

GNOCHC
Annual
Report

FFY15

State of Louisiana Greater New Orleans Community
Health Connection Demonstration 11-W-00252/6

Submitted to CMS
December 28, 2015

INTRODUCTION

In accordance with the Special Terms and Conditions (STCs) for waiver number 11-W-00252/6, Section 1115(a) Demonstration, the State of Louisiana, Department of Health and Hospitals (DHH), Medicaid program (the State), submits to the Centers for Medicare and Medicaid Services (CMS) this Greater New Orleans Community Health Connection (GNOCHC) Annual Report for Demonstration Year Five (October 1, 2014 through September 30, 2015). Due to be submitted to CMS by November 30, 2015, but submitted on December 28, 2015, this document satisfies the requirements of STC V. 38 – Annual Report.

This draft documents accomplishments, project status, quantitative and case study findings, utilization data, and policy and administrative difficulties in the operation of the Demonstration during year five. It also contains:

- Updates on the financial sustainability of the GNOCHC providers;
- Data and findings of health status of the population served under the Demonstration;
- The number of persons served and the allocation of funds per GNOCHC provider under the Demonstration;
- Data and findings of cost of providing care to persons served under the Demonstration;
- Updates on the State's success in meeting the milestones listed in section VIII; and
- The progress and outcome of any GNOCHC program receiving Federal Financial Participation (FFP).

BACKGROUND

Through the Greater New Orleans Community Health Connection program, Louisiana will:

- preserve primary and behavioral health care access that was restored and expanded in the Greater New Orleans area after Hurricane Katrina with Primary Care Access and Stabilization Grant (PCASG) funds;
- advance and sustain the medical home model begun under PCASG;
- evolve the grant-funded model to a financially sustainable model over the long term that incorporates Medicaid, CHIP, and other payer sources as the revenue base; and
- orchestrate change within the State in two broad phases with incremental milestones internal to each.
 - Phase One spanned Demonstration months one through 15 (October 2010 – December 2011) and focused on access preservation and evolution planning.

- Phase Two spanned Demonstration months 16-52 (January 2012 – December 2014) and focused on Evolution plan implementation and assessment, successful transition to Medicaid and the State Health Benefits Exchange, and Demonstration phase-down. The period for phase two was extended through 2014 when CMS approved a 12-month extension of the GNOCHC Demonstration Waiver on September 29, 2013. Demonstration phase-down will occur in 2016 as CMS approved the continuation of the Demonstration through 2016 on November 25, 2014.
- The goal of the extension period is to preserve and further increase access to healthcare in the GNOCHC coverage area, support GNOCHC providers in their efforts to transform and become self-sustainable, and reduce the need for more costly emergency care.

YEAR IN REVIEW

During Demonstration Year Five (DY 5), the State successfully met the schedule established in the STCs by CMS for the following deliverables during the period.

- The State of Louisiana actively participated in calls as described in V. 35 as scheduled by CMS.
- The State submitted the quarterly reports as described in V. 36, including the budget neutrality reporting described in VI. 42.
- The State provided quarterly expenditure reports (Form CMS-64) as described in VI. 40.
- The State submitted quarterly encounter data to MSIS as described in IV. 26.
- The State ensured providers submitted sustainability plans and progress reports as described in IV. 20.

In addition to the deliverables above, the State:

- Secured approval from CMS of a two year renewal of the GNOCHC demonstration.
- Secured approval from CMS to increase the budget neutrality limit to continue to federally fund the GNOCHC program through the expiration of the demonstration in December 2016.
- Secured approval from CMS to remove the requirement to be uninsured for six months as a condition of eligibility.
- Secured approval from CMS to end the NCQA Patient-Centered Medical Home incentive for GNOCHC providers and replace it with a new incentive payment designed to expand access to care and care management and continue to build upon establishing medical homes.

- Supported GNOCHC providers in the opening of new GNOCHC sites and the merge of the three sites under the former Medical Center of Louisiana at New Orleans (now known as University Medical Center).
- Continued to keep CMS informed each quarter about the Affordable Care Act transition per STC V. 37.
- Collaborated with CMS on updates to the STCs.
- Per STC 21, the Funding and Reimbursement Protocol was reviewed, but no updates were needed.
- Updated the Administrative Cost Claiming Protocol per STC 24 and the Accounting and Audit Protocol per STC 34.
- Per STC 54, the Draft Evaluation Design was reviewed, but no updates were needed.
- Continued to work with the Louisiana State Legislature and the Division of Administration on securing state funding for each year of the GNOCHC demonstration. Secured Community Development Block Grant (CDBG) funding for SFY 16 (July 1, 2015 – June 30, 2016) to cover the State share.

ACCOMPLISHMENTS

In Demonstration Year One (DY 1), the State accomplished its Phase One goals by enrolling thousands of eligible, low-income, uninsured adults into basic health care coverage; transforming PCASG awardees into coverage model-driven health care providers with routine Medicaid enrollment and billing processes and encounter rate payments; and substantially completing program start up, paving the way for routine program operations in the next demonstration year.

Demonstration Year Two (DY 2) marked the beginning of Phase Two of the waiver. The State continued to enroll thousands of eligible adults into GNOCHC; finalized the remaining key elements of the terms and conditions of the Demonstration; and established and maintained routine operations to enable providers to move toward self-sustainability at the waiver's end in December 2013.

In Demonstration Year Three (DY 3), the State continued routine operations and secured an extension of the waiver to December 31, 2014.

In Demonstration Year Four (DY 4), the State continued routine operations and planned to request a renewal of the waiver. The income eligibility guideline was reduced to 100 percent of the federal poverty level effective January 1, 2014. Approximately 11,000 individuals were removed from GNOCHC as a result. Accordingly, the GNOCHC providers continued their efforts to reach, inform, and enroll patients into the Affordable Care Act/Marketplace, so that those affected will continue to be insured.

In Demonstration Year Five (DY 5), the State continued routine operations and submitted a renewal request to CMS to extend the waiver another three years. CMS approved the waiver for two years until December 31, 2016. To make it possible for more needy individuals to apply, the State secured approval from CMS to end the eligibility guideline that individuals at the time of application must be uninsured for at least six months.

The following sections detail the State's activities, accomplishments, and statistics for DY 5.

ENROLLMENT OF ELIGIBLE INDIVIDUALS

The GNOCHC income standard changed on January 1, 2014 from 200 percent to 100 percent of the federal poverty level (FPL). Enrollment by the end of each quarter follows.

December 31, 2014 - 56,393

March 30, 2015 - 57,878

June 30, 2015 - 59,842

September 30, 2015 - 60,531

Demonstration Year Five (DY 5) was a better year for enrollment as compared to DY 4. The year began with a positive increase of enrollees and steadily increased through the year reaching over 60,000 by year's end. In DY 3, there was a decline from October 2013 through March 2014, then enrollment grew in April 2014 and has been growing since that time. Over the course of DY 5, there was a positive increase of 6,986 enrollees. The last month of 2014 showed the greatest growth at 4.1 percent. Projections for the next DY call for a steady growth in enrollment.

All Medicaid and GNOCHC applications received from any source (online, paper, or direct from the applicant or from a Medicaid Application Center) are considered for GNOCHC eligibility when the applicant resides in one of the four GNOCHC participating parishes. When determining eligibility, Medicaid eligibility staff performs a "roll down" through the hierarchy of full benefit programs. If the applicant is not eligible, they determine eligibility in a limited benefit program like GNOCHC. This "roll down" procedure also applies to renewals.

Processing time for applications averaged 74 days over the course of the DY. A total of 8,929 applications were processed. The approval rating was 64 percent. At year's end, application processing time was at 45 days. Medicaid staff continues to process cases as quickly as possible.

Application statistics follow for each quarter of DY 5.

