

GNOCHC
Annual
Report

FFY14

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

Submitted to CMS
February 27, 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 4 (October 1, 2013 through September 30, 2014). Due to be submitted to CMS by November 30, 2013, but submitted on February 27, 2014 under an extension granted to the State, 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 4. 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 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 1 spanned Demonstration months 1-15 (October 2010 – December 2011) and focused on access preservation and evolution planning.
 - Phase 2 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 2 was extended through 2014 because CMS approved a 12-month extension of the GNOCHC Demonstration Waiver on September 29, 2013. Demonstration phase-down will occur later as CMS approved a renewal of the Demonstration through 2016 on November 25, 2014.

- The goal of the renewal 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 4 (DY 4), the State successfully met the schedule established in the STCs by CMS for the following deliverables during the period. The State:

- Actively participated in monthly calls as described in V. 35.
- Submitted timely the quarterly reports as described in V. 36, including the budget neutrality reporting described in VI. 42.
- Provided quarterly expenditure reports (Form CMS-64) as described in VI. 40.
- Submitted quarterly encounter data to MSIS as described in IV. 26.
- 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 an amendment to increase the budget neutrality limit to fund the program through July 2014 aligning it with the amount of available state matching funds.
- Secured approval from CMS of an amendment to increase the budget neutrality limit to continue the program through December 2014 as the Louisiana legislature appropriated state matching funds to continue the waiver through the full Demonstration period.
- Secured approval from CMS of the ACA transition plan (per STC V. 37), submitted ACA outreach plans to CMS as provided by the GNOCHC providers who received outreach grants, and continued to keep CMS updated about the transition plan.
- Secured approval from CMS of a change in the eligibility income standard to 100% of the federal poverty level (FPL) effective January 1, 2014.

Accomplishments

In Demonstration Year 1, the State accomplished its Phase 1 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 Demonstration Year 2.

In Demonstration Year 2, as we entered into Phase 2 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, December 2013.

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

In Demonstration Year 4, the State continued routine operations and planned for the continuation of the waiver through a renewal extension request. The income eligibility guideline was reduced to 100% of the federal poverty level effective January 1, 2014. Approximately 11,000 individuals were disenrolled 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.

The following sections detail the State's activities, accomplishments, and statistics for DY 4.

Enrollment of Eligible Individuals

The GNOCHC income standard changed on January 1, 2014 from 200% to 100% of the federal poverty level (FPL). Consequently, 11,008 enrollees (or approximately 18% of total enrollment) were disenrolled (or closed) in December 2013. Enrollment by the end of each quarter follows.

December 31, 2013 - 50,955

March 30, 2014 - 50,461

June 30, 2014 - 51,714

September 30, 2014 - 53,543

Enrollment at the beginning of Demonstration Year 4 (DY 4) was 62,041 and dropped to 53,543 by the end of the year. There were declines from the beginning of the DY through March 2014. In April 2014, enrollment began to grow an average of 1% each month. The last month of DY 4 showed the greatest growth at 1.1%. Projections for the next DY call for a steady growth in enrollment.

Processing time for applications and renewals has increased. This is caused by the need to build system edits as part of the Affordable Care Act (ACA) implementation and other additional work for ACA implementation. Some applications have been held in "Central Account Storage" pending system edits. As system functionality grows, more applications are moved to the eligibility determination system for MAGI applicability. In the 3rd and 4th quarters of DY 4, the number of applications received grew considerably, averaging 1,712 per month. Medicaid eligibility staffs continue to process cases as quickly as possible.

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.

Enrollment tracking shows that, on average, 79% of applications for GNOCHC are approved. Over the course of the year, 9,866 applications were approved. About 31% are newly certified from the renewal process, meaning the enrollee was no longer eligible in a full benefit program and was “rolled down” to the GNOCHC program.

Statistics follow for each quarter of DY 4.

