

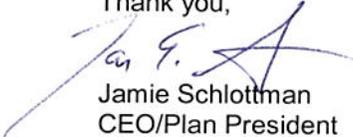
April 21, 2014

Mary T. C. Johnson
Medicaid Deputy Director – Healthcare Delivery Systems
Bureau of Health Services Financing
Louisiana Department of Health and Hospitals
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Dear Ms. Johnson,

Louisiana Healthcare Connections, Inc. has been a Coordinated Care Network (CCN) in the State of Louisiana since February 2012. We have enjoyed working with the Department of Health and Hospitals (DHH) in its transition from a traditional Fee-for-Service (FFS) model to the current dynamic Shared Savings/Pre-Paid Bayou Health Plan program. As a trusted partner in this profound reform, we possess an applied understanding of, and appreciation for, the needs of Louisiana residents, their barriers to care, and the unique issues they face every day. In addition, our parent company Centene Corporation (Centene) has 30 years of experience supporting states' transition from FFS to managed care, including transitions to managed long-term services and supports (MLTSS) in Florida, Arizona, Texas, and Kansas. We have found that an ongoing transparent and meaningful engagement process involving diverse stakeholders is critical to ensuring a well-informed and effective managed care model. Louisiana Healthcare Connections, Inc. appreciates the continued opportunity to inform DHH's design of MLTSS. We share, below, additional recommendations for the MLTSS Request for Proposal(s) (RFP) and MLTSS' implementation process. This document supplements our Request for Information (RFI) response dated January 28, 2014.

Thank you,


Jamie Schlottman
CEO/Plan President
Louisiana Healthcare Connections

Louisiana Healthcare Connections, Inc.
Supplemental Recommendations (April 21, 2014)

Create a Comprehensive and Fully Integrated Managed Care Model for LTSS and ID/DD

Louisiana Healthcare Connections, Inc. supports DHH's total integration goal, more specifically, the inclusion of medical, behavioral, and LTSS services into one coordinated benefit package. We also recommend that this benefit package include the "carving in" of targeted case management to ensure the best coordination and quality monitoring possible. Louisiana Healthcare Connections, Inc. also recommends that DHH provide an integrated benefit package for individuals with ID/DD, inclusive of medical, behavioral health, pharmacy, dental, vision, hospice, and LTSS and award the oversight of this contract to entities with experience and knowledge pertaining to the needs of this community.

Design a Proposal Scoring and Award Approach that Minimizes Administrative Burden and Recognizes Maximum Program Integration

DHH recognizes the positive impact integration of care can have on quality of life, health, and cost outcomes. Through our own experience, and that of our affiliates in other states, we have learned that integrated Medicaid managed care programs yield greater efficiencies for the State, providers and contracted health plans than non-integrated programs while improving Member outcomes. Louisiana Healthcare Connections, Inc. recommends that DHH adopt a proposal scoring approach that gives preference to bidders that demonstrate their ability to provide integrated medical, LTSS, BH, and ID/DD services. For instance, DHH could award additional points to bidders that are successful across multiple bids (e.g., medical, LTSS, and ID/DD). Also, we recommend that DHH consider the fewest number of CCN contract awards possible, while still honoring Member choice, to minimize unnecessary administrative burden for Members, providers, and state partners.

Ensure Leveling of HEDIS Reporting in RFP Responses and Consider Ways to Minimize the Impact of Enrollment and Plan Change Windows' on HEDIS Measurement

Bayou Health has improved Member access to high quality and timely health care. Even so, Bayou Health's three staggered re-enrollment periods throughout the year and plan change processes create barriers to accurately reflecting Bayou Health's success through HEDIS measurement. Since some of the HEDIS measures, including some that are incentive measures, require a 12 month calendar year continuous enrollment period (allowing for 1 forty-five day gap), CCNs cannot meet the continuous enrollment HEDIS specification for any Member who enrolls during any other current re-enrollment period other than February 1 (those in GSA-A). In addition, allowing Members to change plans within the first 60 days of enrollment further exacerbates this HEDIS measure challenge. Considering the inadvertent impact on Bayou Health HEDIS measurement, Louisiana Healthcare Connections recommends that DHH create a level playing field for incumbent and non-incumbent bidders in the upcoming RFPs by reviewing and scoring a comparative set of HEDIS measures for both. For example, DHH could request submission of HEDIS results for each bidder's 3 largest Medicaid health plans, in addition to their Bayou Health plan scores where available.