DY 5, Quarter 1 October 2014 – December 2014

Average number of applications received per month – 1,362

Average processed per month – 667

Average processing time – 103 days

Percentage of GNOCHC applications pending for more than 45 days – 67 percent (74 percent at the end of DY 4)

DY 5, Quarter 2 January 2015 – March 2015

Average number of applications received per month – 1,223

Average processed per month – 808

Average processing time – 94 days

Percentage of GNOCHC applications pending for more than 45 days – 25 percent

DY 5, Quarter 3 April 2015 – June 2015

Average number of applications received per month – 1,264

Average processed per month – 805

Average processing time – 56 days

Percentage of GNOCHC applications pending for more than 45 days – 27 percent

DY 5, Quarter 4 July 2015 – September 2015

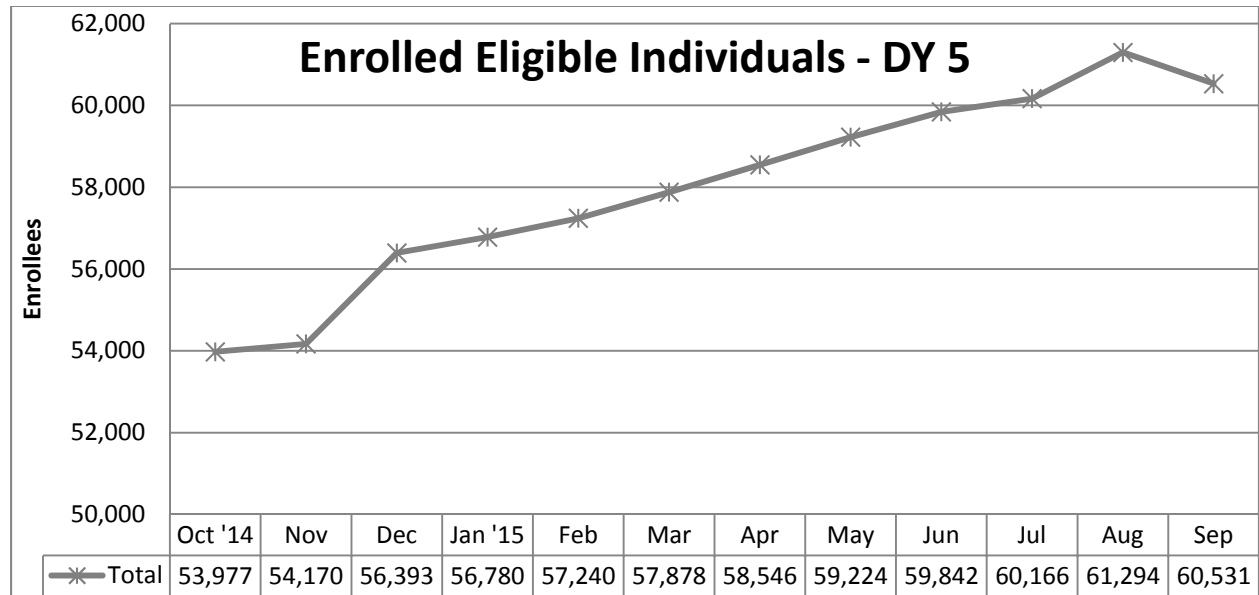
Average number of applications received per month – 1,200

Average processed per month – 696

Average processing time – 44 days

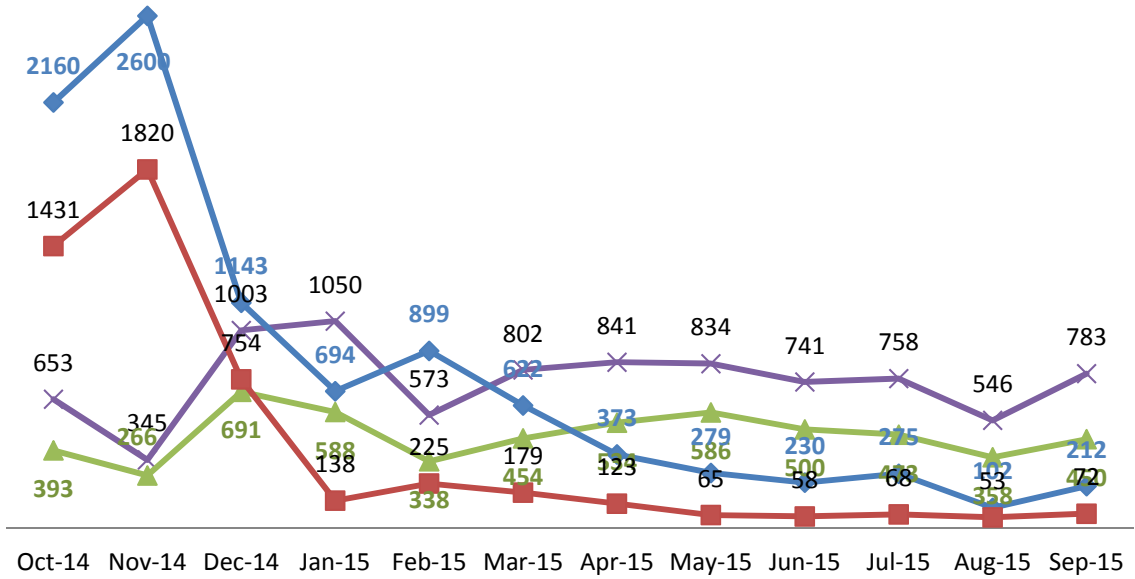
Percentage of GNOCHC applications pending for more than 45 days – 37 percent

A total of 54,479 enrollees were reviewed for continuing eligibility in DY 5 which averages 4,540 enrollees per month. Of that number, 47,574 were re-enrolled in GNOCHC. The number of closures remain low. Only 731 certifications were closed in DY 5. A total of 589 were found eligible in a full benefit program.

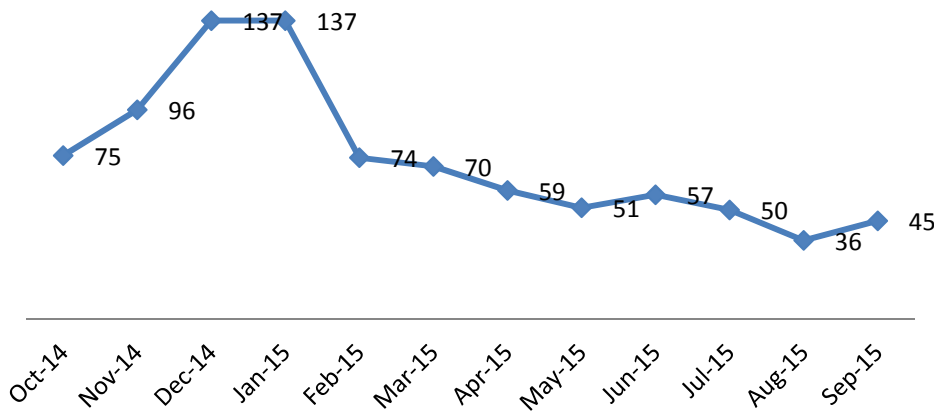


Application Volume - DY 5

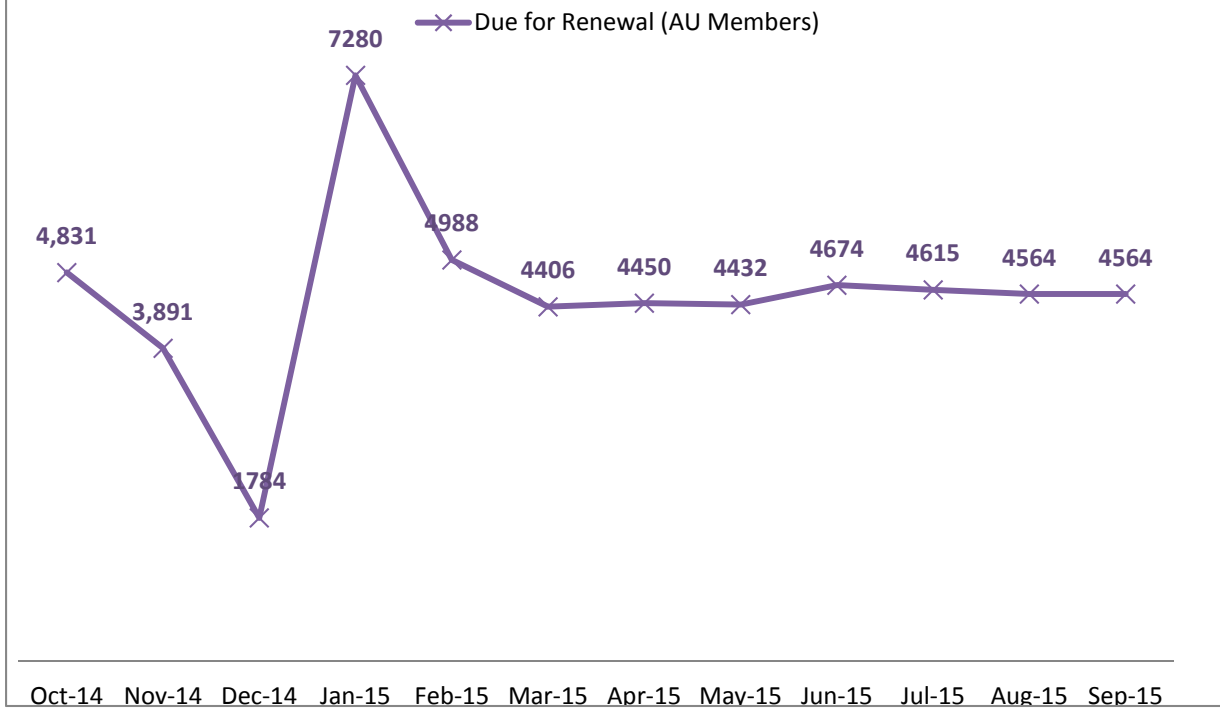
✕ Number of Applications Processed
 ▲ Number of Applications Approved
◆ Number of Applications Pending
 ■ Applications Pending Over 45 Days



