

# **State of Louisiana**

## **Department of Health and Hospitals**

### **Request for Information**

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*Long Term Services and Supports*  
*for Persons Enrolled in Louisiana Medicaid*

**January 28, 2013**



The AmeriHealth Mercy Family of Companies

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**Introduction to The AmeriHealth Mercy Family of Companies**

AmeriHealth Mercy Family of Companies is pleased to present this response to the Louisiana Department of Health and Hospitals Request For Information (RFI) regarding potential strategies to manage Long Term Supports and Services (LTSS) for the Medicaid population. AmeriHealth Mercy recommends that the State consider the implementation of a fully-integrated model of care for dual eligibles and other Medicaid beneficiaries accessing LTSS to achieve the quality and cost goals outlined by the State in this RFI. Numerous studies<sup>1</sup> have been written pointing to better coordination of care leading to improved outcomes in quality and cost for dual eligibles and other high-acuity beneficiaries. The following response describes a proposed approach to care coordination and AmeriHealth Mercy’s experience with implementing these initiatives in various markets and with a variety of Medicaid and Medicare beneficiaries.

The AmeriHealth Mercy Family of Companies is one of the largest organizations of government-sponsored managed care and administrative services entities in the United States. For more than 30 years, we have been providing managed care services to Medicaid recipients throughout the country. Today, we touch nearly five million lives through five product lines nationwide. These programs include Medicaid risk and non-risk, Medicare Advantage (MAPD) and Prescription Drug Plans (PDPs), Medicaid at-risk and non-risk Behavioral Health Organizations (BHOs) and State Children’s Health Insurance Programs (SCHIP).

AmeriHealth Mercy’s corporate parents are two of the nation’s largest and most well-respected Blue health plans: Independence Blue Cross (IBC) and Blue Cross Blue Shield of Michigan. With their support, AmeriHealth has the resources needed to offer turnkey, cost-effective, comprehensive managed care coverage and services to states across the nation. Together with our corporate parents and affiliates, we bring unparalleled experience to the development and operation of Medicaid managed care systems.

The states in which we have served Medicaid-eligible enrollees are as diverse as our enrollee population, including: Pennsylvania, New Jersey, Kentucky, South Carolina, Indiana, and most recently, Louisiana and Nebraska (beginning in 2012). Our areas of service have included both urban and rural populations. The following tables provide a summary and brief description of our managed care programs and affiliates:

**Table 1: AmeriHealth Mercy Family of Companies  
Programs by State and Contract Type**

	Medicaid	Medicare Advantage D-SNP	Prescription (PDP)	Behavioral (BHO)	Children (SCHIP)	TPA
Pennsylvania	X	X	X	X		
New Jersey						X
Kentucky						X
South Carolina	X	X	X		X	
Indiana	X		X	X	X	
Louisiana	X				X	
Nebraska	X					

<sup>1</sup> Citations and copies of studies can be made available upon request.

**AmeriHealth Mercy Family of Companies**  
**Programs by State and Contract Type**

**VIP Care and VIP Choice**

VIP Care and VIP Choice are the two product names associated with our managed care solutions for dual eligible populations. AmeriHealth Mercy launched Dual Eligible Special Needs Plan (D-SNP) programs under the VIP Care umbrella in select markets in Pennsylvania and South Carolina (as of January 1, 2013). Through our distinctive Medicare Advantage HMO Special Needs Plans (SNP) for dual-eligible beneficiaries, we implement proven, established care management; preventive services; and other programs that effectively coordinate care for dual eligibles. Each of these plans has received a three-year NCQA approval on their Models of Care, and hold contracts and licenses with CMS. AmeriHealth Mercy is also developing offerings under the CMS Financial Alignment Demonstration under the VIP Choice umbrella of products for 2014.

**Keystone Mercy Health Plan**

Keystone Mercy Health Plan, through its predecessor Mercy Health Plan, has served Medicaid recipients in the Southeast Zone of Pennsylvania since 1983. Keystone Mercy currently serves more than 320,000 Medicaid recipients in Pennsylvania through the HealthChoices Program, covering the TANF, SSI with and without Medicare, State and Federal General Assistance and Medically Needy Categories of Aid, and certain uninsured populations. Keystone Mercy began offering a Medicare Advantage D-SNP as of January 1, 2013. Keystone Mercy has an “Excellent” accreditation status from NCQA and is one of the top 25 Medicaid health plans in America.

**AmeriHealth Mercy Health Plan**

AmeriHealth Mercy Health Plan, through its predecessor Mercy Health Plan, has served Medicaid recipients in the Central and Northeast Zones of Pennsylvania since 1989. AmeriHealth Mercy currently serves approximately 114,000 Medicaid recipients in Pennsylvania through the HealthChoices Program, covering the TANF, SSI with and without Medicare, State and Federal General Assistance and Medically Needy categories of aid. AmeriHealth Mercy has an “Excellent” accreditation status from NCQA.

