December 23, 2020

Louisiana Department of Health
via Electronic Mail to: healthy@la.gov

RE: Louisiana Medicaid Managed Care RFP 2021 Feedback

To Whom It May Concern:

Healthy Blue is pleased to submit our recommendations in response to the Louisiana Department of Health's (LDH's) Request for Information (RFI) for the upcoming 2021 Medicaid Managed Care Request for Proposal (RFP). We commend LDH's commitment and focus on improved health outcomes and coordinated care for the Healthy Louisiana program. Healthy Blue looks forward to our continued collaboration in addressing the unique needs of Medicaid members and contributing to the ongoing success of the program.

We appreciate the opportunity to respond to LDH's RFI, and we welcome further discussions with LDH regarding our recommendations.

Sincerely,

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Healthy Blue President and CEO

Louisiana Medicaid Managed Care RFP 2021 Feedback

1. Behavioral Health Integration

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.

A fully integrated managed care model offers effective clinical management, including mitigating medication costs and risks, as well as offering operational and administrative efficiencies. We offer the following recommendations to LDH to improve integration between behavioral health (BH) and physical health (PH):

- We suggest LDH require Managed Care Organizations (MCOs) to offer incentives to providers based on the level of integration between PH, BH, and social determinants of health (SDOH). We recommend MCOs not only support integration at the practice management level through an Alternative Payment Model (APM) or Value-Based Payment (VBP) program, but also through screenings, plans of care, referrals, discharge planning, and follow-up after hospitalizations. In the upcoming procurement, we recommend LDH require MCOs to describe their APM or VBP programs that specifically support integration.
- We also suggest that LDH collaborate with MCOs to develop a BH pharmacy retrospective drug utilization (RDUR) program, or allow MCOs to continue to use their established RDUR programs in addition to the State-mandated program. This will assure providers continue to receive timely information for use in an integrated care approach.
- We propose that LDH develop a taskforce of MCOs, providers, State agencies, and community-based organizations (CBOs) to define Louisiana's BH integration framework and expectations. The taskforce should identify policy implications and recommendations such as:
  - Strategies to encourage BH integration within the primary care setting, including incentives and performance improvement projects
  - Defined processes and proposed reimbursements to support warm hand-offs between PH and BH providers, including Specialized Behavioral Health providers
  - Activities to support electronic health records and data sharing between BH and PH providers and development of joint toolkits
  - Outreach campaigns to increase public knowledge regarding cultural barriers and racial disparities that impede BH access and strategies to address gaps

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?

To better meet Louisiana enrollees' BH needs, we recommend the following approaches to network development, care delivery, care coordination, and technological solutions:

- We propose LDH require MCOs to have various provider programs designed to support integration. We suggest LDH require MCOs to offer innovative pay-for-performance and other quality-based reimbursement arrangements that promote and improve service integration, while supporting providers who participate in these models.
- In the upcoming RFP, Healthy Blue recommends LDH require MCOs to provide a description of their fully integrated care model, inclusive of their experience with care management and delivery models that support the whole-person needs of members.
- LDH should ask MCOs to demonstrate their comprehensive strategy for providing training and education to employees and BH providers, in compliance with federal mental health parity requirements, for the delivery and management of services.
- We suggest that MCOs work collaboratively to expand the use of health information exchanges (HIEs) by improving providers' awareness, engagement, and technological experience, while promoting the HIE among MCOs as a vehicle for better coordination and cost reduction.
- MCOs can better serve members with BH needs by specifying requirements for PCP referrals to BH providers, requiring bilateral communications and record sharing between PCPs and BH providers, mandating availability of telepsychiatry services by network psychiatrists, and facilitating electronic medical records.
- To increase access to care, we urge LDH to continue to allow current telehealth services, including those services expanded under COVID-19 policies, and introduce a comprehensive monitoring component to assure appropriateness of services.

2. Child and Maternal Health Outcome Improvement

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.)

