# PRIMARY CARE INNOVATION IN MEDICAID MANAGED CARE PROFILE: Louisiana

STATE PROFILE | AUGUST 2019



#### **IN BRIFF**

Increasingly, states are seeking more advanced primary care models that better address the diverse health-related needs of patients, including behavioral health and social needs. This profile is part of a series that explores how five states — Louisiana, Hawaii, Pennsylvania, Rhode Island, and Washington State — are using their managed care purchasing authority to advance primary care models. The states were participants in Advancing Primary Care Innovation in Medicaid Managed Care, a national learning collaborative made possible by The Commonwealth Fund and led by the Center for Health Care Strategies. A companion toolkit, Advancing Primary Care Innovation in Medicaid Managed Care: A Toolkit for States, is also available that summarizes strategies for advancing primary care innovation. It includes design considerations, and sample contract and procurement language, with a focus on four key delivery areas: (1) addressing social needs; (2) integrating behavioral health into primary care; (3) enhancing teambased primary care approaches; and (4) using technology to improve access to care. To learn more, visit www.chcs.org/primary-care-innovation.

#### **Primary Care Innovation Vision**

Louisiana expanded Medicaid in July 2016. Many newly enrolled beneficiaries are subsequently receiving care for the first time or previously experienced interruptions in health care, bringing complex needs into Louisiana's primary care setting. Louisiana is exploring innovative approaches for removing barriers to access and improving service delivery for this new population while addressing reimbursement challenges for primary care providers (PCPs).

#### Louisiana Medicaid Landscape

- Medicaid Enrollees: 1,626,037
- Enrollees in Comprehensive Managed Care: 1,377,682 (84.7%)

**Source**: <u>Medicaid Managed Care Enrollment and Program Characteristics</u>, 2017. Effective July 2017.

## **Advanced Primary Care Goals**

- Goal 1: Design operational details to implement future managed care organization (MCO) policies and contract requirements related to primary care investments and innovations.
- Goal 2: Understand how other states are approaching funding for community health workers (CHWs) and care teams in a managed care environment.
- ✓ Goal 3: Solidify Louisiana's approach to quality measurement as it relates to social determinants of health (SDOH) in primary care in preparation for 2020 MCO contract start date, including implementation of a universal screening tool for health-related social needs.



## **Existing Primary Care Initiatives**

- Louisiana Medicaid published a white paper, Paving the Way to a Healthier Louisiana: Advancing Medicaid
   Managed Care, articulating goals and key elements for its managed care program, originally implemented in 2012.
- Louisiana's MCOs are currently participating in the Centers for Medicare & Medicaid Services Comprehensive
   Primary Care Plus Round 2 initiative.
- In 2018, the Health Resources and Services Administration awarded Louisiana a grant to replicate Massachusetts'
   Child Psychiatry Access for Moms Program for supporting maternal mental health through a remote consultation model during and after pregnancy.
- In 2018, the Louisiana Department of Health contracted with the Penn Center for Community Health Workers to develop a blueprint for a CHW pilot implementation with select Medicaid MCOs. In 2019, the state formed a working group with the Center for Healthcare Value and Equity at Louisiana State University to guide a CHW demonstration project to adapt the IMPaCT CHW model in a target region of the state.

### **Managed Care Organization Contract Language**

- Louisiana released a request for proposals and sample contract for MCOs in February 2019. It includes requirements for: (1) behavioral health and SDOH screenings in primary care; (2) psychiatric prescribing support to PCPs; (3) promotion and implementation of evidence-based practices to address SDOH and reduce health disparities; and (4) requirements for preferred value-based payment (VBP) arrangements that support the integration of primary care and behavioral health, SDOH, and populations with special health care needs.
- When Louisiana amended its MCO contracts in February 2018, it included new requirements for value-based purchasing (VBP), linking one percent of MCOs' gross revenues to the increasing use of VBP to improve quality and health outcomes.
- MCOs are required to develop a VBP strategic plan, which includes reporting on estimated primary care
   expenditures and related VBP methodologies, including proposed changes to those expenditures over the contract.

#### Select Primary-Care Related Quality Measures

- Effective January 1, 2020, Louisiana is updating MCO quality measures. Its RFP included draft measures, such as:
  - » Well-Child Visits in the First 15 Months of Life
  - » Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  - » Adolescent Well-Care Visits
  - » Depression Screening and Follow-Up for Adolescents and Adults
  - » Depression Remission or Response for Adolescents and Adults
  - » Percentage of members who complete the initial health needs assessment (including questions on social needs) within 90 calendar days of the enrollee's effective date of enrollment
- The state seeks to address disparities by stratifying key measures by race/ethnicity and rural/urban status, including low birthweight births, developmental screenings for children, and controlling high blood pressure.
- MCO quality measures are tied to a one percent withhold of MCOs' monthly capitated payments. To earn back the withhold, MCOs must either meet the target for each measure or improve over the prior year by at least two points.
- MCO VBP Strategic Plans must demonstrate how VBP arrangements are linked to value (quality), with a requirement
  that all provider VBP arrangements must include at least one Louisiana Medicaid incentive-based quality measure.