**Passport Health Plan**

AmeriHealth Mercy has provided administrative services for Passport Health Plan, the Medicaid HMO of University Health Care in 16 counties in the Louisville region of Kentucky, since November 1, 1997. Passport manages the delivery of health care services for 174,000 TANF, TANF-related, and SSI members through Kentucky’s mandatory Medicaid managed care program. In addition, Passport provides services to CHIP members and sponsored a D-SNP through December 31, 2011. NCQA has awarded Passport an Excellent accreditation status and has rated it the #13 Medicaid health plan in America. PerformRx provides pharmacy benefit management services for Passport.

**Arbor Health Plan**

Arbor Health Plan is one of two plans that serve Nebraska’s rural population. In 2012, Arbor Health started serving approximately 20,000 members in 83 counties in rural Nebraska. Our coordinated care approach, leading technology solutions, and innovative community outreach programs ensure that our members get the right care at the right time in the right place. Arbor Health offers award-winning programs that are tailored to the cultural, linguistic, and clinical needs of members.

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**Select Health of South Carolina**

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Select Health, a wholly owned subsidiary of AmeriHealth Mercy Health Plan, provides Medicaid managed care services to 243,000 TANF, SSI, Dual Eligible, and CHIP members in South Carolina. Select Health began offering a D-SNP as of January 1, 2013. Select Health has earned an Excellent accreditation status from NCQA and is one of the first six plans in the nation to be awarded NCQA's Multicultural Healthcare Distinction.

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**MDwise Hoosier Alliance**

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MDwise Hoosier Alliance provides managed care services for 140,000 Indiana Medicaid members in partnership with MDwise, Inc. MDwise Hoosier Alliance has been serving TANF, SSI, State and Federal General Assistance, Medically Needy beneficiaries, and certain uninsured members throughout Indiana under the Medicaid Managed Care and Healthy Indiana Uninsured programs since 2007.

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**LaCare**

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LaCare is a wholly-owned subsidiary of AmeriHealth Mercy Health Plan and one of five Medicaid managed care plans that participate in Louisiana's Bayou Health program. LaCare began serving TANF, SSI, Dual Eligible, and CHIP beneficiaries beginning February 2012 and currently serves 155,000 members throughout Louisiana in both urban and rural service areas.

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**Community Behavioral Health Network of Pennsylvania (CBHNP)**

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CBHNP is a full-service behavioral health managed care company that supports 550,000 members nationwide through specialized behavioral health and human service programs in the public and private sector. CBHNP has been awarded full accreditation by the National Committee for Quality Assurance (NCQA), which is the highest level of NCQA accreditation.

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**PerformRx, LLC**

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PerformRx provides comprehensive pharmacy benefit management services for more than 2.4 million covered lives nationwide, with unique expertise in Medicaid and Medicare Part D. PerformRx programs include network management, audit service, utilization management, formulary design, rebate management, prior authorization, call center, mail pharmacy, and specialty pharmacy. PerformRx is among the first companies to have received accreditation under URAC's Pharmacy Benefit Management Standards.

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**Administrative Services**

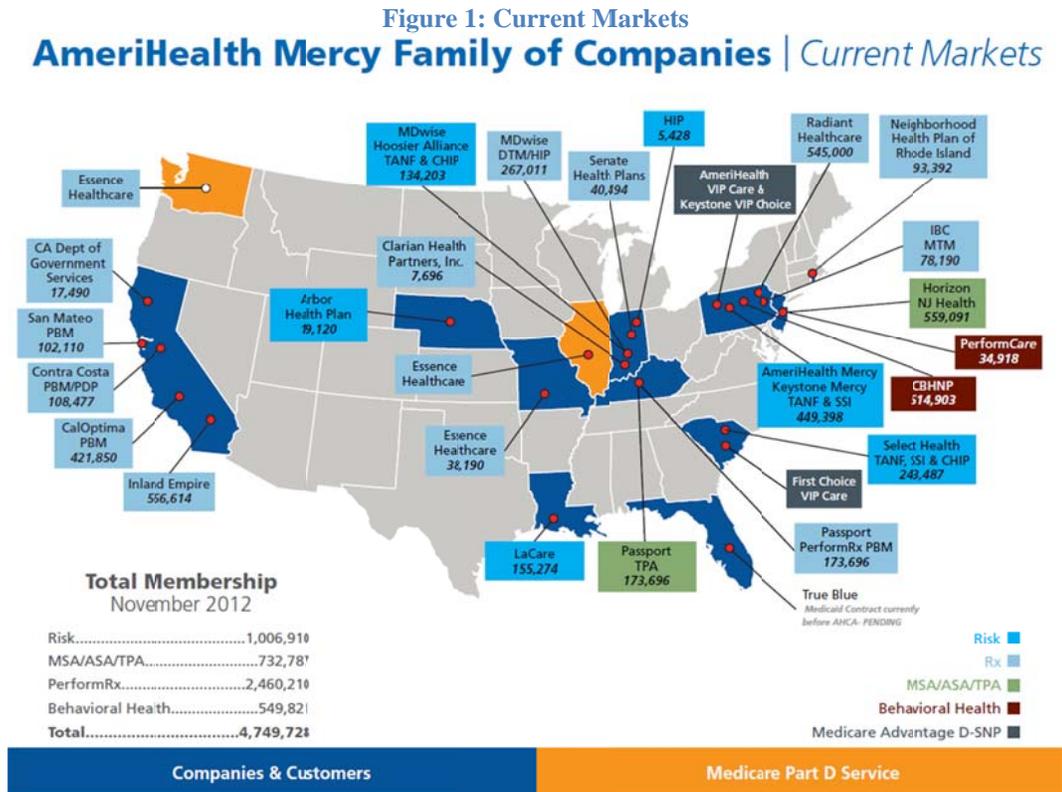
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The AmeriHealth Mercy Family of Companies has also provided certain administrative services in New Jersey as a third party administrator for Horizon NJ Health since 1997. Horizon NJ Health currently serves nearly 560,000 TANF and SSI beneficiaries.