Healthy Blue offers the following recommendations to improve child and maternal health outcomes and reduce barriers to care:

- Early pregnancy identification will help MCOs better support members through healthier pregnancies and better birth outcomes. We propose a collaborative program, enacted by LDH and MCOs, that is focused on the early identification of pregnant mothers. This program may include a centralized notification of pregnancy repository, required notification of pregnancy to the State, and early identification of enrollment into Medicaid upon pregnancy identification.
- In speaking with our members and community partners, we recognize the positive impact of doulas on maternal outcomes. Healthy Blue recommends the evaluation of a State-recognized certification process for doulas and reimbursement of doula services under the supervision of a medical doctor.
- In the upcoming RFP, we suggest LDH ask MCOs to describe their proposed VBP programs that are focused on maternal and child health outcomes.
- We recommend MCOs reimburse providers, using the appropriate Z-code(s), for completing SDOH assessments on pregnant members and children at their primary care appointments. This will facilitate coordination and referrals to CBOs to address social needs, including helping members access BH services during the prenatal period and encouraging well-child pediatric visits following birth.
- To increase access to services and needed supports, we recommend expanded use of in lieu of services, which will drive additional cost savings and improved outcomes.
- In the upcoming RFP, we propose LDH ask MCOs to include a maternal and child health component in their population health strategy.
- We encourage the development of more robust Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and school-based programs through collaborations with the MCOs, State, and local entities. This should include a stakeholder workgroup focused on school-based clinic support, students with an individualized education plan, etc.
- We suggest LDH work with the MCOs to improve access to Non-Emergency Medical Transportation (NEMT) for pregnant women, parents or caregivers, and families with children so they can attend primary care appointments together as necessary. Relaxing restrictions around additional passengers for families may remove barriers to accessing needed care.
- We recommend LDH and the MCOs form a collaborative workgroup to identify the most common and significant child and maternal health disparities. Based on workgroup recommendations, LDH may require each MCO to incorporate a mitigation plan to reduce these disparities collectively for Louisiana.

3. Delivery System Reform

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.

Promoting Adoption of New Payment Methodologies

Our recommendations for adopting new payment methodologies and incentivizing providers based on quality and cost outcomes begin with proactive, collaborative discussions between LDH, MCOs, hospitals, and other key providers to improve the quality and value of service delivery. This includes recognizing that providers are at different levels of sophistication and meeting them where they are on the payment methodology continuum. We recommend the following:

- Allow MCOs to continue developing specific APMs or methodologies aligned with LDH priorities, such as population health management, BH integration, and maternal/child health outcomes.
- Adopt CMS reimbursement methodologies, such as diagnosis-related group payment methodology for inpatient services and Outpatient Prospective Payment System for hospital outpatient services. These methodologies will assist LDH and the MCOs with better predicting and managing program expenditures by standardizing payment amounts while including penalties for hospital readmissions.
- Provide MCOs with the flexibility to mirror some of the Medicare policies that promote shared accountability and incentives, such as the Hospital Readmission Reduction Program (HRRP) for discharge planning. HRRP requires hospitals to communicate, share information, and coordinate care with patients and caregivers to better engage patients and reduce preventable readmissions. Further, we recommend LDH consider CMS' practice of coordinated quality and outcome incentives between providers and facilities for positive performance.
- Assemble an MCO committee to develop joint provider education programs to train providers on standardized performance requirements, measures, and reporting. The committee will collaborate to identify approaches to support and empower providers in acquiring the capabilities needed to participate in shared accountability models, recognizing the different level of challenges faced by small, rural, and tribal providers compared with larger providers and those located in urban areas (especially including financial challenges associated with the COVID-19 pandemic).

4. Disaster Planning and Recovery

Please offer suggestions as to what barriers to care enrollees and providers encounter during disaster events, and what specific measures MCOs can take in the care planning process to mitigate these barriers.

Encountering Barriers to Care During Disaster Events

Members and providers may encounter a variety of barriers to care during disaster events, and MCOs should be responsible for assisting them in situations that may seriously affect member safety and health outcomes. Barriers to care vary based on event types, member location, and provider availability, such as the following:

- Lack of transportation to a safe location during an evacuation
- Inability to contact family members and providers
- Lack of access to safe food and drinking water
- Lack of access to medications and providers due to closures

Mitigating Barriers to Care During Disaster Events

We believe that proactive planning with members and an expeditious response is key to mitigating potential and actual barriers to care during disaster events. To accomplish this, we recommend the following:

- Establish an MCO committee that meets on a regular basis to collaborate on identifying barriers to care and developing mitigation strategies that address barriers, taking into account cultural considerations, geographical nuances (urban versus rural), and availability of CBOs and other resources. This will reduce confusion and administrative burden by standardizing processes for members and their families, as well as for providers who may have contracts with multiple MCOs.
- Include evacuation planning questions on the new, standardized health needs assessment (HNA) to initiate discussions with members that are thought-provoking and encourage pre-planning. Because MCOs will be required to make the HNA available electronically, in print, and verbally, members can update their HNA responses at-will and MCOs can continue discussions and update the HNA during routine Member Services calls and care management activities.
- Require MCO commitment to offering the provider directory electronically and in hard copy upon request that includes indicators for providers that offer telehealth services. During disaster events, electronic provider directories should be updated on a daily basis to let members know if their providers are available, as well as who to call and what to do if their provider is not available.
- Adopt a statewide proactive emergency protocol that sets forth LDH-approved activities and exceptions that can occur during disaster events, such as a waiver of State review for telehealth services, virtual care management, and emergency provision of critical supplies.

