



TO: The Louisiana Department of Health, Medicaid
FROM: Louisiana Public Health Institute & Partnership for Achieving Total Health
SUBJECT: Feedback on Medicaid Managed Care RFP 2021
DATE: December 22, 2020

Thank you for the opportunity to submit feedback on the key elements of the Medicaid managed care RFP to be released in 2021. We are pleased to submit the comments on behalf of the Louisiana Public Health Institute (LPHI) and Partnership for Achieving Total Health (PATH), a partner organization of LPHI that operates the Greater New Orleans Health Information Exchange (GNOHIE). The comments below reflect the following priorities:

- 1) Requiring managed care organizations (MCOs) to support and cooperate with existing interoperability frameworks, such as health information exchanges, to help facilitate care coordination for Medicaid enrollees, thus building on prior state investments and resources.
- 2) Promoting and supporting provider adoption of value-based care by aligning payment models, performance measures, data sharing and formatting standards, and other administrative functions across all MCOs.
- 3) Requiring MCOs to support non-medical needs, costs, and care coordination in order to address the social determinants of health and root causes of health inequities.

Behavioral health integration: Behavioral health integration should be supported and incentivized at the provider level through administrative, financial, and technological mechanisms. Specific recommendations include:

- Financial incentives and support for both physical and behavioral health providers, including funds specifically to support data sharing and interoperability frameworks between physical and behavioral health care settings
- Alignment across MCOs on behavioral health integration measures of success and quality
- Ease of access to MCO provider attribution data to support implementation of service integration activities, including a single format and location of attribution files
- Provider education and support regarding SAMHSA Part 2 regulations and other perceived barriers to integration

Child and maternal health outcome improvement: Managed care must address racial disparities in child and maternal health outcomes as an urgent priority. One component of the response strategy should include incentivizing and supporting integration of health and social services to promote whole-person care and facilitate connections to a range of community resources and services. We recommend this approach for all Medicaid populations. However, children and pregnant women could stand to benefit the most, given the importance of social and financial resource access and stability during pregnancy and early childhood development.

To successfully integrate health and social service delivery, Medicaid providers must be able to coordinate and securely communicate with social service providers and other community-based organizations that often play a major role in meeting basic needs during disaster events. MCOs should look to existing infrastructure across the state, such as health information exchanges and community resource referral platforms, to assist health and social service providers with secure, patient-centered information sharing and referral management to drive care coordination and access to services.

Delivery system reform: At present, there are differences in experience and resources that affect which providers and locations are ready to implement value-based payments. However, this should not preclude MCOs from moving forward with providers and locations that are ready to begin or expand their value-based care efforts. Providers with greater access to health information on their patients and use of health IT tools will be most prepared to adopt new payment methodologies, better manage their patient population, and be successful in value-based care models.

By supporting and incentivizing providers to use existing health information exchanges and technology, both within organizations and across networks, the State and MCOs can leverage an infrastructure that has already been developed to support expansion of value-based payment models. By allowing regional or other networks to directly contract with MCOs, the providers are best able to manage their patient population while utilizing economies of scale and existing resources. Additionally, innovation within certain provider networks or regions can be used as a benchmark to help inform the types of resources and innovations that should be expanded and scaled statewide.

State and federal agencies have already invested heavily in interoperability infrastructures and the resources they have seeded can help fill many of the gaps and problems that providers and health plans face today. Furthermore, new rules from CMS further support utilizing existing interoperability infrastructures to share information in a standardized format to support uniform and scalable information exchange.

In addition to promoting health information sharing across Medicaid providers, MCOs must assist providers to easily access data on their attributed patient population. Currently this information is made available through 5 distinct online portals and in incompatible file formats, requiring providers to invest significant manual effort each month to access and use the data. Attribution data should be streamlined and easy to access to support providers and partners implement targeted data sharing efforts and interventions. Additionally, health information exchanges should be leveraged to translate MCO provider attribution data files into highly actionable data services for providers and MCOs to assist with targeted patient/enrollee outreach and care coordination.

Disaster planning and recovery: Commons barriers to care that exist during times of disaster include communication gaps, unexpected cancellation of appointments, procedures, and follow-up, improper medication management, difficulty accessing pharmacies, and more. Without participation in the ongoing disaster coordination efforts, MCOs will be operating outside of the existing response and recovery plan. It is crucial that MCOs are represented at these coordination meetings, both at state and local levels, to improve care coordination during such difficult times.

Technology, such as telemedicine, and information sharing systems are some of the most important population health tools available during periods of disasters and recovery that address many barriers

named above. MCOs must incentivize provider connectivity to interoperability systems such as health information exchange in order to build capacity to support Medicaid enrollees during and after disasters. Louisiana providers, plans, and government agencies have stepped up many times to support patients and communities impacted by disasters. With access to robust patient health information, secure communication tools, and clinical decision support tools, these groups can facilitate timely and effective care coordination and delivery and avoid common disaster-related barriers.

As mentioned earlier, the integration of health and social services is an important strategy to effectively address social needs, which is critical a critical component of disaster planning and response. Medicaid providers must be able to coordinate and securely communicate with social service providers and other community-based organizations that often play a major role in meeting basic needs during disaster events. Again, MCOs should look to existing infrastructure across the state, such as health information exchanges and community resource referral platforms, to assist health and social service providers with secure, patient-centered, and real-time information sharing and referral management to drive care coordination and access to services.

DOJ settlement agreement requirements: Strong care management and social support systems are critical to best support individuals with SMI in a community setting. Permanent supportive housing with embedded community health workers is a promising approach to assisting individuals with SMI live independently with dignity and access to coordinated health and social support. Interoperability systems to facilitate integration of health and social service data and secure communication between health and social service providers will be critical to support the SMI population.

Health equity: MCOs should be required to describe a plan for how they will assess racial disparities in quality of care and health outcomes among their enrollees and the approach they will use to identify appropriate interventions to reduce those disparities. MCOs should be required to partner with other agencies and community-based organizations to develop plans to reduce racial inequities in quality and outcome measures.

Financially supporting or incentivizing safety net providers to participate in health information exchange networks may help mitigate inequities in care by enabling all providers, especially those that serve black and low-income communities, to gain access to health information exchange services that directly support delivery of high-quality and coordinated care.

Lastly, MCOs should leverage and deploy community health workers as a promising mechanism to promote health equity. CHWs provide access to underserved communities and connect community members to health care and social service resources. CHWs are most effective when their relationship to the community is authentic and long-standing. For this reason, MCOs could take advantage of existing CHW structures within communities or region where they already have relationships with key stakeholders and gatekeepers. By leveraging existing trusted community relationships, CHWs can help Medicaid enrollees become more activated and engaged in their own care, empower them to advocate for themselves and their health.

Increased MCO accountability: Improving transparency and public availability of data for MCO performance on the identified value-based care measures will ensure accountability for plans and will

allow MCOs to showcase their successes in improving health outcomes in Louisiana. MCOs should be required to demonstrate progress over time in the shift from fee-for-service to value-based care. To foster innovation and growth, MCOs should be rewarded for implementing new, non-traditional approaches of care coordination and delivery, even if they do not immediately result in improved performance on quality or outcome measures.