In addition, CBHNP is the Contract Systems Administrator for the New Jersey Children System of Care program under a contract with the New Jersey Department of Children and Families Division of Child Behavioral Health Services. Under this program, CBHNP coordinates services and resources from various state agencies and community providers to manage care for approximately 37,000 children, youth, and young adults using various behavioral health services.

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The map below illustrates the markets served and products offered by the AmeriHealth Mercy Family of Companies.



**Best Enrollment Model**

AmeriHealth Mercy recommends incorporation of a “passive enrollment” model with member opt-out as has been incorporated by the CMS Financial Alignment demonstrations being implemented across many states. This model replicates the auto-assignment methodology that states have implemented for their Medicaid managed care programs while preserving beneficiary choice to select plans other than the one to which they are assigned or to opt out of the program entirely. Many of these auto-assignment models incorporate a variety of algorithms for “smart” assignment based on geographic proximity of providers and existing primary care provider relationships.

The passive enrollment model allows plans to achieve a viable level of membership while also preserving beneficiaries’ right to choose. Given the need for comprehensive assessments and care plan development with this high-risk population, AmeriHealth Mercy recommends a phased-in approach to enrollment on a regional or population basis so that sufficient time is allotted for member assessment, care planning and engagement. As is common practice in Medicaid managed care programs, we also recommend the use of third-party “enrollment brokers” to conduct member education and enrollment to avoid any possible misinformation or conflict of interest.

AmeriHealth Mercy is well positioned to improve the care of this population and is looking forward to working with enrollment brokers, as well as the Aging and Disability Resource Centers (ADRCs), to ensure members are matched with the Managed Care Organizations (MCOs) best positioned to meet their needs. The enrollment brokers and ADRCs will be our ‘first line of defense’ in creating a meaningful and trusting connection with our new members.

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### ***Enrollment Brokers***

The greatest benefit of an enrollment broker is the ability to provide objective information to recipients in selecting the best MCO for their needs. For the enrollment broker to be successful with this member connection, the MCO will need to partner closely with the enrollment broker to ensure they are well educated on the plan and its participating providers. Enrollment brokers are well positioned to begin the discussion of patient-centered medical homes (PCMHs) and care continuity by working with the member to keep them connected, if possible, to their current PCP or to find a PCP that is a reasonable substitute.

AmeriHealth Mercy's core system infrastructure can be scaled to meet the membership requirements. It is also versatile enough to meet business requirements around inbound and outbound eligibility files and connectivity with the Louisiana Department of Health and Hospitals and any other key parties. This infrastructure will support the enrollment brokers' real-time access to our current list of primary care providers.

To ensure the enrollment brokers are comfortable with these systems, it will be important for them to be trained and for complete system testing to occur prior to open enrollment.

### ***Aging and Disability Resource Centers***

As part of this demonstration project, it will be important to engage members and educate them on resources that were not previously available to them. These resources have the potential to dramatically improve the health of these members. However, we cannot force them to seek appropriate health care or to change unhealthy habits. The process of change evolves over time by empowering members with information and educating them about the value of those changes, while providing them with supportive resources.

The ADRCs are well positioned to provide members with information on the full range of options available to them. ADRCs should partner with the enrollment brokers, and the enrollment brokers should provide training to the ADRCs regarding the demonstration, which the ADRCs would use in their education process. AmeriHealth Mercy does not see the ADRC serving an actual enrollment function, but simply as a trusted educational and non-biased resource for potential members.

