



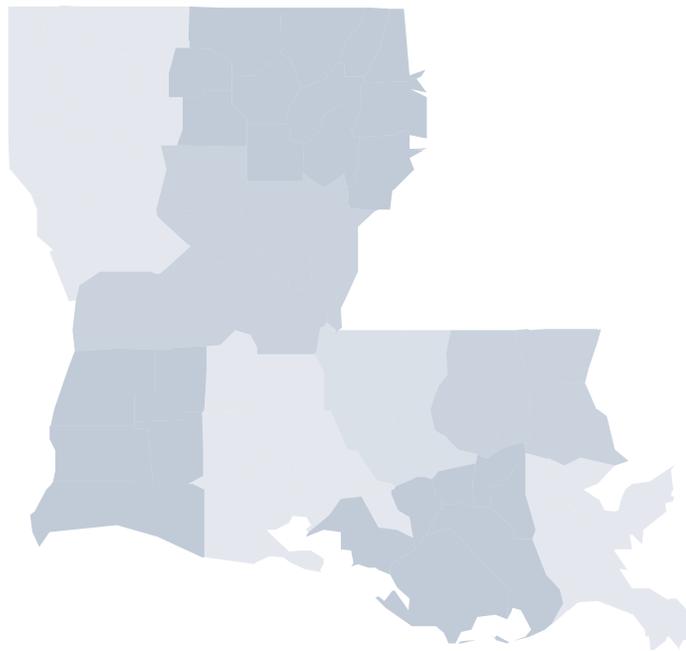
DEPARTMENT OF HEALTH
AND HOSPITALS

TRANSFORMING LOUISIANA'S LONG TERM CARE SUPPORTS AND SERVICES SYSTEM

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Focus on Providers

Concept Brief



FEBRUARY 6, 2014

Focus on Providers:

Introduction

As stressed in the initial concept paper released this past August on the transformation of long-term supports and services (LTSS), the ongoing transformation of Louisiana's LTSS system will continue to be an open and collaborative process. The involvement of stakeholders across the state is critical for the successful design and implementation of Managed Long Term Supports and Services (MLTSS) in Louisiana. The purpose of the Long Term Care Advisory Group is to provide an organized venue for feedback from stakeholders in Louisiana, including participants in the current LTSS system, LTSS providers, and community-based organizations involved in the support of those using LTSS. Based on feedback received during the first meeting of the advisory group, advisory group meetings will focus on soliciting purposeful feedback through the use of focused work groups. This concept brief is intended for use in work group discussion.

Background

When a state makes the transition from a fee-for-service (FFS) system to Managed Long Term Supports and Services (MLTSS), a key concern is that there be no diminishment in participant access to LTSS providers. In fact, improvements -- both in access to providers and in the quality of the provider network -- are often major objectives in moving to MLTSS. States employ several strategies to assure network adequacy, improve provider quality, and facilitate a smooth transition from FFS to MLTSS.

Feedback to Louisiana's Approach

As DHH continues to research best practices and lessons learned from other states and works to build the framework for the transformation to MLTSS, feedback is actively being solicited in the following areas:

NETWORK ADEQUACY

Network adequacy generally refers to MCOs being able to provide access to all types of MLTSS

providers in sufficient numbers so that members have a meaningful choice of providers within each type. This is often referred to as "Freedom of Choice" and is a federal requirement under the current fee-for-service program. Other factors in assessing network adequacy include assuring that providers have appropriate hours of operation, provide appropriate language access, and are within an acceptable geographic distance from the members they serve. Some states set benchmarks for the number of each type of provider an MCO must have under contract, some require that access be equal to or greater than that available in FFS, and some either restrict or do not allow member enrollment unless benchmarks are met and maintained. Another safeguard some states employ is to require that MCOs allow out-of-network access to care if their network cannot provide a needed service.

Most states recognize that MCOs must be given time to develop their LTSS provider networks. Louisiana has already taken the position that MCOs will be given this time post-award and do not need to engage in this activity prior to release of an RFP and award of contracts. Through advisory panels or other mechanisms, MCOs may also involve local consumers in network development.

NETWORK AND MEMBER TRANSITION

Another key consideration is the extent to which MCOs will be required to engage existing providers participating in the FFS system at the time of transition. A standard recommendation is that members be allowed to continue with their existing providers for a period of time post-enrollment in MLTSS, regardless of whether those providers contract with the MCO or participate in the MLTSS system. Another technique to assure continuity, both for providers and for participants, is to require that all MCOs contract with all providers for an initial period of transition. This is not necessarily done across the board with all provider types. For example, in Tennessee this has been done with nursing home providers.

Whatever the requirements, MCOs should have a robust plan for outreach, technical support,

and training to prepare providers for successful participation in the MLTSS system. At a minimum these activities should cover topics such as enrollment, prior authorization, and billing, as well as any software or IT systems the MCOs expect or require providers to use.

NETWORK QUALITY

In building their networks, MCOs are expected to maintain any provider qualifications set by the state and assure that all contracted providers meet those qualifications. However, movement to an MLTSS delivery system can provide additional opportunities for improving the capacity and the quality of the provider network. For example, MCOs may set a higher bar for network participation than is set by state minimum standards or licensing. MCOs may also engage in selective contracting. That is, they can use performance data and/or their own experience with the quality of a given provider's compliance and outcomes in deciding whether to initiate or renew a contract. They can create performance incentives, including shared-savings programs, to encourage improved outcomes and reward effective providers. Where service gaps exist, they can engage in community advocacy to create new resources, or can encourage diversification where a provider surplus exists.

States may also require that MCOs deliver provider training in specific topic areas that could be related to the nature of the population served, specific program goals, or priorities identified for quality improvement. Whatever the quality initiatives, the state should also make sure that contracts between MCOs and providers

include strong monitoring expectations and a full range of sanctions that can be used to enforce corrective action.

Feedback to Louisiana's Approach

In the initial LTSS concept paper that was released in August 2013, DHH emphasized the importance of seeking input regarding RFP content and requirements for a strong program framework that promotes improved health outcomes, better coordination of care and a more effective and efficient delivery system.

As DHH continues to research best practices and lessons learned from other states and works to build the framework for the transformation to MLTSS, DHH is actively soliciting feedback in the following areas of RFP design relative to providers:

Louisiana's Approach to Providers: Workgroup Questions

- 1. How might implementation of MLTSS be an opportunity to improve the provider network in Louisiana? What improvements in provider quality and capacity would you like to see?**
- 2. How can the state make sure that providers are sufficiently prepared for participation in MLTSS? What requirements should be placed upon MCOs in this regard?**
- 3. How can the state facilitate the smoothest possible transition from FFS to MLTSS with respect to provider participation?**
- 4. What training activities should be provided?**

Transforming Louisiana's Long Term Care Supports and Services System

***For additional information, please visit
MakingMedicaidBetter.com/LongTermCare***

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