

Bradley Wellons

From: Healthy Louisiana
Sent: Tuesday, December 29, 2020 2:30 PM
To: MCO3.0Feedback
Subject: FW: MCO RFP 21

From: Katie Corkern <kcorkern@lrmha.com>
Sent: Tuesday, December 29, 2020 12:06 PM
To: Healthy Louisiana <Healthy@la.gov>
Subject: MCO RFP 21

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The Louisiana Rural Mental Health Alliance would like to offer the following input for the Louisiana Department of Health 2021 Medicaid managed care contracts RFP. We would appreciate further communications with LDH regarding this input so we can improve Louisiana's Medicaid and Behavioral Health landscape together. Thank you, and have a great day.

Behavioral Health Integration/ Delivery System Reform/Increased MCO Accountability:

- I. A “best of breed” specialty plan that is knowledgeable of mental health rehab providers and services, and has proven to adequately accept, filter, and process claims in an efficient manner that yields increased quality providers and care for MHR clients would benefit Louisiana’s complex behavioral health system. This could be done by selecting a health plan that has shown success in managing behavioral health care, or by choosing one health plan that can offer such services. Benefits of a specialty plan would include true integration at the MCO level, potential for more integration at the provider level, information hub through EHR, equitable authorizations, one definition of medical necessity, limited claims payment issues, fewer processes, one auditor, and decreased administration costs.
- II. Health plans should utilize software and technologies that offer real time data so processing and authorizations can be done on the front end. This move would improve client’s access to services as well as reduce the overwhelming administrative burden and financial impact on providers caused by numerous audits done months or years afterward. This would also benefit health plans fraud, waste, and abuse initiatives.
- III. To improve communications and efficiency between health plans and providers, individuals who are employed or contracted with, directly or indirectly, by the managed care organization to make prior authorization determinations, supervise prior authorization staff, conduct clinical reviews, or perform audits shall be domiciled in Louisiana. These individuals should also be trained to understand Louisiana’s MHR program, statutes, and policies.
- IV. To ensure program integrity and holding each behavioral health provider to the same auditing standards, audits shall be conducted on providers in the managed care organizations network once per fiscal year to ensure compliance with program standards. To limit excessive administrative burden, more frequent audits may only be performed if the provider does not score

at least eighty percent on the audit or if the provider does not complete a corrective action plan. A corrective action plan shall be required of every provider that does not score at least eighty percent on the audit.

a. A managed care organization may only initiate claim payment recoupment when a provider fails to comply with a corrective action plan after a subsequent audit and shall initiate claim payment recoupment immediately for claims in which fraud or abuse are identified in the audit.

V. Managed care organizations have the option to contract with a separate entity that meets all the standards given above, to conduct the audits.

a. If multiple MCOs contract with a single entity they may share the results to meet this standard.

VI. To avoid unnecessary delays in accessing and getting paid for services rendered, all rendering providers shall be rostered and/or credentialed by the managed care organization with seven days of receipt of complete roster/credentialing material.

VII. MCOs shall make all authorizations issued to a provider electronically downloadable as a single excel or csv file. Providers must be able to specify and search by date range for all authorizations that are active during the specified period. Authorization data for the file shall be accessible by the provider in no more than 24 hours after issuance and/or change of an authorization.

Fraud, Waste and Abuse Initiatives:

VIII. The Louisiana Department of Health should provide health plans with written definitions that clearly define the terms Fraud, Abuse, and Waste.

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The Alliance's mission is to advocate and educate on behalf of providers, patients, and stakeholders in rural communities about the dire need of stability and access to mental healthcare to those who need it the most in Louisiana.