## **Supports and Services Essential to Include in Model**

AmeriHealth Mercy recommends that the Louisiana DHH consider the development and implementation of a fully-integrated care coordination model that encompasses all acute care, pharmacy, behavioral health and long-term supports and services. Given that the population accessing Long Term Supports and Services (LTSS) are not a homogeneous population, we envision two distinct programs reflecting whether beneficiaries access their acute care services through Medicaid or Medicare. For those beneficiaries receiving acute care services through Medicaid, we recommend expanding the benefit package under Bayou Health to include LTSS. For those beneficiaries who obtain acute care services and pharmacy benefits through Medicare, we would recommend a separate but fully integrated program covering the entire spectrum of Medicare and Medicaid covered services. A number of similar initiatives are underway through the CMS Financial Alignment Demonstration seeking to integrate both payment and services across the full continuum of services available to full benefit dual eligibles.

The key to success with any such integrated care model is the ability to ensure seamless transitions to and supportive maintenance of the appropriate level of care. For example, this type of program may implement initiatives to avoid nursing home placements through home and community based support services. These services often include non-traditional health care services including "meals on wheels," home renovations, respite care for family or other caregivers, etc. Rather than creating a separate delivery system for these services, AmeriHealth Mercy recommends leveraging programs that have been developed by the State and or other agencies that have proven to be effective. AmeriHealth Mercy would augment these services through the use of comprehensive care coordination tools, the application of quality improvement measures, and monitoring and oversight through data capture and reporting.

## **Approach to Conflict-Free Case Management**

AmeriHealth Mercy's model of care places the member at the center of the model, connected to a primary care practitioner (PCP), working with us to provide and coordinate a centralized spectrum of services to include acute, chronic, and specialized treatment. This results in the connection of the enrollee to a PCMH and the establishment of a plan of treatment in conjunction with preventive, case management, and disease management programs, as appropriate.

We have numerous mechanisms in place to facilitate the coordination of this person-centered delivery model, explained in more detail below.

### ***Ability to Manage PCP Assignment***

A crucial element in ensuring members have ready access to the right kind of care is the connection between the member and the PCP. Developing a strong relationship between enrollees and their PCPs is one of AmeriHealth Mercy's fundamental goals, and it starts with the assignment of the PCP.

During the enrollment process, we will assure that all enrollees are linked to a PCP, and we will assist enrollees in selecting a PCP when requested, possible, and appropriate. For members with disabling conditions, chronic illnesses, or other special health care requirements, we will work with them to select specialists as a PCP, as appropriate.

AmeriHealth Mercy also monitors enrollment files and ensures members are assigned to PCPs. However, if no PCP is indicated on the enrollee file, AmeriHealth Mercy will execute a direct follow-up process with the member to speak with him or her and coach the member through a PCP selection process. In extreme cases, where members are not reachable, we will ultimately auto-assign a member to a PCP and change our outreach strategy to scheduling an appointment between the member and new PCP. Auto-assignments are always completed in consideration of a member's history with particular providers, any familial PCPs, cultural needs, and geographic location.

### ***Ability to Support PCMH Functionality***

AmeriHealth Mercy is a national Medical Home Pioneer and was founded on the principles of the Medical Home Model. True to our roots, AmeriHealth Mercy has remained in the forefront of this concept.

#### **❖ *Provider Portal and Member Clinical Summaries***

AmeriHealth Mercy will assist providers with data to allow them to know our members individually, but to also collect demographic and clinical data for purposes of population management. Through the Provider Portal, PCPs will have a 360-degree view of their panels with access to clinical information about all their AmeriHealth Mercy members. They can access the Member Clinical Summary that shows all medical services that an individual member has received, including those from other providers and specialists. The Member Clinical Summary can be printed for inclusion in the patient's chart or downloaded as a Continuity of Care Document (CCD) for integration into an electronic medical record.

A simple check of eligibility will notify a provider if that member is missing a recommended preventive care or chronic care monitoring service. Any time a PCP accesses our system for an individual member, a message will pop up alerting the PCP to the needed service if there are gaps in that member's care.

#### **❖ *Care Management***

AmeriHealth Mercy has an array of care management employees that support our providers in assisting members with special needs, chronic care needs and disease specific conditions. PCP involvement in such programs is imperative, and we communicate the following to providers about the expectations of the program: This proactive medical care coordination program focuses on AmeriHealth Mercy members with specific health risks.

Providers are responsible to participate in the program through:

- Providing relevant clinical information, as requested,
- Taking action to follow-up on reported information, and

- Participating in the member/consumer plan of care.

Based on the illness and the severity of illness of the members, the provider may be contacted to refer patients to us for participation in one or more of our Integrated Care Management programs. These programs are intended to be a collaborative arrangement between our care managers and the provider's existing treatment plans for the involved members and will in no way impede on provider autonomy to provide care to members.

