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From: MCO3.0Feedback@la.gov
Sent: Tuesday, December 29, 2020 3:16 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	Louisiana State Medical Society
Email Address or Phone Number	mbowen@lsms.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?

LSMS members often bemoan the lack of time they are afforded to care for the patient. We actually believe that allowing physicians to retake control of medicine would aid in this endeavor and reestablish patient-physician relationships that make medicine successful. Behavioral and mental health issues are often much more personal to patients than having a MCO just pull a name from a ROTA to send someone to for care for which they are often embarrassed to admit a need. By allowing a physician sufficient time to work with a patient to identify multiple care needs would allow someone who knows approved psychiatrists and counselors to assist in the selection of a professional that may fit with the patients needs would be invaluable. Recommendations: restructure the care management model to financially support physicians and their medical team to coordinate care for patients at the individual's level of need. The current model is not effective. Encourage MCOs to reimburse for services outside of the fee for service fee schedule, such as physical and behavioral health visits on the same day. Support telemedicine with Louisiana physicians and health care providers to build infrastructure to further integrate behavioral healthcare. Clearly identify and enforce network adequacy requirements for specialty care. Inaccurate directories and listed referral sources who do not actually have open panels or available appointments are not useful.

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.)

Based on the MCO self reported data, the current case management model in not engaging beneficiaries. MCOs should be required to contract with and adequately reimburse providers who can provide care coordination and case management services for their patients. Women with hypertension or cardiovascular issues may require primary care referrals and follow up for an extended period of time postpartum. The program should financially support appropriate assessment and counseling for pregnancy spacing and contraception which is critical for women with chronic health conditions, genetic concerns or for those whom pregnancy is not indicated. The state should maximize tax payer dollars by requiring the MCOs to contract with programs and services already supported by the state, such as Nurse Family Partnership, Parents as Teachers and Healthy Start. Our member physicians recognize that maternal health outcomes are varied due to health equity and social determinants. MCOs should be required to better coordinate care with all provider types involved in improving health outcomes and increase maternal education and support to give new mothers needed resource as they become parents.

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 physicians often share stories in which two back-to-back patients with the same needs are treated differently by two different MCOs. They also share that on two different days, with two different CSRs for those MCOs, the results could be the exact opposite. They want consistency in how the MCOs treat people. MCOs should be required to utilized national clinical practice guidelines and evidence based medicine rather than creating their own protocols for health care delivery and attempting to alter services through reduced reimbursement or claims denials. Additionally, physicians say they are spending increasing amounts of time dealing with administrative requirements forced by insurers rather than being able to provide patient care. Prior authorization and retroactive denials (after receiving PA) continue to be issues. Variations in policy application create confusion and additional administrative burdens for both physician offices and the Medicaid program to consistently enforce compliance. Fewer MCOs allows more consistent health care delivery to Medicaid beneficiaries. Rates need to be increased. Louisiana's low reimbursement rates are a barrier to physician participation. At a minimum, Medicaid should reimburse comparably to Medicare. A purpose of the risk shifted program of managed care was to create flexibility in care coordination and service delivery. LDH should require the MCOs to reimburse for services other than those specifically delineated on the fee schedule in order to accomplish a more wholistic approach to healthcare. MCOs must incentivize patients and physicians to receive and provide care in the most appropriate setting through adequate networks and adequate reimbursements. Physicians need to be put back in

control of patient care. The Medicaid program should support the physician-led Medical Home. LSMS would additionally suggest a Direct Primary Care model as a solution to a number of concerns. With this model, a physician could spend more time on total patient care and have the ability to coordinate 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.

Mandating a health information exchange as part of the contract would be a significant step in creating some portability for patients. You want be able to recreate patient-physician relationships and knowledge, but you would be able to efficiently share records between physicians to allow them to have necessary information on basic care.

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.

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.

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?

Adequate reimbursement increases the provider pool of quality providers in the Medicaid program. MCOs must financially support physicians to practice evidence based medicine and financially incentivize them to meet targeted metrics. This should improve health equity.

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.

LDH should consider enhancing its compliance program by increasing staffing and resources to regulate MCO activities. Legitimately, reducing the number of health plans involved would ease the burdens associated with regulating MCOs.

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

While we mentioned telemedicine above, we did not expand on its usage through the pandemic or on how that might be reflected throughout the RFP. Patients and physicians both have new views on telemedicine. We believe most patients have not only come to accept it, but to expect it. In a number of medical cases, physicians have successfully incorporated products into their practices allowing them to use telemedicine. Physicians also believe that it is not always in the best interest of the patient to treat them through telemedicine. This may be a conversation best suited for clinical guidelines, but it is also a significant enough change that it should be included here, also. MCOs should not be allowed to eventually utilize out-of-state telemedicine contracts to prove network adequacy or to replace Louisiana physicians and providers. It's also important to note that currently Medicaid is paying for telemedicine at the same rate as an in-person visit. If telemedicine is to continue to be expected of physicians and providers, it should continue to be reimbursed at the in-person rate.