5. Department of Justice (DOJ) Settlement Agreement Requirements

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.

Healthy Blue would like to offer the following suggestions to avoid nursing facility placement and ensure community integration for members with a serious mental illness (SMI) diagnosis:

- To best coordinate comprehensive BH care for the SMI-diagnosed population, MCOs need full and integrated access to members in nursing facilities, along with their medical records. We suggest LDH implement these changes through rulemaking and policy changes. When MCOs are more involved in the member's care, we are able to assist and coordinate the appropriate services while the member is in the nursing facility. In addition, these changes will facilitate a more coordinated and sustainable discharge between nursing facilities and treating providers in the community.
- Additionally, we recognize that part of the DOJ agreement requires a plan to expand home and community-based services (HCBS). We offer our assistance to LDH to evaluate and broaden the scope of current HCBS programs and evidence-based practices for this specific population, such as BH geriatric programs, BH-focused Program for All-Inclusive Care for the Elderly services, and permanent supportive housing options. We recommend a collaboration between LDH and MCOs to consider the following:
  - Data sharing, including information on SDOH, with LDH and between MCOs to address healthcare and SDOH needs for these members.
  - Defined processes between MCOs and the Office of Behavioral Health, the Office of Aging and Adult Services, and the Office for Citizens with Developmental Disabilities to help members apply for appropriate HCBS waivers and services.

6. Fraud, Waste, and Abuse (FWA) Initiatives

Please offer suggestions for changes that could be made in the new MCO contract that will strengthen FWA prevention, detection, and recovery efforts.

Healthy Blue is committed to being a good steward of taxpayer funds. Our suggestions to strengthen FWA prevention, detection, and recovery efforts emphasize prevention and continuing education for investigators.

Emphasis on Prevention

Stopping inaccurate payments before they are made is more efficient, cost-effective, and results in less provider abrasion. In the new MCO contract, Healthy Blue suggests that LDH enhance the focus on programs, processes, and reporting related to preventing FWA.

Provider Education. Provider education around coding and billing practices is an important step in FWA prevention. Healthy Blue suggests that LDH host an annual provider workshop where representatives from LDH and the MCOs deliver education related to billing and FWA prevention and detection, as well as useful information on maintaining compliance with Medicaid policies. LDH should require MCOs to participate and present at this workshop. Workshop attendees could include various provider types with particular inclusion of high-risk types, such as BH, durable medical equipment, home health, long-term care, and transportation.

Similar workshops in our affiliate markets have demonstrated success. The workshop could take the format of a multi-day conference with modules covering many topics for providers, including preventing fraud in health insurance in general, leveraging the experience of MCOs like Healthy Blue whose organizations have experience in multiple lines of business in Louisiana. Alternatively, the workshop could be specific to preventing fraud in Medicaid and deliver more targeted information. Healthy Blue welcomes the opportunity to collaborate on a format that would best serve Louisiana Medicaid.

Prepayment Review Flexibility. The ability to place a provider on prepayment claims review is an important tool MCOs can use when a credible allegation of fraud exists. To limit provider abrasion, Healthy Blue suggests LDH require that MCOs maintain a prepayment claims review program with the ability to limit review to a specific code or codes, rather than all claims from the provider. Prepayment review is a key preventive measure in the fight against FWA, stopping claims prior to payment and reducing "pay and chase" recoveries. The MCO capability should be flexible enough to allow codes to be deleted or added to prepayment review based on provider behavior.

Enhanced Transportation Requirements. We suggest that LDH require NEMT and Non-Emergency Ambulance Transportation providers to utilize electronic vehicle tracking and billing systems that use geo software to validate billed rides occur and to scan the new member ID barcodes MCOs are implementing by June 2021. If an MCO contracts with a Transportation Broker, the subcontractor agreement should clearly define these requirements.

New Reporting Categories. Healthy Blue suggests that LDH add data elements to FWA reporting so MCOs can report savings from automated claims edit denials and provider behavior change.

Automated claims edits are critical FWA prevention tools used during the claims adjudication process and allow MCOs to apply coding rules consistently across all providers. Working with providers to elicit a sustained change in behavior is also a key prevention technique. We suggest that LDH define savings associated with provider behavior change as a monitored future claims trend change over a defined period, such as 12 months. Clear category definitions will deliver consistency across MCOs and support LDH oversight activities.