❖ *Performance Reporting and Incentives*

AmeriHealth Mercy utilizes comprehensive provider profiling. Provider profiles are available via the Provider Portal and allow providers full ability to track their performance across multiple metrics: HEDIS® measures, hospitalizations, ER utilization.

We work with providers to ensure they are educated on the data they review so that they can turn the data into actionable information to change the way they deliver care in their practices. We also have a number of provider focused incentive plans that financially motivate providers to close care gaps and to ensure that they are providing members care when they need it.

❖ *Reimbursement Strategies*

AmeriHealth Mercy and our affiliates are developing PCMH reimbursement strategies to provide a financial incentive and reward for practices who achieve NCQA Medical Home certification. One pilot is a reimbursement strategy that includes a management fee per member per month and offers provider payment for services not typically paid, such as consults and participation in team conferences.

❖ *Interdisciplinary Care Team*

The AmeriHealth Mercy Interdisciplinary Care Team (ICT) is a group of professionals, paraprofessionals, and non-professionals who possess the knowledge, skill, and expertise necessary to accurately identify the comprehensive array of the beneficiary's needs, identify appropriate services, and design specialized programs responsive to those needs. The composition of the ICT varies according to the beneficiary's individual care needs. In addition to the beneficiary and/or caregiver, ICT members may include health plan physicians, nurses, social workers and pharmacists, the beneficiary's PCP, specialists and ancillary providers involved in the beneficiary's treatment and community resource staff. In working with the Louisiana demonstration members, this team will be expanded to include the HBCS care managers.

The beneficiary and/or caregiver are involved in ICT discussions through participation in ICT meetings and via updates from the care manager. ICT meetings are held as frequently as needed based on the beneficiary's clinical situation and care needs. The care manager documents the discussions and decisions from ICT meetings in the information system. In addition, the results of home health assessments and physical therapy evaluations received by the care manager are summarized in the notes, and the original documents are maintained as electronic images. Notes outlining information gathered and actions taken by the Rapid Response Team are also part of the system. Additionally, information received from community agencies and service organizations related to the beneficiary's plan of care is included.

To promote beneficiary access to the ICT, AmeriHealth Mercy uses a Rapid Response Team (RRT), consisting of specially trained care connectors and care managers. Beneficiaries access the RRT through a toll-free number that is answered by a live person within 30 seconds. Rapid Response staff facilitate connections to needed services, assist with transportation arrangements, troubleshoot barriers, and serve as a secondary-access point to AmeriHealth Mercy programs. Typical issues addressed by the RRT include access to medications, transportation needs, and assistance making appointments.

AmeriHealth Mercy also employs several outreach strategies designed to keep the beneficiary involved with the ICT. AmeriHealth Mercy beneficiaries who have not seen a PCP recently are contacted and encouraged to make an appointment for an annual physical and health check.

Claim and assessment data is analyzed to identify unmet preventive health needs and recommended chronic condition monitoring. Beneficiaries identified through this process receive outreach via phone and mail to remind them of the needed service and assist them in making the necessary arrangements for care. In addition to these beneficiary-specific outreach efforts, AmeriHealth Mercy runs annual outreach campaigns to promote population-based health needs, such as flu vaccination promotion and reminders.

### Inclusion of Behavioral Health

AmeriHealth Mercy uses an Integrated Care Management (ICM) model that integrates physical health (including long-term care), behavioral health, and social/environmental aspects of the enrollee's care into one comprehensive plan of care. We structure our care management team to include individuals with backgrounds and expertise in behavioral health, physical health, and social work. Our ICM model uses evidence-based practice and well-defined processes and procedures, and builds upon the concept of "connections" to ensure that enrollees are connected to the appropriate providers, that providers themselves are connected with other providers involved in the enrollee's care, and that any other resources are available which may be applicable. Our Care Management employees are responsible for ensuring that all appropriate connections are in place to support the enrollee throughout the treatment process.

AmeriHealth Mercy also utilizes the expertise of its behavioral health affiliate, Community Behavioral Health Network of Pennsylvania (CBHNP), to help manage the members' healthcare needs. As previously stated, CBHNP is a full-service behavioral health managed care company that supports 550,000 members nationwide through specialized behavioral health and human service programs in the public and private sector.

CBHNP believes that for members to receive the best care possible, services provided by a member's physical health providers and social service providers must be integrated and coordinated with their behavioral health provider. To establish these points of coordination and integration, CBHNP executes Letters of Agreement with all key stakeholder to document the agreed upon protocols for member care coordination. These agreements include, but are not limited to, procedures for authorization of care and referral, mechanisms for coordination including scheduled and ad hoc care meetings, required policies and protocols for release of records and confidentiality, and a process for arbitrating any disputes resulting from overlaps in responsibility or funding.

