

Fourth
Quarter
Report

FFY15

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

07/01/15 -
09/30/15

Through the Greater New Orleans Community Health Connection (GNOCHC) program, the State of Louisiana aims to:

- 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 Stabilization Grant (PCASG) funds;
- advance and sustain the medical home model begun under PCASG; and
- 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.

In 2014, CMS approved Louisiana's request to continue the waiver. GNOCHC is scheduled to end December 31, 2016.

In the current quarter, Louisiana focused on the following terms and conditions of the GNOCHC 1115 demonstration waiver.

STC IV. 19. – Participating Providers

At the close of the current quarter, 18 organizations, including 49 sites, were actively participating in the GNOCHC 1115 demonstration waiver (see attachment one). There was no change from last quarter in the number of participating sites, but other changes have occurred.

The GNOCHC provider organization, Medical Center of Louisiana at New Orleans, is now known as University Medical Center (UMC). In August, three of their GNOCHC service sites, Medical Home Care, Urgent Care, and the HIV Outpatient Clinic merged and moved to the new University Medical Center medical complex. UMC is the new state-of-the-art hospital replacing the Medical Center of Louisiana at New Orleans hospital which closed after being flooded by Hurricane Katrina. This new facility was built with "storm-resistant technology" and is "equipped to withstand a variety of natural disasters". UMC has expressed its "commitment to continue to be the safety net hospital serving the needs of all patients who need care." St. Thomas Community Health Center assumed operations of UMC's fourth remaining site, LB Landry in July. Under St. Thomas, the site became a Federally Qualified Health Center (FQHC).

St. Thomas Community Health Center opened a new GNOCHC site in July, Trinity Counseling and Training Center. The clinic has been in operation since 1986, but will now begin providing behavioral health services to GNOCHC patients. Later, they will add primary care to fully integrate behavioral health and medical healthcare. Until more services can be provided, patients will be referred to their other nearby GNOCHC sites.

The Tulane Drop-In Center moved to a new location and added behavioral health services. Tulane's Drop-In Clinic at Covenant House also added behavioral health.

Metropolitan Human Services District changed the name of its GNOCHC sites by adding "behavioral health center" to their clinic names, e.g. Central City Behavioral Health Center. Three of their sites moved to new locations.

STC IV. 26. – Submission of Encounter Data

Transmissions between the Louisiana’s MMIS and MSIS occur on a regular schedule. Claims information is submitted to MMIS 15 days after the end of each quarter, while eligibility data is submitted to MSIS three months after the quarter’s end.

Transmission of claims data to MMIS for this reported quarter is complete. Transmission of eligibility data to MSIS for Demonstration Year Five, Quarter Three (DY5 Q3) is complete. Eligibility data for this quarter will be submitted to MSIS in December.

STC V.37. – Affordable Care Act Transition

As described in STC V. 37, Louisiana 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 GNOCHC, including how Louisiana 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 GNOCHC to Medicaid or the Exchange.

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.

All GNOCHC provider organizations, including new sites, provide ACA referrals and application assistance. Some have produced informational packets for their uninsured patients to self-enroll. 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 and have entered into Louisiana’s Behavioral Health Partnership.

STC IX. 54. – Evaluation Design

Evaluation data through the quarter ending September 30, 2015 is shown in attachment two. The evaluation data for all past quarters of DY5 has been updated. In brief, analysis of the DY5 Q4 data shows:

- The GNOCHC 1115 demonstration waiver continues to be successful in preserving access to primary and behavioral health care, as the number of participating providers remains at over 80 percent.
- The utilization rate per month is low for both primary care (8.2 percent) and behavioral health care (2.3 percent). There was a slight dip of .6 percent over last quarter for primary care access, but utilization has been under 10 percent since DY4 Q4.

- Twenty-three providers are NCQA Patient-Centered Medical Homes (PCMH). Of the 23 sites, 13 sites are at the highest possible recognition level (level three) and 10 sites are at level two. There are six NCQA PCMH applications in progress. Three sites under Jefferson Community Health Centers have applied for renewal as their standing ends in October. Applications are still pending for the Gentilly location of Daughters of Charity, and Common Ground. St. Thomas Community Health Center's St. Andrew Street site renewed their NCQA status and upgraded to a level three site. Their other three sites have been renewed and continued at level three. The Daughters of Charity sites of Metairie, St. Cecilia, and Carrollton have renewed and continue at level three.
- Revenue and patient population data as reported by providers on the semi-annual sustainability reports was received from 13 of the 18 provider organizations. For Q3, GNOCHC revenues were 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. 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.

As reported for Q3:

- 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.

As reported for Q4:

- 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.

- Utilization of behavioral health care services by unique enrollee subpopulations (parents to childless adults) is higher for adults with children (1.4 per month for homes with children compared to eight-tenths for homes without children). The number of enrollees receiving both primary and behavioral health encounters in the same quarter remains low (1.1 percent), but 43.5 percent of patients are receiving both primary and behavioral health care services on the same day. Louisiana recognizes that treating the whole patient is a good comprehensive approach to healthcare. Also, transportation is an issue for many patients, therefore receiving all examinations in one visit is efficient and works well for the patients.