DY 4, Quarter 1 October 2013 – December 2013

Average number of applications received per month – 1,207

Average processed per month – 1,475

Average processing time – 37 days

Percentage of GNOCHC applications pending for more than 45 days – 48% (9% at the end of DY 3)

DY 4, Quarter 2 January 2014 – March 2014

Average number of applications received per month – 579

Average processed per month – 453

Average processing time – 96 days

Percentage of GNOCHC applications pending for more than 45 days – 75%

DY 4, Quarter 3 April 2014 – June 2014

Average number of applications received per month – 1,854

Average processed per month – 1,152

Average processing time – 78 days

Percentage of GNOCHC applications pending for more than 45 days – 68%

DY 4, Quarter 4 July 2014 – September 2014

Average number of applications received per month – 1,570

Average processed per month – 1,175

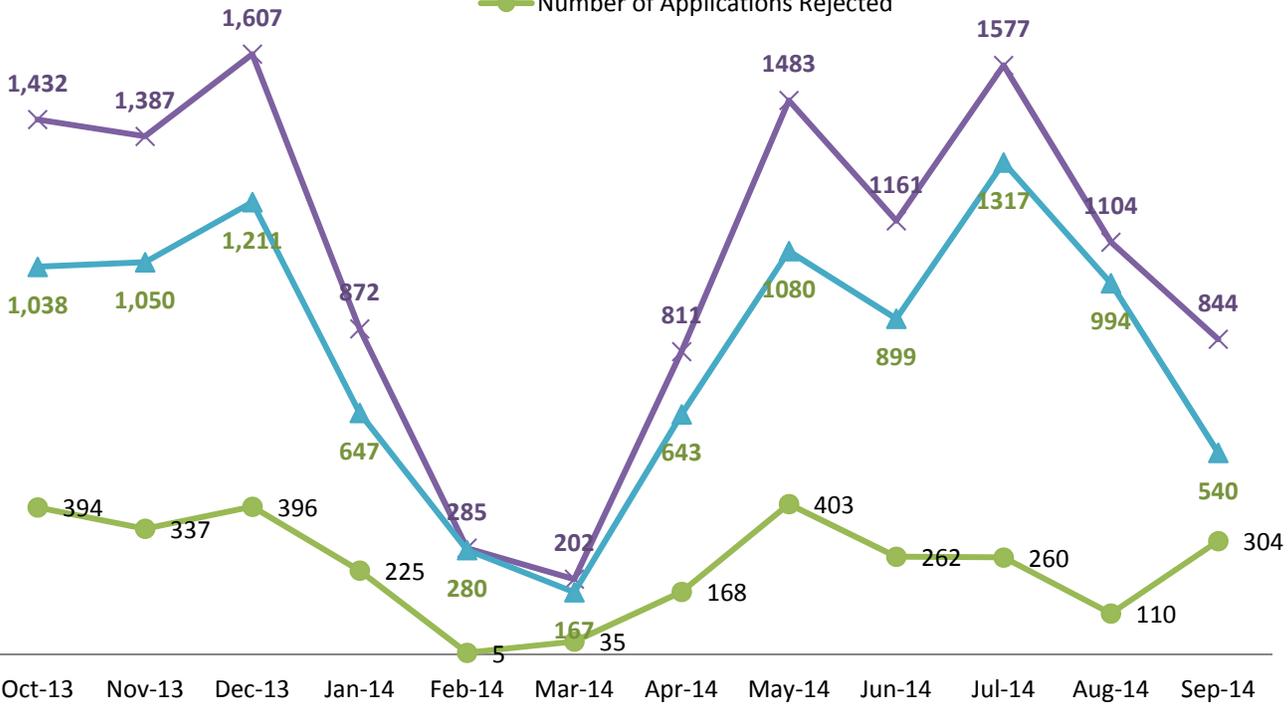
Average processing time – 92 days

Percentage of GNOCHC applications pending for more than 45 days – 74%

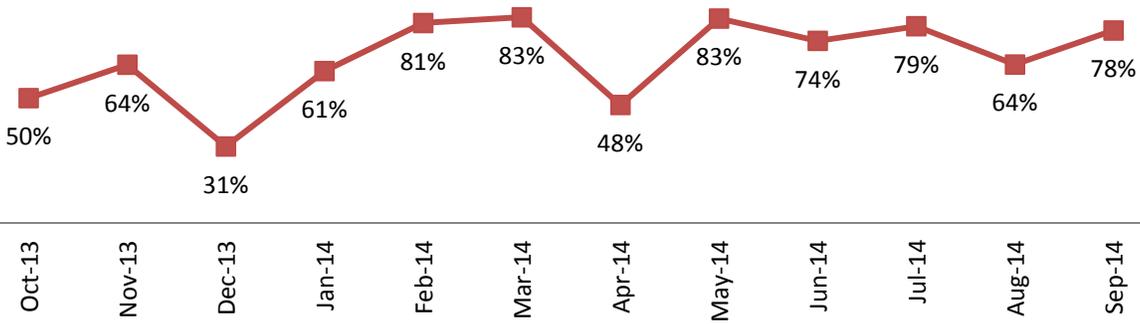
Every month, an average of 5,549 members is renewed for continuing eligibility. The majority (4,041 per month) are re-enrolled in the GNOCHC program. A small number (55 per month) are found eligible in another program. The closure rate for DY 4 was 16%. This includes the closures that occurred in December and January when the income guideline changed from 200% to 100%. Since March 2014, the closure rate normalized to a low of .82%. When GNOCHC enrollees are reviewed annually, most remain eligible in the program (72.8%).

Application Processing - DY 4

- Number of Applications Processed
- Number of Applications Approved
- Number of Applications Rejected