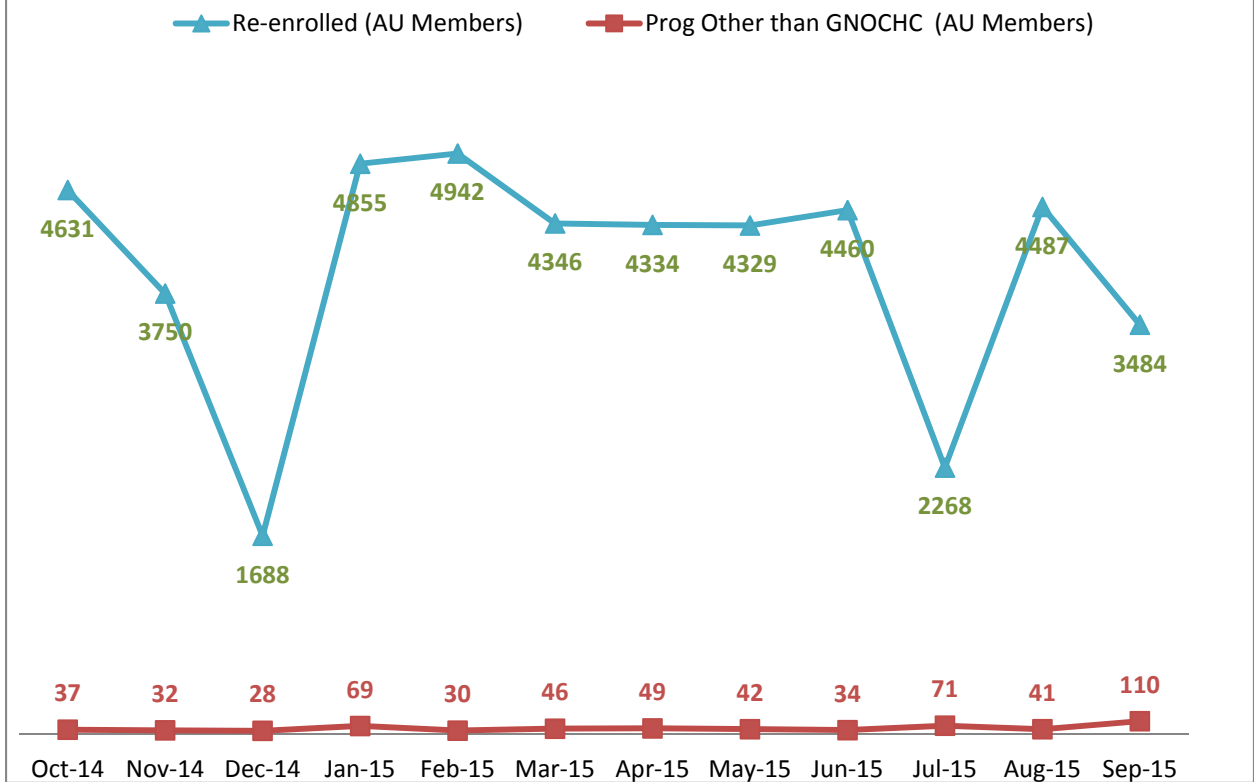
Average Processing Time (Days) - DY 5



Renewal Processing - DY 5



Renewal Processing - DY 5



PROVIDER ENROLLMENT

At the beginning of Demonstration Year Five (DY 5), there were 18 organizations with 45 service sites actively participating in the GNOCHC program. At the end of DY 5, there are 18 organizations with 49 active service sites. There were no sites to technically close, but one site did move to the control of another provider organization and three sites merged into one.

Over the course of DY 5, there were six new site openings: 1. City of New Orleans Health Department – HCH (Health Care for the Homeless) Community Resource and Referral Center, 2. Daughters of Charity Services of New Orleans – Daughters of Charity Health Center Gentilly, 3. NO/AIDS Task Force – Family Care Services Center, 4. NO/AIDS Task Force – CrescentCare Health and Wellness, 5. Access Health Louisiana – South Broad Community Health, and 6. St. Thomas Community Health Center – Trinity Counseling and Training Center.

Medical Center of Louisiana at New Orleans (MCLNO) changed its name to University Medical Center when the new medical complex opened. Three of their four sites merged. The new site is called University Medical Center New Orleans and Practice Location. The fourth site, LB Landry, was taken over by St. Thomas Community Health Center. Metropolitan Human Services District’s four sites changed their names to better identify with being a provider of behavioral health services by adding “Behavioral Health Center” to each site name. Several sites changed locations or began offering new services. A provider list with each site’s current address, phone number, parish location, and services offered is updated a few times each year. This list is given by providers to their GNOCHC patients, available online, and mailed to new enrollees in their language choice (English, Spanish, or Vietnamese).

GNOCHC Enrolled Providers

Organization	Service Site Name	Service Site Location
Administrators of the Tulane Educational Fund	Tulane - New Orleans Children's Health Project	Mobile site / 1430 Tulane Ave SL37, New Orleans
	Tulane - Drop-In Center	1461 N Claiborne Ave, New Orleans
	Tulane - Drop-In Clinic at Covenant House	611 N Rampart St, New Orleans
City of New Orleans Health Department	City of New Orleans Health Department - Health Care for the Homeless	2222 Simon Bolivar Ave, 2 nd Floor, New Orleans
	City of New Orleans – Healthy Start	Mobile site /1515 Poydras St, New Orleans
	HCH Community Resource and Referral Center	1530 Gravier St, New Orleans
Common Ground Health Clinic	Common Ground Health Clinic	1400 Teche St, New Orleans
Daughters of Charity Services of New Orleans / Marillac Community Health Centers	Daughters of Charity Health Center - Carrollton	3201 S Carrollton Ave, New Orleans
	Daughters of Charity Health Center - Metairie	111 N Causeway, Metairie
	Daughters of Charity Health Center - St. Cecilia	1030 Lesseps St, New Orleans

