

Bradley Wellons

From: MCO3.0Feedback@la.gov
Sent: Tuesday, December 29, 2020 8:24 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	Shavia Scott, Health Systems Strategy Manager, LDH-OPH-BFH and Lakisha D. Flagg, SPACE Team Lead, LDH-OPH-BFH
Email Address or Phone Number	Shavia.Scott@la.gov 919-749-0019
Organization Type	Other
Other (please describe)	Office of Public Health-Bureau of Family Health (OPH-BFH)
Is your organization statewide or regional?	Statewide
What regions does your organization represent based on the map below?	



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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?

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.)

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.

Provider Supports and Training – patient education needs, patient screening and referral structures MCO assessments of provider support and training needs should be inclusive of population health outcomes and evidence-based public health standards. For example, unintentional injuries and violence are a top cause of death and disability for children in Louisiana. Provider visits is a patient education setting where infant and child safety anticipatory guidance can be addressed. MCOs can support in providing trainings for their providers on key patient education needs around public health issues, and how they fit within Medicaid services (EPSDT includes health education and anticipatory guidance for parents and children). According to Manatt, other State Medicaid Agencies, such as in New York, require MCOs to have regular provider trainings on what Medicaid offers to children; this can be inclusive of Medicaid offerings related to statewide population health goals. Stronger partnerships between Medicaid, MCOs and public health can help in the development of this type of structure. In addition to patient education, provider screenings are another way to address health risks and barriers to health outcomes –through identification. MCOs can support in the promotion of key provider patient screening, such as screening for social determinants of health and socio-emotional health (including suicide risk for adolescents), in addition to existing developmental health screening (Manatt, 2019). Referrals go hand-in-hand with screening, and would be a key area where MCOs can innovate in increasing closed-loop referrals within care provided to Medicaid beneficiaries, in particular for CYSHCN. Again partnership with public health, in particular around ideas like primary care mental health consultation, could be a way to help MCOs support their contracted providers. Finally, MCOs can support providers by being required to apply standardized approaches to implementation of new Medicaid policies. This can help reduce administrative burden for providers in learning multiple, different MCO policies and rules.

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.

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?

Health Equity MCOs should include in their data analytics assessments of population health improvement needs, ensuring that they utilize evidence-based health equity data practices such as stratifying by key demographics like race, gender, and location. Population health-focused data is related to outcomes, access to care, quality of care, and drivers of member disparities (Center for Healthcare Strategies, 2019). Sub-population health improvement initiatives should be developed for their members based on their data outcomes, and MCOs should also partner with public health and providers to help in addressing issues identified. Systems-improving strategies like targeted universalism are some of the equity measures that can be employed (Berkeley, 2019). Certain improvements in delivery system reform can also support in addressing potential health inequalities. MCOs can promote the development of trauma-informed care structures throughout the healthcare system (hospitals, primary care, specialty care, and acute care). This can help develop care environments that are inclusive of populations impacted by trauma-associated nonmedical barriers, often tangential to social determinants of health and requiring of specific practices such as cultural humility and responsiveness (Center for Healthcare Strategies, 2018). Additionally, MCOs can support in improved focus on language support services integrated not only at the MCO level, but also at the local care level; this includes access to services for individuals that speak different languages, have vision impairment or low vision, or are deaf or hard of hearing. Finally, MCOs can partner with public health to address provider shortage issues when they occur. Ideas like mobile clinics for obstetrical or primary care could be developed to support rural or other targeted areas that experience limited provider access.

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.

MCO Member Care Management Many MCOs have implemented tiered care management structures based on member complexity. This is a sound practice, and we recommend that, for members that qualify for higher tiers of care management, MCOs be expected to provide results-based care coordination. MCOs can currently measure their disease management programs based on outreach or whether care management was provided (Healthy Blue Annual External Quality Review Technical Report, 2020). Medicaid has effectively charged MCOs to have centralized responsibility for coordination of care. MCOs are generally required to develop service plans, connect enrollees to community and social support services, and provide access to specialists for enrollees who need long-term services and supports or have special healthcare needs (Manatt, 2019). Serving in such a central role, the success of their care management programs should not be based on outreach alone, and instead can be also inclusive of the member's outcomes (CMS, 2014) (Johnson Consulting Group, 2020). MCOs should be held to care coordination outcomes that can include prevalence of closed-loop referrals and other measures that can communicate stabilization of the member's condition around their care utilization, self-management abilities and/or health risk-impacting social support needs. To accomplish better success beyond outreach, MCOs should continue to be encouraged to partner and contract with public health and providers. This can increase access to relational care