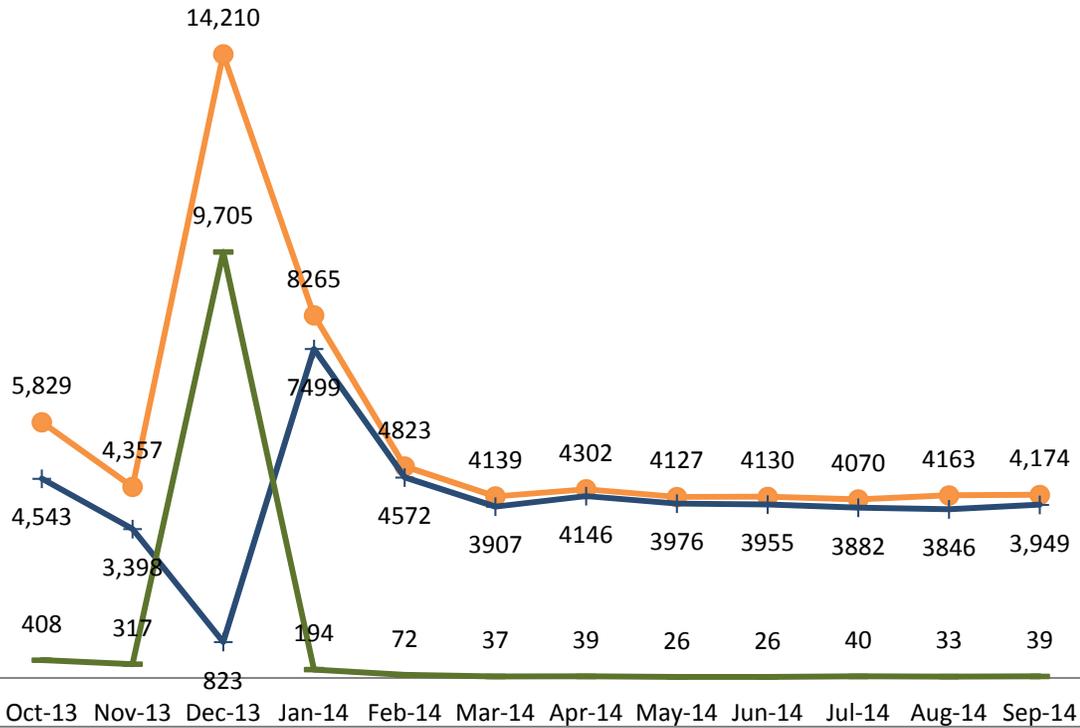


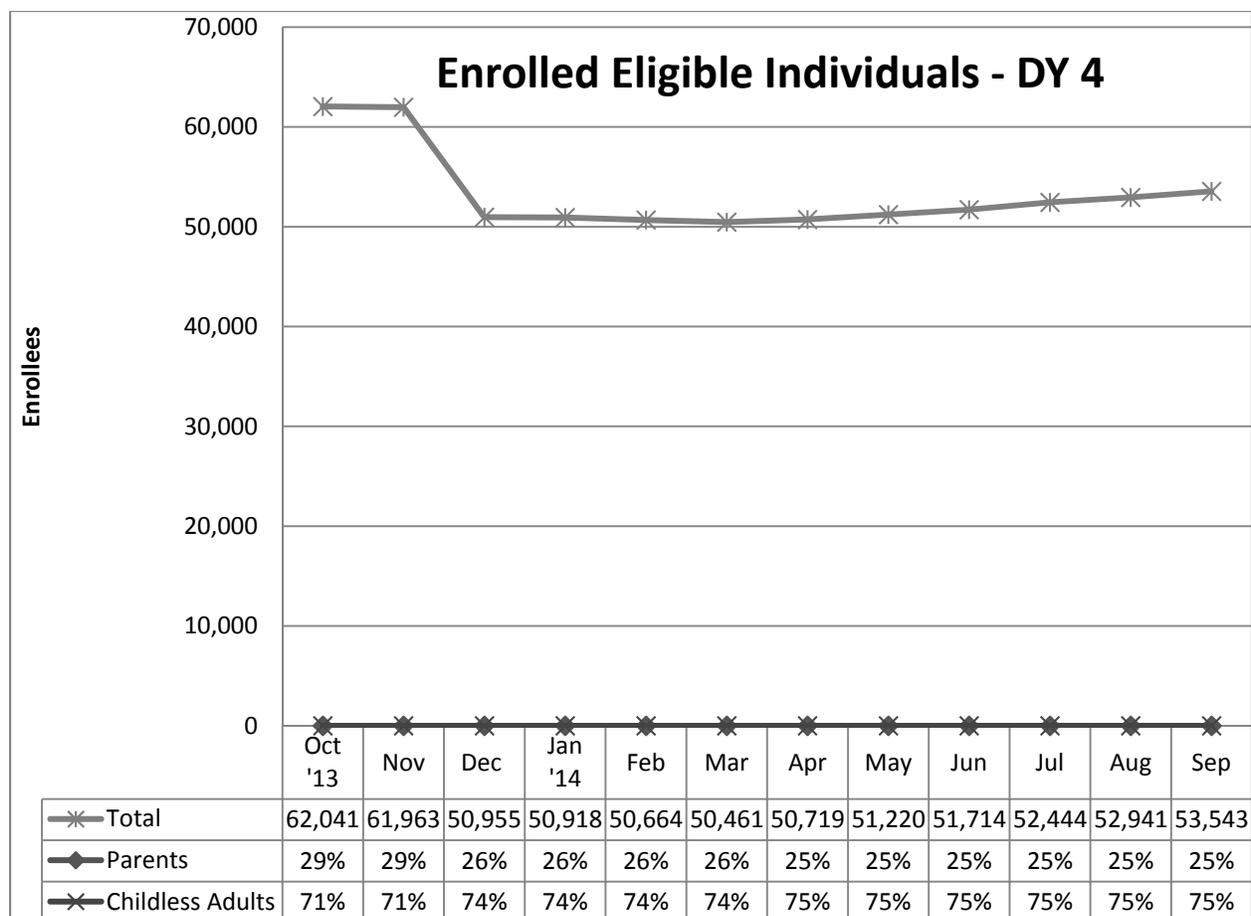
Percentage of Applications Pending Over 45 Days DY 4