GNOCHC Enrolled Providers

Organization	Service Site Name	Service Site Location
	Daughters of Charity Health Center - New Orleans East	5630 Read Blvd, New Orleans
	Daughters of Charity Health Center - Gentilly	100 Warrington Dr, New Orleans
EXCELth, Incorporated	EXCELth Family Health Center - Gentilly	2050 Caton St, New Orleans
	EXCELth Family Health Center - Algiers	4422 General Meyer Ave, Ste 103, New Orleans
	EXCELth Family Health Center - New Orleans East	9900 Lake Forest Blvd, Ste F, New Orleans
Jefferson Community Health Care Centers	Jefferson Community Health Centers - Avondale	3932 Hwy 90, Avondale
	Jefferson Community Health Centers - Marrero	1855 Ames Blvd, Marrero
	Jefferson Community Health Centers - River Ridge	11312 Jefferson Hwy, River Ridge
	Jefferson Community Health Centers - RFK Jean Lafitte	5140 Church St, Lafitte
Jefferson Parish Human Services Authority	Jefferson Parish Human Services Authority JPHSA - West Bank	5001 Westbank Expy, Ste 200, Marrero
	Jefferson Parish Human Services Authority JPHSA - East Bank	3616 S I-10 Service Rd West, Ste 200, Metairie
	Jefferson Parish Human Services Authority JPHSA - JeffCare East Jefferson	3616 S I-10 Service Rd West, Ste 100, Metairie
	Jefferson Parish Human Services Authority JPHSA - JeffCare West Jefferson	5001 Westbank Expy, Ste 100, Marrero
Louisiana State University School of Medicine	LSU Behavioral Science Center	3450 Chestnut St, New Orleans
University Medical Center	University Medical Center New Orleans and Practice Location	2000 Canal St, New Orleans
Metropolitan Human Services District	Algiers Behavioral Health Center	3100 Gen De Gaulle Ave, New Orleans
	St. Bernard Behavioral Health Center	6624 St. Claude Ave, Arabi
	New Orleans East-Behavioral Health Center	5630 Read Blvd, 2 nd Floor, New Orleans
	Central City Behavioral Health Center	2221 Philip St, New Orleans
	Chartres-Pontchartrain-Behavioral Health Center	719 Elysian Fields Ave, New Orleans
Mary Queen of Vietnam Community Development Corporation	NOELA Community Health Center	13085 Chef Menteur Hwy, New Orleans
New Orleans Musicians Assistance Foundation	New Orleans Musicians' Clinic	3700 St. Charles Ave, New Orleans
NO/AIDS Task Force – CrescentCare Specialty Center	CrescentCare Specialty Center	2601 Tulane Ave, Ste 500, New Orleans
	Family Care Services Center	4640 S. Carrollton Ave, Ste 120, New Orleans
	CrescentCare Health and Wellness	3308 Tulane Ave, New Orleans

GNOCHC Enrolled Providers

Organization	Service Site Name	Service Site Location
Odyssey House Inc Louisiana	Odyssey House Community Clinic	1125 N Tonti St, New Orleans
Plaquemines Primary Care	Plaquemines Primary Care, Inc	26851 Hwy 23, Ste A, Port Sulphur
Sisters of Mercy Ministries	Mercy Family Center	110 Veterans Memorial Blvd, Suite 425, Metairie
Access Health Louisiana	St Bernard Community Health Center	8050 W Judge Perez Dr, Ste 1300, Chalmette
	St Charles Community Health Center	200 W Esplanade Ave, Ste 310, Kenner
	Belle Chasse Community Health Center	8200 Hwy 23, Belle Chasse
	Ruth U. Fertel Community Health Center	711 N Broad St, New Orleans
	South Broad Community Health	3300 South Broad St, New Orleans
St Thomas Community Health Center	St Thomas Community Health Center	1020 St Andrew St, New Orleans
	St Thomas Community Health Center – Mahalia Jackson	2405 Jackson Ave, Bldg B, Ste 222, New Orleans
	St Thomas Community Health Center – Donald T. Erwin Center	1936 Magazine St, New Orleans
	St. Thomas Community Health Center – Columbia Parc	3943 St. Bernard Ave, New Orleans
	St. Thomas Community Health Center – LB Landry Community Clinic	1200 LB Landry, New Orleans
	St. Thomas Community Health Center – Trinity Counseling and Training Center	2108 Coliseum St, New Orleans

PROVIDER PAYMENTS

The Funding Protocol provides for two reimbursement methodologies in DY 5: 1) incentive payments, specifically the National Committee on Quality Assurance Patient Centered Medical Home recognition (NCQA PCMH) incentive payment and an incentive payment for changes to business operations to expand access to care and care management and establish medical homes and 2) encounter rate payments.

1) Incentive Payments

The protocol provides for quarterly *NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) PATIENT CENTERED MEDICAL HOME (PCMH) RECOGNITION INCENTIVE PAYMENTS*, not to exceed 10 percent of total computable expenditures. The amount of a provider’s quarterly payment is the product of the fixed rate assigned to the level of NCQA PCMH recognition documented for the provider on the first day of the preceding quarter and the number of enrollee encounters for the prior quarter.

The protocol includes a new incentive payment approved this demonstration year. The incentive is for changes to business operations to expand access to care and care management and establish

medical homes. It was approved by CMS on April 29, 2015. It was implemented in quarter three of DY 5. The provider organizations submit documentation to prove measures are achieved and GNOCHC staff determine eligibility for payment based on the documentation. For this report, the incentive will be referred to as PCMH.

2) Encounter Rate Payments

The protocol defines encounter rates as payments made on a per visit/encounter basis to eligible providers for covered services received by enrolled eligible individuals from qualified practitioners. The types of encounters payable under GNOCHC are: primary care, basic behavioral health care, Serious Mental Illness (SMI) behavioral health care, and Inter-Pregnancy Coordination (IPC) services. Each encounter type has its own rate which is fixed for all providers. All encounter rates cover a bundle of services.

The *PRIMARY CARE ENCOUNTER RATE* covers primary care services and includes care coordination, case management, preventive care, specialty care, immunizations and influenza vaccines not covered by the vaccines for children program, and laboratory and radiology services that are routinely available in a primary care setting or through contracted services.

The *BASIC BEHAVIORAL HEALTH CARE ENCOUNTER RATE* covers services provided to enrollees who meet the American Society of Addictive Medicine (ASAM) criteria for substance abuse and/or have a major mental health disorder as defined by Medicaid, but do not meet the federal definition of serious mental illness (SMI). Basic behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, laboratory and follow-up services for conditions treatable or manageable in primary care settings. All providers are eligible for the basic behavioral health care encounter rate.

The *SMI BEHAVIORAL HEALTH CARE ENCOUNTER RATE* covers services provided to enrollees who meet the federal SMI definition, including those who also have a co-occurring addictive disorder. SMI behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, follow-up and community support services. Only two GNOCHC providers are eligible for the SMI behavioral health care encounter rate. SMI payments cannot exceed 10 percent of total computable expenditures.

INTER-PREGNANCY COORDINATION (IPC) SERVICES provides care coordination/case management services for women who have previously had a low or very low birth weight baby, preterm birth, fetal death, or infant death in order to reduce the incidence of subsequent adverse pregnancy outcomes. IPC payments are made per unit (15 minute units) and limited to 28 units per month per enrollee. The last payment for these services was processed in DY 3. The contract for the Louisiana Public Health Institute (LPHI), the evaluator for IPC, ended in March 2015. LPHI's evaluation report is attachment one. There was little enrollee interest and participation in the IPC program. In September 2015, the State notified CMS that IPC should be removed from the STCs. In October 2015, the state submitted edits to the STCs for this change.

EXPENDITURE TRACKING & RECONCILIATION

The Demonstration Year Five (DY 5) Expenditure Tracking and Reconciliation Workbook (attachment two) provides a complete accounting of all payments made to GNOCHC providers in DY 5.

Calculations are organized by worksheet, as named and described below:

- **Site Summary** contains all site-level reconciliation calculations and references the data worksheets.
- **Organization Summary** aggregates site-level reconciliation calculations to the organization level.

Supporting data are also organized by worksheet:

- **Encounters DY 5** contains site-level paid encounter data for primary care, basic behavioral health care, and SMI behavioral health care encounter claims with DY 5 dates of service submitted on Form CMS-1500 to the fiscal intermediary.
- **NCQA** contains site-specific data payment information and the level and period of NCQA PCMH recognition.
- **PCMH** contains site-specific payment information.
- **Administrative Costs** identifies the total State administrative costs claimed for the year, including personnel and professional services contract costs.
- **Rates** contains the primary care, basic behavioral health care, and serious mental illness behavioral health care encounter rates; the NCQA PCMH Recognition Levels 1, 2, and 3 rates; the new PCMH incentive payment rates, and the IPC encounter amounts.

For purposes of communicating to each provider organization its individual reconciliation outcomes, the workbook includes a worksheet with a standard reporting format:

- **Site-specific provider** is a summary report template with a drop down menu listing the names of all participating provider sites. Select a site name in the drop down menu and the worksheet automatically populates the template with summary data specific to the selected site, including all payments made in DY 5.

APPROVED EXPENDITURES REPORTED

For DY 5, \$26.2 million in funding was awarded. Providers were reimbursed for \$15.9 million or 61 percent of the original award amount.

Incentive Payments

Payments to providers for the incentive for NCQA Patient Center Medical Home (PCMH) recognition were made in the first quarter of DY 5. Twenty provider organizations earned a total of \$675,000 in incentive payments.