	<p>management and defragment the current system (Manatt, 2019) (Johnson Consulting Group, 2020). Public health and many providers also provide within their reaches relational care management for families and patients, respectively; pairing their local-level access to the beneficiary's care needs with the MCO's reach and statewide charge, more can be accomplished in areas of efficiency and success in outcomes. Finally, NASHP's National Care Coordination Standards for CYSHCN should be reviewed to ensure they are well represented in state practices and the care coordination partnership between public health, providers and MCOs. For higher tier, relational care management, MCOs also need to make sure their program criteria allow for a comprehensive assessment of member need, including behavioral health supports. MCO member need assessment screeners need to be able to capture care coordination needs for at-risk members not actively experiencing a condition. Potentially at-risk members could be adolescents who attempted suicide, children with complex health conditions often clinically indicative of needing behavioral health support (including their caregivers), postpartum members who experienced a complex pregnancy, or members at-risk due to a high number of Adverse Childhood Events (as was developed recently under an Alabama CHIP HSI) or a high need of social support services (housing, food insecurity, etc.), among others.</p>
<p>Have feedback on an area not represented above? Please provide it below.</p>	
	<p>The Office of Public Health-Bureau of Family Health (OPH-BFH) is appreciative of the opportunity to provide comments to the Louisiana Department of Health's 2021 Request for Proposals for the Louisiana Medicaid Managed Care Program. Our response represents the recommendations generated from Bureau staff with measurable experience with families in our systems of care. Due to the abbreviated comment period, our comments are not comprehensive, and likewise, have not yet been reviewed or coordinated with OPH leadership. OPH-BFH administers the state's Title V Maternal and Child Health Block Grant program, the Title X Family Planning program, and many other initiatives designed to improve the health of men and women of reproductive age, pregnant women, and families, including children and youth with special healthcare needs. Our comments are written with our target populations in mind and are in the vein of continuing to support the federal laws related to Title V/Title XIX partnership: Medicaid: [Requires] establishment of written state MCH-Medicaid interagency agreements which provide for maximum use of Title V-supported services, effective use of Medicaid resources, and aims to improve child health status. (42 CFR 431.615) Title V: [Requires Title V to] assist with coordination of EPSDT to ensure programs are carried out without duplication of effort. (Section 505 [42 U.S.C. 705] (a)(5)(F)(i)) Finally, OPH-BFH wants to acknowledge Louisiana Medicaid's strong clinical leadership team and committed engagement in strengthening the state's system of care. We are further appreciative of our ongoing interagency partnership in the formulation and implementation of policy for women, children and families.</p>

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From: Healthy Louisiana
Sent: Wednesday, December 30, 2020 9:47 AM
To: MCO3.0Feedback
Subject: FW: OPH-BFH 2021 RFP Comments (w/ references)

From: Lakisha Flagg
Sent: Wednesday, December 30, 2020 9:20 AM
To: Healthy Louisiana
Cc: Amy Zapata ; Beth Scalco ; Shavia Scott
Subject: OPH-BFH 2021 RFP Comments (w/ references)

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References:

Manatt Health, Keeping Medicaid's Promise: Strengthening Access to Services for Children with Special Healthcare Needs, available at https://www.manatt.com/Manatt/media/Documents/FINAL-Keeping-Medicaid_s-Promise-Issue-Brief-10-01-19.pdf

Johnson K, Willis D, Doyle S., Guide to Leveraging Opportunities Between Title V and Medicaid for Promoting Social-Emotional Development, available at <https://cssp.org/wp-content/uploads/2020/12/CSSP-Leveraging-TitleV-FULL-REPORT.pdf> (contractual language found on pg. 63)

National Academy for State Health Policy, National Care Coordination Standards for Children and Youth with Special Health Care Needs, available at <https://www.nashp.org/national-care-coordination-standards-for-children-and-youth-with-special-health-care-needs/>

Association of Maternal and Child Health Programs (AMCHP), National Standards for Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN), available at <https://cyscnstandards.amchp.org/app-national-standards/#/>

Shavia Scott (Author & Action Officer)

Health Systems Strategy Manager | Bureau of Family Health

Louisiana Department of Health

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Pronouns: She/Her/Hers

Lakisha D. Flagg, Team Lead

Strategy, Policy, and Communications Team Lead | Bureau of Family Health
Louisiana Department of Health



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