CONTRACTED SUPPORT FOR BAYOU HEALTH PROGRAM

- Managed Care Organizations
- Actuary (Mercer)
- Fiscal Intermediary (Molina)
- Enrollment Broker (Maximus)
- University of La-Monroe Quality Measures
- Encounter Data Validation and MLR Auditing (Myers & Stauffer)
- EQRO (IPRO)

DHH
BAYOU HEALTH ENROLLMENT--JULY, 2014

- Risk Bearing
- Non Risk Bearing

[VALUE ]
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We will continue the commitments of the past
- Current provider rate floors
- 85% Medical Loss Ratio requirements
- Timely payment requirements

We will preserve the best practices and successes of inaugural Bayou Health Program

We will make key changes based on actual experience and early lessons learned
- increase budget predictability and savings
- enhance quality and continuity of care for members
- improve administrative experience for providers
KEY IMPROVEMENTS IN BAYOU HEALTH PHASE 2

- Full Risk Bearing Model
  - Budget predictability
  - Savings
  - Flexibility to offer cost effective benefits not in Medicaid State Plan
  - Incorporates best practice from Shared Savings model for engagement and gain sharing with providers to improve access to care

- Common Formulary
  - Health plans must develop a common Bayou Health formulary (with DHH approval) within six months of new contracts
  - Recommendation from Medicaid Quality Committee

- Improved Coordination of Physical and Behavioral Health including financial responsibility
  - Drugs prescribed by behavioral health contractor’s enrolled psychiatrists, medical psychologists will be their responsibility
  - Discontinuance of primary diagnosis code 290.xx - 319.xx (behavioral health codes) to identify services that are financial responsibility of behavioral health contractor
NOTEWORTHY CHANGES IN ENROLLMENT & SERVICES

- New Medicaid members will be enrolled in Health Plan retroactive to eligibility start date
  - Application forms being revised to include selection of a Health Plan
  - If no Plan selected, member will be immediately auto-enrolled
  - Still 90 days to changes plans for any reason

- Additions to Bayou Health Core Benefits
  - Hospice
  - In-Home Personal Care Assistance (PCA) for children and youth < age 21

- Single point of contact for all non-emergency medical transportation (NEMT) needs
  - Still carved out benefits provided through other contractors (dental, behavioral health)
  - Health Plan’s core benefits and services
INCREASED FOCUS ON PROGRAM INTEGRITY

- Retrospective Capitation Payments
  - Health plans will receive payment the month after for their prior month’s members
  - Reduces amount of reconciliation necessary
- Rooting out fraud, abuse, and waste
  - New requirement for health plan to hire one full-time investigator per 100,000 enrollees (and portion thereof)
  - Increased collaboration with each other and DHH to identify risks and detect fraud waste, medically unnecessary spending, inefficiencies
- Incorporation of Affordable Care Act’s (ACA) new “higher bar” for Medicaid provider enrollment
TRANSPARENCY & ACCOUNTABILITY IN BAYOU HEALTH

- Submission of timely complete and accurate encounter data
  - Requirement in contracts; stiff penalties for non-compliance
  - Validation by accounting firm Myers & Stauffer

- Information publicly available on Bayou Health website www.MakingMedicaidBetter.com, including
  - Monthly enrollment reports
  - Plan specific quality reports by External Quality Review Organization
  - Required monthly and quarterly administrative reports from Plans
  - Act 212 Report

- Formal quarterly Business Reviews between Health Plan and DHH provide for in depth review, assessment, & corrections
NOTEWORTHY CHANGES RELATED TO QUALITY IMPROVEMENT

- **Birth Outcomes** Provisions that do not allow prior authorization for key medications to prevent prematurity and care coordination post-partum for high risk pregnant women
- **Patient Engagement** Requirement for new tools (i.e. mobile aps) to engage with patients
- **Coordinated Quality Improvement** Requirement of common performance improvement projects (PIPs) with other health plans with both required data reporting and sharing of best practices
- **Innovation** Innovative care coordination models that go beyond telephonic case management
- **Member Materials** Enhanced monitoring of notices containing explanation of reason or service denials and partial denials
NEW QUALITY AND PERFORMANCE METRICS

- Over twenty new performance measures will be tracked and reported by Health Plans
- Quality metrics with financial implications for Health Plans increased from 5 to 8 including new measures--
  - Access to therapies that prevent repeat preterm births for eligible women (17P)
  - Access to post-partum care for pregnant women
  - Cesarean rate for low-risk first time moms
  - Follow-up care for children prescribed ADHD medication
  - Management and outcomes for members with
    - HIV
    - Diabetes
ANTICIPATED BAYOU HEALTH ENROLLMENT TREND

- **Monthly increases** in enrollment through 1/31/15
  - Children and Families and CHIP as a result of approved CMS waiver to defer annual renewals due in CY 2014
  - Monthly increases in SSI enrollees as a result of implementation of Provisional Medicaid Program beginning late June 2014
  - Nominal increases as a result of option for HCBS waiver participants to pro-actively opt in to Bayou Health beginning July 2014

- **Monthly decreases** in enrollment or flattening beginning 2/1/15
  - Additional information will be required to renew eligibility to capture ACA required information; non-compliance=closure
  - Closures at renewal unlikely to be offset by continued growth of Provisional Medicaid, HCBS opt-ins and new Chisholm class member opt-ins
VALUE-ADDED BENEFITS FOR MEMBERS

- 10% of score for contract award recommendation
- Additional benefits outside scope of core benefits and services to individual members
  - Not an option we had in Medicaid program
  - Case-by-case basis
  - Based on medical necessity, cost-effectiveness, wishes of member, potential for improved health status, and functional necessity
- If aggregated annual proposed expenditure is not expended, DHH will require Health Plan to
  - Provide alternate benefit of equal value, or
  - Will deduct unspent funds from capitation payment
VALUE-ADDED BENEFITS FOR PROVIDERS

- 10% of score for contract award recommendation
- Shared Savings model demonstrated the “value added” (improved quality) by sharing savings with contracted providers
- Strongly recommending proposers align gainsharing with DHH priorities and Bayou Health performance measures
- Proposed monetary value of these incentives and/or enhanced payments will be considered a binding contract deliverable
- All incentives require DHH approval
- Scoring of value added for providers
  - Will consider both actuarial value and description/reasonablenesss
  - DHH actuary Mercer will review this Section of proposals and advise us
VALUE-ADDED BENEFIT FOR LA EMPLOYEES

- 2.5% of score for contract award recommendation
- Workplace wellness is a major focus of DHH and BHSF
- Clear link between health and wellness of employees and productivity
- Proposed Louisiana workplace wellness program and employee incentives to be in effect not later than three months from the effective date of the contract (and for duration)
- Proposed minimum annual monetary expenditure for wellness program will be considered a binding contract deliverable
Comments?? Questions??

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http://www.MakingMedicaidetter.com/