In order to provide integrated care, CBHNP has developed protocols for coordinating services with a variety of community programs, including but not limited to:

- Physical Health MCOs and PCPs
- Public Housing
- Schools and Vocational Training Offices
- Children and Youth Services
- Juvenile Justice/Adult Probation
- State mental hospitals and County Mental Health authorities
- Single County Authorities
- Area Agencies on Aging

CBHNP's Care Managers are trained to address the needs of members with physical and mental health co-morbidities and ensure members have access to all needed services in a fully coordinated manner. CBHNP documents individualized treatment plans for all members and assigned Care Managers to track and ensure treatment plans are followed. Care Managers are responsible for ongoing treatment plan documentation, scheduling care conferences with the integrated care team, and tracking adherence to the treatment plan. They also elevate non-adherence in a timely fashion to ensure appropriate intervention.

To connect members with all needed services, CBHNP believes that it is important to: 1) identify a member's physical and behavioral health issues immediately upon enrollment; 2) conduct joint care conferences and care planning; 3) host ongoing joint team planning and intervention; and 4) track progress to goal and intervene as appropriate.

### **Evidence-Based Best Practices for Treatment and Patient Care**

To address the complex issues surrounding care of enrollees, AmeriHealth Mercy uses the Integrated Care Management (ICM) model to draw on the following elements:

- Expertise of a multidisciplinary team with clinical experience in caring for the special needs of this population
- Strong relationships with local providers and organizations that care for these enrollees
- Integrated software support to facilitate an active ICM program

AmeriHealth Mercy has been involved in transitions to managed care from other delivery systems and understands that transitioning health care services must appear to be seamless from the point of view of the member. An interruption in required services should never occur; to ensure such a result, AmeriHealth Mercy has established and successfully employed mechanisms to: (a) identify members with special health care needs; and (b) ensure that those members continue to receive all medically necessary services. Our reporting and assessment systems are designed for and operate in a manner which allows us to assess the quality and appropriateness of care furnished to members with special health care needs.

For our special needs members, we encourage the establishment of a patient-centered medical home and connect the member to a highly effective PCMH case manager. Establishing a PCMH promotes the access to and coordination of preventive and chronic care services for every member through personally selected health care professionals.

Establishing seamless care coordination and assuring access to care for our special needs and chronically ill enrollees is an organization-wide commitment. Our approach for special populations is to:

- Enroll members in PCMHs and work as an interdisciplinary team to meet member care goals.
- Maintain a comprehensive network of participating providers and partner with those providers to ensure our enrollees receive the care and services that they need.
- Provide effective care management and chronic disease management programs for members with complex chronic conditions and behavioral/physical dual diagnoses, and for medically fragile members.
- Develop collaborative relationships and coordinate services with other human services and health care agencies through the establishment of an integrated care team.

### **Potential Partnerships**

AmeriHealth Mercy has a long history of working with other organizations in developing and operating managed care plans in a variety of markets. In developing these partnerships and joint ventures, we have capitalized on the strengths of each partner while aligning goals and incentives to foster long-term success.

AmeriHealth Mercy believes that sharing actionable data, along with aligned incentives, can change the way that providers deliver care to create a more efficient and higher quality system of care. We have created alternative payment, incentives, and shared savings programs which we offer to providers to foster more efficient and effective health care systems.

### **Education and Outreach Necessary Prior to Implementation**

AmeriHealth Mercy has extensive history of community engagement, education and outreach with our team of Health Benefit Educators. Prior to this demonstration's implementation, AmeriHealth Mercy will develop and implement community outreach strategies tailored to the unique needs and culture of the demonstration population. Our outreach approach will focus on expanding our existing community partnerships, developing new relationships and creating an awareness of the benefits of managed health care on this population. We will use grassroots educational outreach strategies to promote wellness as a lifestyle, increase the target audience's knowledge of managed care while using media and community outreach to increase awareness of health or nutritional information, health care services and preventive screenings to encourage healthy living in the communities we serve.

Our outreach plan features an integrated combination of strategies, which include community health fair and event participation, advertising and public relations, as well as provider marketing and community partnerships with advocacy groups. All such activities would be conducted with appropriate approval.

***Community Health Fair and Public Events Strategy***

Our Community Outreach Team participates in health fairs and public events, with appropriate approval only. Our Dual Eligible strategy is designed for AmeriHealth Mercy to expand our permanent and consistent state-wide presence communities and to continue preventive health messages, access to preventive screenings and health education programming in familiar and convenient locations. The idea is to build upon the existing synergy between Select Health and community partners and services to include this additional population. This synergy produces an increased awareness of health prevention and healthy lifestyles for both our members and the community as a whole.