Adding this information to FWA reports would provide LDH with a clear and complete picture of MCO prevention activities and supplement current reporting categories.

Continuing Education for Investigators

Investigators are a key resource in the fight against FWA and need to maintain the most current information available. Healthy Blue suggests that LDH implement a minimum continuing education requirement of 10 hours per year for MCO investigators to make sure that staff charged with combatting FWA in Louisiana Medicaid are up-to-date on changes to coding requirements and the most relevant FWA schemes and trends. Training sources could include the National Health Care Anti-Fraud Association, the Association of Certified Fraud Examinations, and the American Association of Professional Coders, among others.

7. Health Equity

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?

Addressing Social Determinants of Health and Other Disparities

Effectively addressing health disparities begins with LDH selecting MCOs that can demonstrate expertise in and ability to develop strong relationships with State, provider, and community partners. We recommend that LDH:

- Include questions related to SDOH on the Medicaid eligibility and enrollment form and HNA tool. This will allow MCOs to include this information in their predictive modeling and risk stratification processes to facilitate rapid outreach to members with SDOH needs that may interfere with accessing care.
- Encourage MCOs to demonstrate their commitment to improving health disparities through focused activities, such as capturing and reporting on health disparities (cultural, racial, environmental, geographical) and developing initiatives to address identified disparities in their geographic service areas, such as a vaccine disparity initiative that assures all members have access to vaccinations in their communities.
- Recommend allowing other CBOs to apply for a Medicaid identification number to advance their financial ability to expand their services/locations.
- Require MCOs to provide community resource lists to members that are continually updated to assure members always have access to current information and resources.
- Expand programs to allow MCOs to offer provider incentives that encourage and reward provider completion of an SDOH screening during member appointments to identify needs, make referrals to local resources, and maintain oversight to assure that services have been accessed and received. We recommend the cost of this be included in the MCO medical spend.

Holding MCOs Accountable for Improving Health Equity

- Require the MCOs expand their Population Health Management plan to include the identification of SDOH disparities in the communities they serve, as well as oversight, goals, and interventions to improve health equity.
- Develop a health equity collaboration forum for MCOs to brainstorm with LDH, providers, and CBOs on ways in which to best capture health disparity data and develop population health approaches to address systemic inequities.
- Continue to require MCOs to educate providers on the effects of trauma and cultural norms in healthcare delivery to assure they have the knowledge and skills needed to prevent implicit biases from affecting the quality of care they provide. This training should be expanded to cover self-awareness of implicit biases and best practices, such as perspective-taking, emotional regulation, and partnership-building in delivering unbiased care.

In addition, we recommend that LDH consider working collaboratively with MCOs to identify innovative ways to promote and improve member responsibility for engaging in services with their providers and in their healthcare decisions.

8. Increased MCO Accountability

Please offer suggestions for how can LDH hold the MCOs accountable for statewide policy, operational, and financial priorities in the MCO contract.

Healthy Blue affiliates operate under a wide variety of accountability mechanisms, including quality bonuses, in addition to fines and performance-based withholds. Our affiliates find that a program that includes incentives for positive results creates a stronger partnership between the State and MCOs and promotes greater accountability.

We appreciate LDH's request for suggestions on enhancing MCO accountability. We recommend an approach that is balanced between positive incentives and penalties to drive an increase in accountability and member outcomes, such as:

- Reduce or waive fines for self-reported non-compliance, within a specified timeframe, subject to MCO remediation. Encouraging MCOs to self-report instances where contract terms are not met (such as a missed claims timeliness metric) can foster an increased sense of accountability between the State and the MCO.
- Expand the automatic assignment methodology (Section 11.4.4.7 of the current contract) beyond quality measures, factoring in additional metrics compared to peers. Increased automatic assignment of members is a significant MCO incentive.
- For MCO implementations of major policy changes, carve-ins, and contract amendments, establish a workgroup of LDH representatives and all MCOs to facilitate open discussion about projects, schedules, and any barriers MCOs are facing. Increased transparency, with visibility into the process, plan, and status, will provide LDH with greater confidence of smooth, compliant implementations. Workgroup meetings could also provide a forum for LDH to proactively address emerging issues by offering clarifying guidance on an individual MCO's approach (positive and negative) to help other MCOs optimize their implementation.

We look forward to our continued collaboration with LDH and our MCO colleagues to implement changes, such as those outlined in this response, as we build upon our shared goals and accountability for the delivery of quality care to Louisiana Medicaid enrollees.