NCQA PCMH incentive payments are site- and quarter-specific. The table below notes the number of sites at each recognition level (1, 2 or 3), and it summarizes site-specific payments at the organization level.

NCQA Incentive Payments Per Provider		
<i>Provider Organization</i>	<i>Recognition Level</i>	<i>Payment</i>
Access Health Louisiana	1 site, Level 3	\$37,500
Common Ground Health Clinic	1 site, Level 2	\$25,000
Daughters of Charity Services of New Orleans/ Marillac Community Health Centers	4 sites, Level 3	\$150,000
EXCELth, Incorporated	2 sites, Level 3	\$75,000
Jefferson Community Health Care Centers	3 sites, Level 3	\$112,500
MQVN Community Development	1 site, Level 3	\$37,500
NO/AIDS Task Force/CrescentCare Specialty Center	1 site, Level 3	\$37,500
St. Thomas Community Health Center	1 site, Level 2	\$100,000
University Medical Center	2 sites, Level 3 4 sites, Level 2	\$100,000
TOTAL		\$675,000

The first payment for the new PCMH incentive was made in the last quarter of DY 5. Twelve organizations qualified for payment in the amount of \$706,122. A total of \$624,490 was paid in this DY 5 to 10 provider organizations. The remaining \$81,632 will be paid in the first quarter of DY 6.

PCMH Incentive Payments Per Provider	
<i>Provider Organization</i>	<i>Payment</i>
Access Health Louisiana	\$102,041
Administrators of the Tulane Educational Fund	\$61,224
Common Ground Health Clinic	\$20,408
Daughters of Charity Services of New Orleans/ Marillac Community Health Centers	\$102,041
Jefferson Community Health Care Centers	\$81,633
New Orleans Musicians Assistance Foundation	\$20,408
NO/AIDS Task Force/CrescentCare Specialty Center	\$61,224
Odyssey House Louisiana, Inc.	\$12,245
St. Thomas Community Health Center	\$81,633

PCMH Incentive Payments Per Provider

<i>Provider Organization</i>	<i>Payment</i>
University Medical Center	\$81,633
	TOTAL
	\$624,490

ENCOUNTER RATE PAYMENTS

In DY 5, providers were paid a total of \$14,612,614.26 for encounter claims.

Primary Care Encounters

Analysis of encounter data reported for DY 5 show that primary care encounters drove both encounter volume and encounter rate payments for the period. Primary care encounters were 79.9 percent of the total number of encounters approved for DY 5. Primary care encounter payments accounted for 88.8 percent of all encounter rate payments.

MEG 2 was incorrectly coded for dates of service after the FPL changed on January 1, 2014. System changes were recently completed by the Fiscal Intermediary to correct this error. Incorrect payments will be adjusted to MEG 1. All payments going forward will be coded as MEG 1.

Behavioral Health Care Encounters

Behavioral health care encounters were 20.1 percent of encounters approved for DY 5, with 76.7 percent of behavioral health encounters being basic behavioral health care encounters and 23.3 percent being Serious Mental Illness (SMI) behavioral health care encounters. Behavioral health care encounter payments were 11.2 percent of all encounter rate payments, with 75.5 percent being basic behavioral health care encounter rate payments and 24.5 percent being SMI behavioral health care encounter rate payments.

The following table provides the number of primary and behavioral health care encounters approved for payment and the amount of primary and behavioral health care encounter rate payments per provider organization. For site-level detail, see the DY 5 Expenditure Tracking and Reconciliation Workbook, attachment two.

Primary Care and Behavioral Health Encounter Rate Payments Per Provider

Provider Organization	Number of Primary Care Encounters	Primary Care Encounter Rate Payments	Number of Basic BH Encounters	Basic BH Payments	Number of SMI Encounters	SMI Payments	Total Number of Encounters	Total Encounter Rate Payments
Administrators of the Tulane Educational Fund	795	\$161,514.23	566	\$57,471.80	0	\$0.00	1,361	\$218,986.03
City of New Orleans Health Department	780	\$157,063.92	0	\$0.00	0	\$0.00	780	\$157,063.92
Common Ground Health Clinic	1,794	\$367,488.99	55	\$5,559.10	0	\$0.00	1,849	\$373,048.09
Daughters of Charity Services of New Orleans	16,354	\$3,344,040.25	1,591	\$161,836.52	0	\$0.00	17,945	\$3,505,876.77
EXCELth, Inc.	5,868	\$1,198,394.47	1,331	\$135,389.12	0	\$0.00	7,199	\$1,333,783.59
Jefferson Community Health Care	8,528	\$1,744,101.51	375	\$38,145.00	0	\$0.00	8,903	\$1,782,246.51
Jefferson Parish Human Service Authority	1,534	\$304,577.33	2,488	\$244,640.16	37	\$3,743.64	4,059	\$552,961.13
LSU School of Medicine	0	\$0.00	151	\$15,359.72	0	\$0.00	151	\$15,359.72
Metropolitan Human Services District	0	\$0.00	0	\$0.00	3,704	\$398,039.04	3,704	\$398,039.04
MQVN Community Development	1,443	\$294,432.45	57	\$5,798.04	0	\$0.00	1,500	\$300,230.49
New Orleans Musicians Assistance Foundation	586	\$119,209.32	113	\$11,406.86	0	\$0.00	699	\$130,616.18
NO/AIDS Task Force	324	\$64,517.68	216	\$22,073.24	0	\$0.00	540	\$86,590.92
Odyssey House, Inc.	2,108	\$424,979.18	3,927	\$398,437.24	0	\$0.00	6,035	\$823,416.42
Plaquemines Primary Care	156	\$31,949.49	0	\$0.00	0	\$0.00	156	\$31,949.49
Sisters of Mercy Ministries	0	\$0.00	42	\$4,272.24	0	\$0.00	42	\$4,272.24
Access Health Louisiana	7,437	\$1,509,958.06	376	\$38,145.00	0	\$0.00	7,813	\$1,548,103.06
St. Thomas Community Health	8,545	\$1,749,744.32	530	\$53,911.60	0	\$0.00	9,075	\$1,803,655.92
University Medical Center	7,322	\$1,497,996.02	476	\$48,418.72	0	\$0.00	7,798	\$1,546,414.74
TOTAL	63,574	\$12,969,967.22	12,294	\$1,240,864.36	3,741	\$401,782.68	79,609	\$14,612,614.26

TOTAL DY 5 PAYMENTS

In sum, as shown in the DY 5 Expenditure Tracking and Reconciliation Workbook:

- A total of \$14.6 million in encounter payments were made to 18 provider organizations (\$3.1 million less than DY 4).
- Behavioral health payments and encounters increased in both basic behavioral health and SMI behavioral health. Last year, there were 11,396 basic behavioral health encounters and 12,294 this year. For SMI services, there were 3,408 encounters last year and 3,741 this year. The number of primary health encounters and payments decreased.
- Incentive payments totaled \$1.3 million.
- Total DY 5 payments to providers totaled \$15.9 million.

The following table summarizes DY 5 payments at the provider organization level.

Summary of All DY 5 Payments by Participating Provider Organization

Provider Organization	Total NCQA Incentive Payments	Total PCMH Incentive Payments	Total Encounter Payments	Total DY5 Payments
Administrators of the Tulane Educational Fund	\$0.00	\$61,224.00	\$218,986.03	\$280,210.03
City of New Orleans Health Department	\$0.00	\$0.00	\$157,063.92	\$157,063.92
Common Ground Health Clinic	\$25,000.00	\$20,408.00	\$373,048.09	\$418,456.09
Daughters of Charity Services of New Orleans	\$150,000.00	\$102,041.00	\$3,505,876.77	\$3,757,917.77
EXCELth, Incorporated	\$75,000.00	\$0.00	\$1,333,783.59	\$1,408,783.59
Jefferson Community Health Care	\$112,500.00	\$81,633.00	\$1,782,246.51	\$1,976,379.51
Jefferson Parish Human Service Authority	\$0.00	\$0.00	\$552,961.13	\$552,961.13
LSU School of Medicine	\$0.00	\$0.00	\$15,359.72	\$15,359.72
Metropolitan Human Services District	\$0.00	\$0.00	\$398,039.04	\$398,039.04
MQVN Community Development	\$37,500.00	\$0.00	\$300,230.49	\$337,730.49
New Orleans Musicians Assistance Foundation	\$0.00	\$20,408.00	\$130,616.18	\$151,024.18
NO/AIDS Task Force	\$37,500.00	\$61,224.00	\$86,590.92	\$185,314.92
Odyssey House, Inc.	\$0.00	\$12,245.00	\$823,416.42	\$835,661.42
Plaquemines Primary Care	\$0.00	\$0.00	\$31,949.49	\$31,949.49
Sisters of Mercy Ministries	\$0.00	\$6,713.52	\$4,272.24	\$4,272.24
Access Health Louisiana	\$37,500.00	\$102,041.00	\$1,548,103.06	\$1,687,644.06
St Thomas Community Health	\$100,000.00	\$81,633.00	\$1,803,655.92	\$1,985,288.92
University Medical Center	\$100,000.00	\$81,633.00	\$1,546,414.74	\$1,728,047.74
TOTAL	\$675,000.00	\$624,490.00	\$14,612,614.26	\$15,912,104.26

ENCOUNTER DATA FINDINGS

Analysis of encounter data reported for DY 5 provide the following information about the number of persons served and the cost of providing care to persons served under the Demonstration. Attachment three is the evaluation data summary.

