Why?
States are looking to managed care tools to drive efficiency and get better value, higher quality

- Implement meaningful changes in design and operation of Medicaid programs
- Improve enrollees’ experience with Medicaid
- Improve cost effectiveness of services purchased by Medicaid
- Meet quality improvement goals
How?

States are growing Medicaid managed care efforts in several ways

- “New” states designing and implementing managed care for the first time
- “Mature” states expanding programs to new geographic areas
- Many states examining managed care for new populations, for example “duals,” ABD, individuals receiving long-term services and supports
What?

1. States are looking to manage their populations by improving coordination, quality and costs
2. States are enhancing or creating new Medicaid Managed Long Term Services and Support programs
   - National enrollment in Medicaid managed long term services and supports (MLTSS) programs has grown significantly since 2004
   - 2012 enrollment: approx. 600,000, up from 68,000 in 2004
   - 15 states have implemented one or more non-PACE programs, up from 7 in 2004
   - Of the 15 states, 11 have implemented statewide or in multiple counties

States employing other tools to coordinate care

- Developing programs to better coordinate care for complex populations
- Health homes target populations including individuals with behavioral health conditions, children in foster care, etc
- Renewed focus on improving primary care and care management
- Strengthen medical homes and other models of care, particularly in light of the 2014 expansion
- Engagement of clinical experts to support the provision of appropriate and effective care
- Giving providers more “ownership”
Who?

- All traditional Medicaid only populations
- 26 state proposals to integrate care for Medicare-Medicaid dual eligibles
  - States generally seeking to create single point of accountability
  - LTSS, behavioral health, and physical health services are poorly coordinated
  - Most states pursuing the capitated model for financial integration
  - Two (CT, VT) proposing managed fee-for-service model
  - Variation in key factors, e.g. geographic scope, target population, care model, etc.
Range of Experience with Medicaid Managed Care

- Mature Medicaid Managed Care programs:
  - AZ, MA, MN, TN, TX

- New Medicaid Managed Care programs:
  - DE, NJ (long term care)
  - KS, LA

Why Louisiana is reshaping its Medicaid Delivery System

- Louisiana has one of the poorest health outcomes of any state
- Care Coordination is fragmented
- Limited access in rural areas and for specialists
- Poor quality and minimal accountability
- Inefficient utilization of services, reward quantity over quality
  - high rates of ER utilization
  - high rates of hospitalization
  - high rates of readmission
- Overall poor return for dollars spent
- Desire to build and strengthen the infrastructure
Louisiana Medicaid Enrollment

- FY 2011 Medicaid Budget
  - Total: $6,507,479,386  Federal: $4,846,513,014
- Medicaid Enrollment
  - June 2, 2011 – 1,186,662
  - Approximately 29% of Louisiana population
- Enrollment by Category (June 2, 2011)
  - Children – 683,002
  - Disabled – 173,879
  - Parents – 103,561 includes pregnant women – 26,168
  - Family Planning – 69,783
- Affordable Care Act impact
  - Estimated new LA enrollees 645,843 (by SFY 2023)

Bayou Health Basics

- Two Models: Coordinated Care Network – Shared Savings (CCN-S) and Coordinated Care Network – Prepaid (CCN-P)
- State Plan Amendment (SPA) through Section 1932(a)(1)(A)
- Amount, duration and scope of services will be no less than those provided to other Medicaid eligibles under fee-for-service
- Mandatory enrollees:
  - Medicaid Children; CHIP children (>200%FPL); parents <111%FPL; pregnant women
  - Aged, blind and disabled: over age 65 or over 19 and blind or disabled
  - HCBS Waiver recipients 19 and older
- Voluntary enrollees:
  - Children under age 19 receiving SSI
  - HCBS waiver recipients under 19
  - Foster Children and children in out of home placement
  - Native Tribal Americans
- Excluded Enrollees:
  - Medicare Dual Eligibles
  - Persons in nursing homes and DD facilities
  - HCBS waiver recipients (PACE and dual eligibles)
  - Persons receiving hospice services
Bayou Health
Additional Information

Services that are currently carved out:
• Pharmacy*
• Dental*
• Specialized Behavioral Health
• Hospice
• Targeted Case Management
• GME
• Personal Care Services (EPSDT and LTC)
• Nursing Facility Services
• Individual Educational Plan (IEP) Services billed through schools

Bayou Health - Goals

1. Better quality and improved health outcomes
   • More focus on prevention
   • Better coordination of care (specialists, hospital discharge)
   • Interventions to actively manage chronic illnesses
   • Comprehensive patient-centered medical home (PCMH)
2. Increased access
   • Enforceable time and distance requirements
   • Rates can be negotiated with specialists
   • Prepaid plans can contract outside of legacy providers
3. Allows additional benefits for enrollees
   • Expanded benefits (prepaid only)
   • Incentives for compliance and healthy behaviors
4. Greater Accountability
Bayou Health Providers

- Amerigroup (CCN-P)
- Community Health Solutions (CCN-S)
- LaCare (CCN-P)
- Louisiana Healthcare Connections (CCN-P)
- UnitedHealthcare Community Plan (CCN-S)

Managed Behavioral Health – Why?

- System is fragmented
- Fail to leverage and maximize state tax dollars effectively
- Inconsistent services
- Poor outcomes
Louisiana’s Behavioral Health Partnership (LBHP)

LBHP Basics

- Upon full implementation we expect to be able to improve services for:
  - 2,400 of our youth who are at greatest risk and have most complex needs
  - 50,000 children and teens with behavioral health challenges
  - 100,000 adults with serious mental illness, major mental disorder, acute stabilization needs and/or addictive disorders
- Magellan is the Statewide Management Organization (SMO) and is charged with improving behavioral health outcomes by:
  - Coordinating care
  - Fostering evidence based services
  - Increasing access
  - Improving quality
  - Measuring outcomes
  - Managing costs
  - Fostering reliance on natural and community supports
LHBP Services available

- Services allowable within the scope of practice and professional license of Licensed Mental Health Practitioners*
- Community Psychiatric Support & Treatment*
- Psychosocial Rehabilitation*
- Evidence-based practices: ACT, FACT, MST, FFT, Homebuilders*
- Rehabilitation (addiction)*
- 1915(b)(3) case conference*
- Psychiatrists (physician)
- Crisis Intervention
- Rehabilitation therapeutic group home
- Psychiatric residential treatment facility (PRTF)
- Psychiatric hospital

Working Together, We Can Improve Health Outcomes & Quality of Life!

We highly value and need your perspective!
Please share your comments and concerns.

www.MakingMedicaidBetter.com
For Additional Information

www.MakingMedicaidBetter.com

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National Conference of State Legislatures --
REFERENCE MATERIALS
26 Duals Integration States

AZ, CA, CO, CT, HI, ID, IA, IL, MA, MI, MN, MO, NM, NY, NC, OH, OK, OR, RI, SC, TN, TX, VT, VA, WA, WI
Magellan’s Scope of Services

- Member services (24/7 toll free access)
- Referral to providers, or for CSOC to wraparound agencies
- Utilization management
- Manage and approve services for participants
- Prior authorize when needed
- Training
- Quality management functions and reporting
- Paying claims
- Provider network management: credential, contract, train, monitor, and ensure compliance from the provider network