Enrollment Information

During the current quarter as shown in attachment three:

- Average GNOCHC application processing time has further decreased to 44 days (56 days last quarter). The percentage of all GNOCHC applications pending for more than 45 days was 37 percent (27 percent last quarter). The application backlog has been mostly completed. The number of new applications received has steadily declined since March.
- Total GNOCHC enrollment has increased by 1.1 percent this quarter.
- Enrollment as of September 30, 2015 is 60,531. All recipients are under the income limit of 100 percent of the FPL.

Financial Developments

Payments to providers for this quarter consisted of encounter rate payments and incentive payments. The new incentive payment plan for changes to business operations to expand access to care and care management and establish medical homes was approved by CMS on April 29, 2015 and implemented last quarter. The provider organizations submitted documentation to prove measures were achieved. GNOCHC staff determined eligibility for payment based on that documentation. Twelve organizations qualified for payment in the amount of \$706,122. A total of \$624,490 was paid this quarter to 10 provider organizations. The remaining \$81,632 will be paid next quarter to EXCELth, Incorporated and MQVN Community Development.

Encounter Rate Payments

In the current quarter, encounter rate payments to providers were for claims with dates of service in DY5. Per the claims processing system maintained by Louisiana's Fiscal Intermediary, encounter rate payments made in the current quarter totaled \$3,814,541.48. Details for each organization follow.

Organization	Payment
Access Health Louisiana	\$360,778.78
Administrators of the Tulane Educational Fund	\$54,741.56
City of New Orleans Health Department	\$42,230.00
Common Ground Health Clinic	\$110,700.00
Daughters of Charity Services of New Orleans	\$1,093,707.20
EXCELth, Incorporated	\$320,395.40
Jefferson Community Health Care	\$413,070.49
Jefferson Parish Human Service Authority	\$162,274.01
Louisiana State University School of Medicine	\$3,255.04
Metropolitan Human Services District	\$80,317.44
MQVN Community Development	\$91,088.96

Organization	Payment
New Orleans Musicians Assistance Foundation	\$43,026.60
NO/AIDS Task Force/Crescent Care Specialty Center	\$19,440.68
Odyssey House Louisiana Inc.	\$222,484.04
Plaquemines Primary Care	\$8,610.00
Sisters of Mercy Ministries	\$508.60
St Thomas Community Health Center	\$493,615.36
University Medical Center (Medical Center of Louisiana at New Orleans)	\$294,297.32
TOTAL	\$3,814,541.48

This amount is \$303 less than the \$3,814,844 reported for encounter payments on the CMS 64 for DY5 Q4, but these amounts do not usually equal as payment dates lag and data is collected at various times. Prior period adjustments for administrative expenses of \$590,965 for fiscal year 2015 and \$64,957 for fiscal year 2014 were on the CMS 64 report representing the cost allocation. The waiver number on the CMS 64 appears to be incorrect as the last two digits representing the DY do not correspond with the fiscal year shown. This has been brought to the attention of the individuals who develop the CMS 64. There were two prior period adjustments for encounter payments for DY 5 Q2 and DY5 Q3 in the amount of \$322,450 for each quarter representing FQHC and physician payment adjustments. There were no MEG 2 payments made for this quarter, because system changes have caught up with payments. All were coded (and will continue to be coded) as MEG 1 for this quarter. A meeting was held with our fiscal department and Mercer, the actuary who completes the budget neutrality, to discuss the differences in the Disproportionate Share Hospital (DSH) amount as compared to the GNOCHC expenditures reported in the CMS 64 for last quarter. DHH's fiscal accountant managers will review it.

Incentive Payments

Organization	Payment
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	\$102,041
Jefferson Community Health Care	\$81,633
New Orleans Musicians Assistance Foundation	\$20,408
NO/AIDS Task Force/Crescent Care Specialty Center	\$61,224
Odyssey House Louisiana Inc.	\$12,245
St Thomas Community Health Center	\$81,633
University Medical Center	\$81,633
TOTAL	\$624,490

Budget Neutrality

Expenditures for DY1 continue to appear to exceed the \$30M annual budget due to DY1 recoupments that are still pending from EXCELth and Leading Edge. With the approval of the renewal, the expenditure limit is \$163.1 million. The total expenses for GNOCHC as of this quarter remain under the expenditure limit. Louisiana expects to stay under the expenditure limit for the remainder of the demonstration period. 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. See attachment four for the budget neutrality worksheet.

Operational Issues

No operational or consumer issues were noted in the current quarter. Provider organizations are working towards achieving self-sustainability and diversifying their revenue streams.

Attachments:

1. GNOCHC Participating Providers
2. Evaluation Data
3. Enrollment Update
4. Budget Neutrality Worksheet

State Contact:

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

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