NUMBER OF PERSONS SERVED

COST OF PROVIDING CARE

Over the course of DY 5 through August 2015, enrollment slowly increased to 60,531 with the greatest growth occurring in the first quarter (5.3 percent), refer to table on page 8. For the first time in DY 5, there was a slight decrease in enrollment in the last month of the year. At year's end, total enrollment was 60,531. Utilization of services continues to be low. The primary care utilization rate averages 8.8 percent per month, and the behavioral health care averages 2.1 percent per month. The percentage of enrollees accessing both primary care and behavioral health is 1 percent. Overall, the rate of behavioral health care increased by .2 percent from last year.

Of the GNOCHC enrolled providers who responded (13 out of 18 organizations), providers reported that roughly 20.3 percent of their total patients are GNOCHC enrollees. They reported approximately 30.1 percent of their income is from GNOCHC claims. This is an improvement over last year where GNOCHC patents accounted for 29.5 percent of their patients and 37 percent of their income.

At the close of DY 5, childless adults, representing those households with no minor children in the home, were 77 percent of enrollment. Since most of the enrollees are childless adults, this drives the cost of providing care by both enrollment volume and service utilization.

The tables that follow provide additional detail on the cost of providing care to the GNOCHC population, including but not limited to total encounter rate payments (based on date of service); number of enrollees, encounters, and recipients; encounter rate payments per enrollee per month; and, encounter rate payments per recipient per month. The first table provides the data for all GNOCHC enrollees. The second table provides the data for GNOCHC enrollees who are parents with minor children in the home. The third table provides the data for GNOCHC enrollees with no minor children in the home (noted as childless adults). Since utilization is low, the average cost per recipient per month is \$228.23.

Service Utilization by and Cost of Providing Care to All Demonstration Enrollees

Month	Payment (based on date of service)	Number of Enrollees	Number of Encounters	Number of Recipients	Per Enrollee Per Month	Per Recipient Per Month	Cumulative Payment	Cumulative Enrollees	Cumulative PEPM	Cumulative Recipients	Cumulative PRPM
October	\$1,388,067	56,235	7,414	5,914	\$24.68	\$234.71	\$1,388,067	56,235	\$24.68	5,914	\$234.71
November	\$1,056,756	56,719	5,620	4,724	\$18.63	\$223.70	\$2,444,823	112,954	\$21.64	10,638	\$229.82
December	\$1,166,455	57,591	6,227	5,015	\$20.25	\$232.59	\$3,611,278	170,545	\$21.17	15,653	\$230.71
January	\$1,202,484	59,180	6,491	5,290	\$20.32	\$227.31	\$4,813,762	229,725	\$20.95	20,943	\$229.85
February	\$1,073,449	59,604	5,838	4,803	\$18.01	\$223.50	\$5,887,211	289,329	\$20.35	25,746	\$228.67
March	\$1,269,842	59,865	6,884	5,472	\$21.21	\$232.06	\$7,157,053	349,194	\$20.50	31,218	\$229.26
April	\$1,211,666	60,033	6,646	5,356	\$20.18	\$226.23	\$8,368,719	409,227	\$20.45	36,574	\$228.82
May	\$1,151,523	60,321	6,234	5,135	\$19.09	\$224.25	\$9,520,242	469,548	\$20.28	41,709	\$228.25
June	\$1,290,722	60,765	6,971	5,631	\$21.24	\$229.22	\$10,810,964	530,313	\$20.39	47,340	\$228.37
July	\$1,212,188	61,114	6,676	5,381	\$19.83	\$225.27	\$12,023,152	591,427	\$20.33	57,721	\$208.30
August	\$1,144,191	61,205	6,329	5,038	\$18.69	\$227.11	\$13,167,343	652,632	\$20.18	57,759	\$227.97
Sept	\$1,145,645	65,150	6,312	4,922	\$17.58	\$232.76	\$14,312,988	717,782	\$19.94	62,681	\$228.35
Total	\$14,312,988	717,782	77,642	62,681							

Service Utilization by and Cost of Providing Care to Parent Enrollees

Month	Payment (based on date of service)	Number of Enrollees	Number of Encounters	Number of Recipients	Per Enrollee Per Month	Per Recipient Per Month	Cumulative Payment	Cumulative Enrollees	Cumulative PEPM	Cumulative Recipients	Cumulative PRPM
October	\$297,630	13,615	1,520	1,244	\$21.86	\$239.25	\$297,630	13,615	\$21.86	1,244	\$239.25
November	\$224,183	13,709	1,130	994	\$16.35	\$225.54	\$521,813	27,324	\$19.10	2,238	\$233.16
December ¹	\$228,347	13,923	1,162	1,010	\$16.40	\$226.09	\$750,160	41,247	\$18.19	3,248	\$230.96
January	\$246,128	14,438	1,262	1,080	\$17.05	\$227.90	\$996,288	55,685	\$17.89	4,328	\$230.20
February	\$229,384	14,384	1,192	1,008	\$15.95	\$227.56	\$1,225,672	70,069	\$17.49	5,336	\$229.70
March	\$264,726	14,355	1,375	1,141	\$18.44	\$232.01	\$1,490,398	84,424	\$17.65	6,477	\$230.11
April	\$245,154	14,282	1,280	1,072	\$17.17	\$228.69	\$1,735,552	98,706	\$17.58	7,549	\$229.90
May	\$231,902	14,295	1,196	1,020	\$16.22	\$227.35	\$1,967,454	113,001	\$17.41	8,569	\$229.60
June	\$251,586	14,332	1,299	1,110	\$17.55	\$226.65	\$2,219,040	127,333	\$17.43	9,679	\$229.26
July	\$234,319	14,307	1,225	1,036	\$16.38	\$226.18	\$2,453,359	141,640	\$17.32	10,715	\$228.96
August	\$237,917	14,284	1,242	1,015	\$16.66	\$234.40	\$2,691,276	155,924	\$17.26	11,730	\$229.44
September	\$237,340	14,232	1,230	1,017	\$16.68	\$233.37	\$2,928,616	170,156	\$17.21	12,747	\$229.75
Total	\$2,928,619	170,156	15,113	12,747							

Service Utilization by and Cost of Providing Care to Childless Adult Enrollees

Month	Payment (based on date of service)	Number of Enrollees	Number of Encounters	Number of Recipients	Per Enrollee Per Month	Per Recipient Per Month	Cumulative Payment	Cumulative Enrollees	Cumulative PEPM	Cumulative Recipients	Cumulative PRPM
October	\$1,090,437	42,622	5,894	4,670	\$25.58	\$233.50	\$1,090,437	42,622	\$25.58	4,670	\$233.50
November	\$832,573	43,011	4,490	3,730	\$19.36	\$223.21	\$1,923,010	85,633	\$22.46	8,400	\$228.93
December	\$938,108	43,669	5,065	4,005	\$21.48	\$234.23	\$2,861,118	129,302	\$22.13	12,405	\$230.64
January	\$956,356	44,745	5,229	4,210	\$21.37	\$227.16	\$3,817,474	174,047	\$21.93	16,615	\$229.76
February	\$844,065	45,223	4,646	3,795	\$18.66	\$222.42	\$4,661,539	219,270	\$21.26	20,410	\$228.39
March	\$1,005,116	45,514	5,509	4,331	\$22.08	\$232.07	\$5,666,655	264,784	\$21.40	24,741	\$229.04
April	\$966,512	45,752	5,366	4,284	\$21.13	\$225.61	\$6,633,167	310,536	\$21.36	29,025	\$228.53
May	\$919,621	46,027	5,038	4,115	\$19.98	\$223.48	\$7,552,788	356,563	\$21.18	33,140	\$227.91
June	\$1,039,136	46,434	5,672	4,521	\$22.38	\$229.85	\$8,591,924	402,997	\$21.32	37,661	\$228.14
July	\$977,869	46,810	5,451	4,345	\$20.89	\$225.06	\$9,569,793	449,807	\$21.28	42,006	\$227.82
August	\$906,273	46,923	5,087	4,023	\$19.31	\$225.27	\$10,476,066	496,730	\$21.09	46,029	\$227.60
September	\$908,304	40,918	5,082	3,905	\$22.20	\$232.60	\$11,384,370	537,648	\$21.17	49,934	\$227.99
Total	\$11,384,369	543,648	62,529	49,934							