Provide Data to Support Informed Request for Proposal Responses

Louisiana Healthcare Connections, Inc. recommends that DHH, in partnership with relevant state agencies, share eligibility and claims data with potential bidders prior to RFP release to ensure informed RFP responses. For instance, bidders' access to behavioral health data (from the existing "carve out" of behavioral health services) will be essential to the development of BH delivery models that meet Members' needs. Also, bidders' access to LTSS and ID/DD population data (e.g., race, ethnicity, service

categories, and service gaps by geographic regions) is necessary for bidders to design effective models of care and service delivery approaches. Louisiana Healthcare Connections recommends that DHH release claims data from 2013 by major service type (inpatient hospital, ER, NF, ICF, other non-inpatient services) to include enrollee age, sex, and race/ethnicity; primary diagnosis code; primary procedure code; paid amount; and encrypted enrollee ID number. If DHH can generate encrypted enrollee ID numbers, the data would remain de-identified and we would be able to report diagnosis prevalence as percent of members rather than percent of admissions or visits. This should also include pharmacy data as well, but with GPI drug class rather than procedure code

Adopt a Single Implementation Date for the Each Contract

Louisiana Healthcare Connections, Inc. recommends that DHH consider a single implementation date for each new program (traditional Medicaid, LTSS and I/DD) contract period versus to a “rolling” regional implementation approach. Our experience has shown that each phase of a regional implementation process is equally resource intensive. As a result, CCN resources are divided between implementation activities and the needs of newly enrolled Members. We understand the potential need to stagger separate program implementations for more than one contract, such as for LTSS and ID/DD, and we would support this approach if DHH deemed it necessary. Louisiana Healthcare Connections, Inc. is available to share additional implementation lessons learned if DHH considers these beneficial.

Develop Stakeholder Informed and Measurable LTSS and ID/DD Quality Metrics

Louisiana Healthcare Connections supports DHH’s decision to identify quality and outcome measures that are specific to the MLTSS and ID/DD programs. We strongly support involving stakeholders in quality metric development, including individuals receiving services, advocates, providers, CCNs, and LTSS-related state agency staff. We also support, as appropriate, the adoption of core measures already in use, such as the National Core Indicators and others listed in our January 2014 RFI response. DHH’s adoption of established measures will facilitate benchmark and goal setting and allow for comparison across Louisiana CCNs and nationally. Louisiana Healthcare Connections, Inc. recommends that DHH require a CCN Quality Metric workgroup to confer on the final measures and determine a standardized process for data collection and reporting across the CCNs. We propose that the RFP and sample contract reflect a minimum six month period to finalize measures and implement system and process changes to effectively capture data elements for reporting; a six month period to test and adjust reporting metrics as needed; and an additional one year period to collect baseline data. For example, if the MLTSS contract(s) are implemented on January 1, 2015, the workgroup may convene through June 31, 2015 and test reporting would begin on July 1, 2015. Subsequently, Calendar Year 2016 would serve as the baseline measurement period with progression towards established goal(s) expected in Calendar Year 2017.

Implement a “Risk Corridor” and Transparent Approach to Rate Setting

We applaud DHH for the successful adoption of a transparent approach to adequate rate setting in the existing Bayou Health program, and we recommend that DHH continue to adopt transparent and collaborative rate setting approaches as Medicaid managed care is expanded to new LTSS and ID/DD provider types and services. Louisiana Healthcare Connections, Inc. recommends DHH implement a risk corridor for MLTSS, including the ID/DD population. Nursing home to community transitions can be inadequate as a rate setting indicator given the initial barriers to effective transitions that managed care entities will face, such as stakeholder resistance. Rate setting, to be successful, requires knowledge from various sources and innovative solutions. We would support inclusion of risk stabilization mechanisms within the initial contract, specifically designed to: a) limit pricing variation arising from actual/expected differences in Facility and Home Based membership penetration and b) share risk in the event program

medical loss ratios deviate substantially from those in the State's rate setting process. Louisiana Healthcare Connections, Inc. would assume that any agreed upon mechanism would be temporary and be designed to address unanticipated gains and losses for both the State and the participating CCNs.

Support the Successful Continuation of Consumer Direction within MLTSS

Louisiana Healthcare Connections, Inc. supports the inclusion of consumer direction opportunities for all populations in need of MLTSS. We recommend, as part of the RFP process, that DHH require bidders to document their previous experience with consumer direction and their knowledge of the overall principles and values required to make consumer direction successful. Louisiana Healthcare Connections also recommends DHH allow CCNs to implement a flexible budget model, as appropriate, to allow Members to make innovative purchases that maximize independence and minimize long term use of costly services.

Increase Efficiencies in Activities Required by All CCNs

Based on our experience over the last two years serving Bayou Health Members, Louisiana Healthcare Connections recommends that DHH consider opportunities to decrease provider burden and minimize duplication of efforts across CCNs. We recommend RFP language that requires CCNs to collectively engage a third party entity to conduct Medical Record Compliance audits and the Primary Care Provider Callback Methodology project. Additionally, Louisiana Healthcare Connections proposes RFP language that requires CCNs to work collectively, under the direction of DHH, to identify other opportunities to decrease provider administrative burden, such as using a single LTSS provider credentialing application that can be photo-copied and submitted to all CCNs, or a process by which to share provider site survey information across CCNs.