for 60 minutes with a counselor or 30 minutes with a doctor. Upside-down economics like this incentivize over-utilization of line items that drive revenue, even if they don't drive recovery.

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: *Individuals undergoing substance abuse treatment must have the underlying social determinants of health addressed. Providing effective analytics and tools as those determinants are flagged in such settings and the subsequent navigation to appropriate support programs in the community is essential for MCOs. Providing a person-centered, trauma-informed strategy to screen for and address SDOH for MCO members is the first step. This accompanied by a social determinants of health referral platform and patient engagement tool for providers could assist MCO success in measuring and addressing SDOH. Specifically concerning opiate initiative related SDOH, direct dollars to address those determinants will be a necessity.*

MCO promotion of Peer networks comprised of non-clinical laypeople may be effective in addressing the social determinants of health. Social support theories state that family, friends, and peers within a community can help protect patient health. Creating a peer social work network can help cut costs and make these programs more efficient. LATP further recommends that reimbursement tied to peers include a strong and defensible competency exam.

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: *LATP recommends that fewer MCOs be awarded contracts to increase efficiency and reduce fragmentation. Our members recommend additionally a penalty for claims denied that have been previously authorized. This would deter activity that is very time consuming for provider billing to reach out to MCOs to redundantly supply them with information they already have in their possession. We also recommend clawbacks of MCO margins when major LDH outcomes are not met above and beyond what is currently available to the department.*

LATP would recommend a Managed Care Performance Dashboard to increase MCO accountability and the subsequent promotion of this dashboard to the public. The dashboard is a monitoring tool to be produced quarterly by LDH. The dashboard contains comprehensive data on a variety of measures including enrollment, health care utilization, appeals and grievances, network adequacy and quality of care. Information contained in the Dashboard would assist LDH, providers and the public in observing and understanding managed care plan (MCP) performance statewide.