DATA AND FINDINGS OF HEALTH STATUS OF THE POPULATION SERVED

Findings on health status of the population served by the GNOCHC Demonstration are not available at this time, as such an undertaking requires substantial coordination with a third-party contracted to track Healthcare Effectiveness Data and Information Set (HEDIS) measures for the State and/or the amendment of existing contracts. Demonstration encounter data analysis is ongoing, and DHH will report its progress on health status findings in future reports to CMS.

PROGRAM OPERATIONS

AMENDMENTS AND RENEWAL

Louisiana's Section 1115 Demonstration GNOCHC Waiver was scheduled to end on December 31, 2014. On July 1, 2014, Louisiana requested a renewal of the Demonstration for an additional three years in order to provide critical medical care to a population who are still feeling the effects of Hurricanes Katrina and Rita. Additionally, in order to improve access and continuity of care, the State requested that the six month waiting period for not having medical insurance be eliminated. To help fund the renewal period, the State also requested additional federal funding. On November 25, 2014, CMS approved the extension of the Demonstration Waiver until December 31, 2016, the removal of the insurance requirement as a condition of eligibility, and awarded additional federal funding.

On September 22, 2014, Louisiana submitted a proposal to replace the NCQA incentive payments for recognition as a Patient Centered Medical Home with a payment centered on provider practices to measure outcomes. In the early stages of the waiver period, achieving NCQA PCMH status was an important building block in building the clinic infrastructure and capacity. The State's goal for the next two years is to move to the next phase of practice transformation that helps increase access to care and utilization within a primary care medical home. In April of 2015, CMS approved ending the NCQA incentive and replacing it with the new incentive. The first payment was made this DY.

TRANSITION PLAN

As described in STC V. 37, the State is required to prepare, and incrementally revise in each quarterly report per STC IV. 36, a transition plan consistent with the provisions of the Affordable Care Act (ACA) for individuals enrolled in the Demonstration, including how the State plans to coordinate the transition of these individuals to a coverage option available under ACA, including a

simplified, streamlined process for transitioning eligible enrollees from the Demonstration to Medicaid or the Exchange in 2014.

The transition plan is a work in progress as long as the GNOCHC 1115 demonstration waiver continues. As of January 1, 2014, GNOCHC income eligibility requirements are 100 percent of the Federal Poverty Limit (FPL), thereby GNOCHC enrollees are ineligible to participate in the Federally Facilitated Health Benefit Exchange (i.e. the Marketplace) as long as they remain in GNOCHC. When GNOCHC ends, GNOCHC enrollees who applied after October 1, 2013 will be automatically referred to the Marketplace. Those who applied before October 1, 2013 will be advised how to apply to the Marketplace for coverage. Since the incomes of enrollees are between 100-400 percent of the FPL and Louisiana did not take part in the Medicaid expansion, they will not qualify for an ACA subsidy.

In the last legislative session, the Louisiana legislature approved a measure that would allow the next governor to expand Medicaid by establishing a means of funding for the state share. The newly elected governor intends to expand Medicaid. All eligible GNOCHC enrollees will potentially qualify for the Medicaid expansion.

Until Medicaid expansion occurs in Louisiana, all GNOCHC provider organizations, including new sites, will continue to provide ACA referrals and application assistance. Some provide informational packets to their uninsured patients about self-enrolling. Many of the provider organizations have contracted with ACA payers in Louisiana to increase their revenue for those patients who have been able to afford insurance from the Marketplace. Most GNOCHC provider organizations are participating in all of the Bayou Health managed care plans as well and have entered into Louisiana's Behavioral Health Partnership.

FINANCIAL

Expenditures for DY 1 continue to appear to exceed the \$30 million annual budget due to DY 1 recoupments that are still pending from EXCELth and Leading Edge. With the approval of the renewal by CMS, the expenditure limit was raised to \$163.1 million. Prior period adjustments were made in quarters two, three, and four noted on the CMS 64s for those quarters. DHH's fiscal accountant managers who are responsible for creating the CMS 64 are reviewing the findings of the actuary who discovered possible errors. The actuary uses the CMS 64 to develop the budget neutrality. The actuary found that the waiver number on the fourth quarter's CMS 64 may be incorrect as the last two digits representing the DY do not correspond with the fiscal year shown. If corrections are necessary, they would be shown as prior period adjustments in future CMS 64 documents. Also, there were differences in the Disproportionate Share Hospital (DSH) amount as compared to the GNOCHC expenditures reported in the CMS 64 for the third quarter.

The total expenses for the Demonstration as of quarter ending September 30, 2015 remain under the expenditure limit. The State expects to stay under the expenditure limit for the life of the Demonstration. See attachment four for the budget neutrality worksheet.

CONSUMER ISSUES

No notable consumer issues were identified this year.

PROVIDER SUSTAINABILITY

As required by the STCs, all participating GNOCHC providers are required to submit semi-annual Sustainability Progress reports, describing their organization's strategic plan to become a self-sustaining organizational entity, capable of permanently providing primary care or behavioral health care services to residents in the Greater New Orleans area, by the Demonstration's end on December 31, 2016. Providers were challenged to carefully evaluate their current GNOCHC utilization, and future utilization, and estimated revenue projections, to develop realistic strategies for future financial sustainability and to provide a clear vision of an organization moving decisively toward self-sufficiency at the Demonstration's close at the end of 2016.

Revenue data suggests that financial sustainability remains an issue for providers, but the last two quarters showed a lower percentage of the total revenues being GNOCHC. The following data is from the sustainability reports which were completed by 13 of the 18 provider organizations.

For Q1, GNOCHC revenues accounted for 36.2 percent of total patient revenue; 20.5 percent of the patients are GNOCHC enrollees; 21.3 percent are non-elderly adults who are uninsured or self-pay; 17.1 percent are under age 19 and enrolled in Medicaid or CHIP.

- 23.1 percent of providers report that GNOCHC is less than 25 percent of total patient revenues.
- 46.2 percent of providers report that GNOCHC is 25-50 percent of total patient revenues.
- 7.7 percent of providers report that GNOCHC is 51-75 percent of total patient revenues.
- 23.1 percent of providers report that GNOCHC is greater than 75 percent of total patient revenues.

For Q2, GNOCHC revenues accounted for 34 percent of total patient revenue; 20.1 percent of the patients are GNOCHC enrollees; 22.3 percent are non-elderly adults who are uninsured or self-pay; 18.3 percent are under age 19 and enrolled in Medicaid or CHIP.

- 21.4 percent of providers report that GNOCHC is less than 25 percent of total patient revenues.
- 35.7 percent of providers report that GNOCHC is 25-50 percent of total patient revenues.
- 21.4 percent of providers report that GNOCHC is 51-75 percent of total patient revenues.
- 21.4 percent of providers report that GNOCHC is greater than 75 percent of total patient revenues.

For Q3, GNOCHC revenues accounted for 24 percent of total patient revenue; 20.1 percent of the patients are GNOCHC enrollees; 22.5 percent are non-elderly adults who are uninsured or self-pay; 11.3 percent are under age 19 and enrolled in Medicaid or CHIP.