***Key Stakeholder Community Advocacy Strategy***

AmeriHealth Mercy's education outreach program will expand, targeting community, elected officials, advocates, faith-based and human service agencies, subject to the requirements of demonstration. The primary purpose of this outreach strategy is to enhance awareness of the availability of health care coverage through managed care and to help stakeholders understand available programs and how to access available services.

Partnerships with community-based organizations are a valuable resource and a vital link for enrollees who face language, cultural, literacy or numeracy barriers, live in rural areas, need extra assistance or do not trust governmental organizations. Our objective is to provide the resources and education necessary for community-based organizations to serve as an effective and accessible bridge for potential members so they can be educated and interested in participating in the demonstration.

We will ensure all of our educational activities comply with applicable requirements, and we will obtain all necessary approvals prior to implementing them.

***Provider Education and Marketing Strategy***

AmeriHealth Mercy believes that it is crucial to engage and create true partnerships with our providers. With that as our guiding principle and as an integral part of our efforts to both attract and educate providers, we will continue partnerships with key participating providers to increase awareness about the demonstration. Additionally, we will expand the following marketing initiatives to include the Dual Eligible population:

- Co-sponsor health fairs with PCPs
- Conduct targeted health promotion and education programs
- Conduct PCP orientations
- Distribute plan information and educational materials

***Communications and Advertising Strategy***

AmeriHealth Mercy also utilizes a communications and advertising strategy to increase community awareness. With a combination of various types of approved paid and free media, which reach into all of the communities that we serve, we will ensure that beneficiaries understand the goals of the demonstration.

We continually research and evaluate the use of billboards, radio advertisements, transit advertisements, print advertisements in daily and weekly newspapers (including Spanish-language and other ethnic publications) and television advertisements.

***Website***

AmeriHealth Mercy's website will also be a valuable resource for our potential members and providers. Our website will be interactive and informative while remaining fully compliant with requirements and policies and procedures. Some of the features will include:

- Member health information and online newsletter
- Calendar of events
- Health education materials

- Member handbook
- Provider directory
- Provider section
- Access to member and provider portals

We anticipate the website will initially be most useful in communicating with providers, but its content will include enrollee materials, including the preferred drug list, provider directory and enrollee handbook(s), as appropriate and available.

### **Evaluation of Success of the Delivery Model**

AmeriHealth Mercy recognizes that the Quality Assessment/Performance Improvement Program (QAPI) is critical to all aspects of clinical care and service. The organization has a strong history of partnering with various stakeholders to customize QAPI Program offerings to support specific quality goals and Program evaluation.

AmeriHealth Mercy's QAPI Program adheres to the program structure requirements mandated by NCQA. Our QAPI Program integrates knowledge, structure, and processes throughout the health care delivery system to assess risk and to improve quality and safety of clinical care and services provided to enrollees. The QAPI Program provides the infrastructure to systematically monitor, objectively evaluate, and ultimately improve the quality, appropriateness, efficiency, effectiveness, and safety of the care and service provided to members.

Physician engagement is critical to success of AmeriHealth Mercy's QAPI Program. Community physicians participate on all clinical committees and sub-committees, making decisions on policy direction. These physicians then support the QAPI directly through their own practices and indirectly by responding to questions raised by other physicians.

AmeriHealth Mercy would use this infrastructure and process to assess the impact on the demonstration population. The QAPI already includes robust policies and procedures that outline key functions and standards. AmeriHealth Mercy would welcome a conversation with CMS and the Louisiana Department of Health and Hospitals around baseline population data and factors to monitor throughout the demonstration. Results can then be used to develop corrective action plans and performance improvement initiatives throughout the demonstration period to improve performance for targeted service and clinical outcomes.

The established QAPI Program leverages resources and leaders from all areas within AmeriHealth Mercy. QAPI goals and initiatives are incorporated into department goals and individual staff goal planners to ensure visibility and appropriate attention to QAPI Program execution. This would allow AmeriHealth Mercy to monitor the demonstration success and change course as needed.

### **Selecting Areas of Focus**

Historically, the areas targeted for improvement projects have been based on an assessment of current performance and of the greatest potential impact on enrollee outcomes and health status. Areas for focus are identified and prioritized according to their ability to meet the following criteria:

- Clinical importance and scientific validity
- High-risk and/or high-volume service or process
- Relevance to the population
- Alignment with State priorities

In partnering with the State of Louisiana on this demonstration, we would actively seek opportunities to improve the quality of care and services we provide to our demonstration enrollees and providers and work together to ensure we are monitoring key metrics.

### **Process for Evaluation**

Progress toward QAPI goals and performance on key measures is monitored throughout the year through updates to the QAPI work plan. A full evaluation of program results, including overall effectiveness and demonstrated improvement, occurs annually by committees consisting of key organizational leaders and committee physicians.

