



**DEPARTMENT OF HEALTH**  
AND HOSPITALS

# TRANSFORMING LOUISIANA'S LONG TERM CARE SUPPORTS AND SERVICES SYSTEM

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*Enrollment*  
*Concept Brief*



**JANUARY 9, 2014**

## Enrollment:

### 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, future meetings of the advisory group will focus on soliciting purposeful feedback through the use of focused work group meetings.

### Background

In the initial LTSS concept paper, the Department of Health and Hospitals (DHH) stated the belief that broad inclusion with mandatory enrollment provides the strongest program framework to make significant improvements in both quality and cost. Robust outreach and education to assist people in choosing plans and providers are essential, and the use of a neutral enrollment broker, with a strong emphasis on consumer choice, should be an essential part of any implementation. DHH likewise believes selection of a health plan is the right of the individual enrollee and not of the managed care organizations (MCOs) that will coordinate services. Thus, DHH intends for participating MCOs to be required to accept any and all enrollees who select them.

While DHH has stated proposed enrollment components, the Department is seeking input regarding how individual populations can best be served through this framework and what factors should be taken into consideration for effective planning outreach and enrollment activities.

The following key considerations for enrollment are outlined by the Centers for Medicare & Medicaid Services (CMS) in the MLTSS resource library. <http://www.medicaid.gov/mltss/index.html>

### Enrollment - Key Considerations

#### *Voluntary vs. Mandatory Enrollment*

One of the first considerations about enrollment is whether or not it will be voluntary or mandatory. Unlike Medicare, where enrollment in a Medicare MCO must always be voluntary, enrollment in Medicaid managed care can be mandatory. Some arguments oppose mandatory enrollment in order to preserve beneficiaries' freedom of choice. However, choice can be preserved within the mandatory enrollment structure. States pursuing mandatory enrollment must ensure beneficiary choice at the plan level. In general, with some exceptions for rural areas, beneficiaries must be offered a choice of at least two plans.

Mandatory enrollment ensures sufficient enrollment for a viable, high quality program. As noted in the initial concept paper, the Department believes mandatory enrollment provides the best opportunity for development of both a high quality service network and administrative structure. For example, with sufficient numbers of persons enrolled, MCOs can create the infrastructure to deliver services efficiently (e.g., hire specialized staff, develop data management capabilities). Mandatory programs not only guarantee broad enrollment, they also make it more possible for MLTSS contractors to build a strong network. A strong network means that services are accessible and available to people when and where they are needed. And finally, mandatory enrollment better supports the Department's ability to hold MCOs accountable for improving health and quality of life outcomes, and offers better prospects of budget predictability.

#### *Managing the Enrollment Function*

DHH recommends use of a neutral, or conflict-free, enrollment broker in MLTSS, consistent with CMS recommendations, best practice guidelines, and the

experiences of other states. The enrollment function may be performed by an enrollment broker whose charge is to assist persons to select and enroll in the managed care program that best meets their needs. The enrollment broker should involve stakeholders in development and implementation of education and outreach strategies to ensure enrollees and potential enrollees have accessible information concerning services and supports available to them under plans and how such services may be obtained. It is the responsibility of the broker to assure consumers receive accessible, meaningful, and clear notices about programs, services, and rights under managed care plans, including enrollment rights and options, plan benefits and rules, coverage denials, appeal rights and options, and potential conflicts that may arise from relationships among providers, suppliers, and others. Consumer-to-consumer information sharing and education should be supported in the enrollment broker approach. Identification of barriers to enrolling various subpopulations of people with disabilities should occur and barriers should be addressed.

CMS recommends that states with existing Medicaid managed care programs consider extending or modifying existing enrollment capacity to include the MLTSS program. Maximus is currently under contract with DHH to act as the enrollment broker for Bayou Health. Adding the MLTSS enrollment function to this contract is an option. Otherwise, it would be necessary to conduct a new procurement, which the same contractor may or may not be awarded.

### *Enrollment Counseling*

DHH is responsible for ensuring service recipients are provided enrollment counseling to help them understand their options. The counseling function is generally provided as a sub-contract or under agreement with the enrollment broker. The counseling will ideally be provided by an entity free from conflicts of interest. This means that the enrollment counseling source will not be a provider or other at-risk entity under the MCO. The disability populations utilizing MLTSS present challenges in providing competent enrollment counseling. Not only is cultural sensitivity and accessibility required, but counseling must also address providing adequate information to persons who use non-verbal

communication, are not able to read, and who may have cognitive impairments.

Some options for providing enrollment counseling include:

- ▶ Using the contracted enrollment broker
- ▶ Aging and Disability Resource Centers (ADRC)
- ▶ Senior Health Insurance Information Program (SHIIP)
  - Enrollment counseling to individuals dually eligible for Medicare and Medicaid has to take into account the particulars of the individual's Medicare coverage as well as their health and MLTSS needs— a specialized area of information and counseling for which SHIIP and ADRCs provide a resource.
- ▶ Local Governing Entities
- ▶ Contracted Conflict-Free Case Managers
- ▶ Involvement of local family and consumer advocacy groups, such as People First and Families Helping Families

### *Enrollment Periods*

Under Medicaid managed care, states are allowed to implement up to a one-year fixed enrollment period, where the initial enrollment would then be followed by an annual open enrollment. Outside of these open enrollment periods, enrollees would only be able to change health plans with demonstrated cause. DHH feels strongly that initial enrollment should allow members to retain their current providers whenever possible and for at least a period of transition. Continuity of health care is important to persons with multiple and complex disabilities. General practices suggest policies that support allowing persons to change plans at initial and annual enrollment, and providing members 45 days post-enrollment to change plans without needing to show cause.

Research and stakeholder input are needed to identify procedures and circumstances under which changes will be allowed outside of enrollment periods. An example of potential circumstances: when a person is at imminent risk of institutionalization in their current plan, but an alternate plan offers a package that may address immediate needs and prevent institutionalization.

### *Marketing Protections*

When designing an MLTSS program, it is also important to consider Medicaid guidelines associated with marketing practices. When writing an MLTSS contract, the state must ensure MCOs meet the federal Medicaid guidelines for marketing protections among managed care plans as described in the Code of Federal Regulations (42 CFR 438.104). The section specifies that plans must:

1. Obtain state approval to distribute materials,
2. Distribute materials to enrollees in the entire service area,
3. Ensure enrollees receive oral and written materials upon enrollment,
4. Refrain from activities that would influence enrollment through incentives or disincentives, and
5. Refrain from engaging in door-to-door marketing activities.

In addition to the federal Medicaid regulations, the Department may adopt additional marketing rules.

### *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 on the following areas.

### *Louisiana's Approach to Enrollment: Workgroup Questions*

1. **Given the Department's position that enrollment must be mandatory in order for MLTSS to achieve desired outcomes, what protections and assistance should be provided to help with the enrollment process?**
2. **What are some ideas for how to best ensure continuity of services at initial enrollment?**
3. **What might be some circumstances under which changes will be allowed outside of enrollment periods?**
4. **Are there any additional marketing rules you would recommend?**

## *Transforming Louisiana's Long Term Care Supports and Services System*

*For additional information, please visit  
[MakingMedicaidBetter.com/LongTermCare](http://MakingMedicaidBetter.com/LongTermCare)*

*Louisiana Department of Health and Hospitals*

628 North 4th Street, Baton Rouge, Louisiana 70802

(225) 342-9500