- 30.8 percent of providers report that GNOCHC is less than 25 percent of total patient revenues.
- 30.8 percent of providers report that GNOCHC is 25-50 percent of total patient revenues.
- 15.4 percent of providers report that GNOCHC is 51-75 percent of total patient revenues.
- 23.1 percent of providers report that GNOCHC is greater than 75 percent of total patient revenues.

For Q4 GNOCHC revenues accounted for 26.1 percent of total patient revenue; 20.5 percent of the patients are GNOCHC enrollees; 21.2 percent are non-elderly adults who are uninsured or self-pay; 12.7 percent are under age 19 and enrolled in Medicaid or CHIP.

- 38.5 percent of providers report that GNOCHC is less than 25 percent of total patient revenues.
- 23.1 percent of providers report that GNOCHC is 25-50 percent of total patient revenues.
- 7.7 percent of providers report that GNOCHC is 51-75 percent of total patient revenues.
- 30.8 percent of providers report that GNOCHC is greater than 75 percent of total patient revenues.

In brief, the Sustainability Progress Reports show the following accomplishments, plans, issues, and funding strategies as reported by the GNOCHC providers.

Generating Revenue and Expanding Services

- GNOCHC providers receive funding from federal and non-federal grants such as Section 330 for FQHC designation, The Ryan White HIV/AIDS Program, 340B medication reimbursement plan, 330B funding, state funding, and the HRSA 330H. They accept Medicaid and participate in all Bayou Health plans. Some receive private and corporate contributions.
- Providers continue to research funding opportunities. They seek contracts with various insurances, including dental. They apply for grants. Some have applied to accept Medicare Part B assignment.
- For their patients who are uninsured and under insured, they have implemented sliding fee scales to make medical costs more affordable.
- NO/AIDS Task Force receives funding from The Ryan White HIV/AIDS Program. Additionally, they enroll their insured HIV-infected patients in Louisiana's Health Insurance Program (HIP) for them to obtain assistance with insurance premiums and medical cost shares like co-payments, co-insurances and deductibles. NO/AIDS recently became a Federally Qualified Health Center which has expanded care beyond HIV. This FQHC status

insures a higher reimbursement rate and additional grant funding. They opened a dental clinic.

- Jefferson Community Health Care has opened a dental clinic. They estimate this new service will increase their patient base by 3,000. They have been working to diversify their patient mix with outreach and marketing and by increasing Marketplace participation. They have expanded services to include podiatry, gynecology, obstetrics, and pediatrics.
- MQVN Community Development has opened an eye clinic and colposcopy clinic to expand services to their patients and attract more patients.
- Administrators of the Tulane Educational Fund is looking to expand their prevention services. They are in negotiations with the Louisiana STD/HIV program.
- Metropolitan Human Services District continues to receive funding from the State to treat patients with serious and persistent mental conditions. They acknowledged that DHH is experiencing a tough fiscal year and reported this situation could affect the amount of funding they receive.
- In an effort to become sustainable after GNOCHC ends, providers have established partnerships with other GNOCHC and non-GNOCHC health providers to treat their patients for services they or the partner do not offer.
- Jefferson Community Health Care has partnered with Tulane Medical School's Department of Pediatrics to increase access for children. They have partnered with LSU's Department of Obstetrics and Gynecology to increase access to women's health services. They have expanded their podiatry services from 12 hours per week to 24 hours per week.
- Administrators of the Tulane Educational Fund partners with the GNOCHC providers who are FQHCs, NO/AIDS, and the New Orleans Health Department Healthcare for the Homeless GNOCHC site.
- Common Ground is pursuing more in-house physicians to accommodate current collaborations with nurse practitioners, which will enable them to improve revenue and drive the clinic from a fiscal and business perspective. More physicians will increase service numbers and expand services to include behavioral health and pediatrics as well as increase revenues via HIV and HepC screenings. They have hired a staff LCSW, and are currently working on credentialing to become a Louisiana Behavioral Health Partner.

Outreach

- GNOCHC providers are active in their clinics and in the community spreading the word about GNOCHC, promoting their clinics, and educating the public about the importance of health care.
- Outreach included marketing via radio and television, community events, community health fairs, and working with community partners by going to their facilities to educate and enroll their residents in Medicaid.
- Providers screen patients and the uninsured at intake and when services are received. Patients are made aware of assistance that is available. If interested, they are assisted with filling out a Medicaid application, provided information and enrolling patients into the Affordable Care Act/Marketplace. Social service coordinators, outreach coordinators,

application counselors, and case managers are there to assist and educate patients about services, GNOCHC, Medicaid, and the Affordable Care Act.

- Jefferson Community Health Care and Odyssey House are working with 504Health Net, a local non-profit, dedicated to improving access to health care for the residents of the GNOCHC service area.
- NO/AIDS has contracted with a local public relations firm to develop an outreach program to attract new patients.
- The New Orleans Health Department has begun a great undertaking. They are developing ways to address the health literacy issues their patients may be experiencing. They are reviewing and revising all of their paperwork and educational materials to be more user friendly.

Issues and Potential Problems

- GNOCHC provider organizations are educating their medical staff to maximize their schedules to reduce underutilized time due to patient “no shows”.
- One provider is experiencing an increase in the denial of GNOCHC claims. They are retraining staff and plan to upgrade their system.

Achieving Sustainability for the Future

- The new administration intends to implement Medicaid expansion. The termination of the waiver is anticipated to be offset by the expansion of Medicaid eligibility and the guarantee of health coverage for all GNOCHC enrollees and other uninsured individuals
- Funding from GNOCHC has helped many providers attain NCQA PCMH recognition, have training conferences, hire additional medical staff and office staff, expand the clinics, and open new clinics.
- The partnerships which many have established will continue to play a role in keeping their sites viable long after GNOCHC ends.

EVALUATION DESIGN

As noted in prior annual reports, there have been and continues to be reporting gaps from some providers, whether due to claims processing lag or issues with their individual data collection and reporting systems. The State has allowed for additional time for reporting which has helped in the response rate and the receipt of current data.

Briefly, analysis of the available data indicates:

- The Demonstration has been successful in preserving access to primary and behavioral care, as the percentage of eligible, participating providers who participated in the Primary Care Access Stabilization Grant (PCASG) and who continue to participate in GNOCHC has

remained at over 80 percent (18 organizations) throughout the year. Six new sites opened, bringing the total number of enrolled sites to 49.

- The rate of GNOCHC enrollees who accessed primary care services in DY 5 averaged 8.8 percent (10.3 percent in DY 4). For behavioral health care services, the rate of access averaged 2.1 percent (1.9 percent in DY 4), peaking in the last quarter at 2.3 percent.
- 46.9 percent of participating provider sites are NCQA PCMH recognized. Most sites are at the highest level. Five sites have are applying for recognition.
- 41 sites are certified Medicaid application centers.
- 6,938 enrollees had both a primary care and behavioral health encounter in DY 5 (2,376 more than last DY). Of those recipients, an average of 39.6 percent received those services on the same day of service (an increase of 8.9 percent from last DY).
- Evaluation measures that track utilization of behavioral health services by enrollee sub-population indicate that the average payment for behavioral health care for childless enrollees is \$165 per month, which is 21.3 percent higher than payment for enrollees with a child in the home, which average \$136 per month. The average payment per month for enrollees was \$161 (\$159 last DY).

CONCLUSION

During Demonstration Year 5, the State continues to follow the STCs and when needed has requested additional time to submit deliverables. Most notably:

- The State continues to sign up new enrollees and renew eligibility for tens of thousands of low-income uninsured adults. As the GNOCHC program income limits are at 100 percent of the FPL and Louisiana did not expand Medicaid, GNOCHC enrollees do not qualify for a Marketplace subsidy and GNOCHC is their only source of healthcare.
- The GNOCHC sites continue to be a “medical home” and the provider of choice for the underserved residents of the Greater New Orleans area.
- GNOCHC providers have become an important part of the community. They are involved in the community by promoting the GNOCHC program, living a healthy lifestyle, and when it is important to seek medical care.
- GNOCHC has provided funds to build infrastructure which will help in sustaining these sites for the future.

ATTACHMENTS:

1. LPHI IPC Evaluation Report
2. Expenditure Tracking and Reconciliation Workbook
3. Evaluation Data
4. Budget Neutrality Worksheet

STATE CONTACT:

Susan Badeaux
Program Manager
Phone: (225) 342-7502
Email: Susan.Badeaux@la.gov

Date Submitted to CMS: December 28, 2015