The AmeriHealth Mercy management team oversees this process by reviewing and analyzing the key performance monitoring data to evaluate internal and subcontractor performance. The management team provides multidisciplinary oversight and peer-to-peer support for each departmental manager.

After internal department review, results are reported. AmeriHealth Mercy would also welcome the chance to work with the Louisiana Department of Health and Hospitals to ensure that Provider Incentive Payments (PIPs) and subsequent periods of monitoring are agreed upon and redirected, as needed.

### ***Annual Evaluation***

In keeping with our tested processes, a comprehensive evaluation of the QAPI Program is completed annually (and as needed) to measure its effectiveness. The annual QAPI Program evaluation will include an assessment of progress toward the annual goals outlined at the start of the program year. Results for each goal are documented, along with an overview of barriers and interventions implemented during the year. Results are analyzed to indicate whether or not the goal was met, with drill-down analysis conducted to understand the drivers of the results.

For findings that do not meet organizational goals or the goals of CMS or the Louisiana Department of Health and Hospitals, an analysis is completed with the organizational staff and committee physicians so that potential barriers can be addressed. This thorough analysis includes additional data to assist in the identification of opportunities for improvement.

The comprehensive evaluation includes recommendations for improvement in the QAPI Program, proposes goals and objectives for the following year, and identifies the resources necessary to accomplish the proposed goals and objectives. The QAPI evaluation is used to determine the QAPI Program description and work plan revisions for the following year and to then continue tracking the ongoing success of the demonstration.

AmeriHealth Mercy believes that quality, actionable data drives effective decision making. Areas targeted for improvement projects are based on an assessment of current performance and are prioritized in relation to which will have the greatest impact on enrollee outcomes and health status.

Performance goals and benchmarks are identified based on performance targets, industry trends, state experience, and quality committee recommendations. Every effort is made to collect and use timely, complete, and accurate data.

AmeriHealth Mercy incorporates internal performance targets, standards, and external benchmarks into our internal key indicator monitoring and reporting, as we work with CMS and the Louisiana Department of Health and Hospitals and provider partners to identify areas for additional analysis and, as necessary, implementation of quality improvement activities, and corrective actions.

Each functional area of AmeriHealth Mercy is responsible for reviewing and analyzing data findings and quality activities within the department. Included in the analysis, as applicable, are the following:

- Actual performance compared with established performance goals and thresholds
- Data trends
- Actions taken that positively impacted outcomes and action plans
- Resources and responsible persons to achieve desired result for measures not meeting expectations

The Quality Assessment and Performance Improvement committee and its subcommittees are responsible for reviewing and analyzing key performance monitoring data to evaluate internal and subcontractor performance and quality improvement activities. Our quality committees provide:

- Multidisciplinary oversight of key clinical and service performance indicators

- Coordination and integration of clinical and service improvement into organizational Quality Improvement activities
- Monitoring of targeted performance against actual performance
- Identification of areas of improvement based on review of data
- Implementation and/or oversight actions needed to achieve clinical, service and organizational objectives
- Monitoring of the effectiveness of action plans

These key performance indicators are collected and reported to the appropriate quality committee. This upward reporting provides ongoing feedback to each department on key performance indicators and assists us in identifying opportunities for performance improvement.

As part of the planning process, we form a workgroup consisting of representation from stakeholders and subject matter experts. The workgroup conducts additional analysis using techniques appropriate to the identified opportunity.

### **Potential Financial Arrangements**

AmeriHealth Mercy recommends the development of a capitated model for any initiatives related to managing Long Term Support Services (LTSS). Some states have pursued alternative financing mechanisms for LTSS initiatives, including fee-for-service with outcomes based incentives. However, a capitated model provides the best approach to aligning the incentives between Managed Care Organizations and the State. In addition to incenting MCOs to appropriately manage utilization of services, a capitated approach also incents the MCO to leverage unit cost efficiencies by transitioning care to the most appropriate (and lower cost) level of care. As cited in a previous example, one instance where this may be effective is by maintaining nursing home-eligible beneficiaries in a home-based setting with all necessary support services. A capitated model would give MCOs the incentive to develop care models that encourage these types of approaches, contributing to beneficiary satisfaction, improved outcomes, and lower costs.

### **Timeline Necessary for Implementation**

AmeriHealth Mercy proposes an optimal implementation period of one year to allow for sufficient development, readiness review, and implementation. Two drivers impacting the implementation phase are related to network development, particularly for those Long Term Supports and Services not currently covered under the existing Bayou Health or Medicare Advantage programs, and the development of relationships with the community advocacy community and other like organizations that advocate for the LTSS population. One potential mitigator of the implementation timeframe would be the extent to which the program is able to leverage existing Medicaid and Medicare interfaces, procedures, reporting, and other program requirements that may exist under Bayou Health or Medicare Advantage.