Renewal Processing - DY 4

● Due for Renewal (AU Members)
 + Re-enrolled (AU Members)
 — Closed (AU Members)





Provider Enrollment

At the beginning of DY 4, there were 40 service sites representing the 18 organizations actively participating in the GNOCHC program. At the end of Demonstration Year 4, there are 45 sites. There were no site closures.

Over the course of year, there were five new site openings: St. Thomas Community Health Center - Columbia Parc, Jefferson Community Healthcare Centers - RFK Jean Lafitte, EXCELth Family Health Center - New Orleans East, Jefferson Parish Human Services Authority - JeffCare East Jefferson, and Jefferson Parish Human Services Authority - JeffCare West Jefferson.

The plan for Louisiana Children’s Medical Center’s (LCMC) assuming operations of four GNOCHC sites operated by Interim LSU Public Hospital (ILH)/Medical Center of Louisiana (MCLNO) was finalized and accepted by CMS in DY 4.

Common Ground Health Clinic became a FQHC in November 2013 and began offering behavioral health services. The provider organization, New Orleans AIDS Task Force, changed its name to CrescentCare Specialty Center and applied to become a FQHC.

GNOCHC Enrolled Providers as of September 30, 2014

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, New Orleans
	Tulane - Drop-In Center	1428 N Rampart St, 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 Dept - Health Care for the Homeless	2222 Simon Bolivar Ave, New Orleans
	City of New Orleans – Healthy Start	Mobile site /1515 Poydras 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
	Daughters of Charity Health Center - New Orleans East	5630 Read Blvd, 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, New Orleans
Jefferson Community Health Care Centers Jefferson Community Health Care Centers, continued	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
Medical Center of Louisiana at New Orleans/University Medical Center	Interim LSU Public Hospital – LB Landry Community Clinic	1200 L B Landry Ave, New Orleans
	Interim LSU Public Hospital – HIV OP Clinic	2235 Poydras St, New Orleans

GNOCHC Enrolled Providers as of September 30, 2014

Organization	Service Site Name	Service Site Location
	Interim LSU Public Hospital – Medical Home Care	1400 Poydras St, New Orleans
	Interim LSU Public Hospital – Urgent Care Clinic	1400 Poydras St, New Orleans
Metropolitan Human Services District	Algiers Community Health Connection	4422 Gen Meyer Ave, New Orleans
	St Bernard Community Health Connection	7407 St Bernard Ave, Ste A, Arabi
	New Orleans East Community Health Connection	5552 Read Blvd, New Orleans
	Central City Community Health	2221 Philip St, New Orleans
	Chartres-Pontchartrain Community Health	719 Elysian Fields Ave, New Orleans
Mary Queen of Vietnam Community Development Corporation	NOELA Community Health Center	4626 Alcee Fortier Blvd, Ste D, New Orleans
New Orleans Musicians Assistance Foundation	New Orleans Musicians’ Clinic	3700 St. Charles Ave, New Orleans
NO/AIDS Task Force – CrescentCare Specialty Center	NO/AIDS Task Force – CrescentCare Specialty Center	2601 Tulane Ave, Ste 500, New Orleans
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, Ste 425, Metairie
St. Charles Community Health Center / Access Health Louisiana St. Charles Community Health Center / Access Health Louisiana, continued	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
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

Provider Payments

The Funding Protocol provides for two reimbursement methodologies in DY 4: 1) National Committee on Quality Assurance Patient Centered Medical Home recognition (NCQA PCMH) incentive payments and 2) encounter rate payments, including payments for the Inter-Pregnancy Care Component.

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% of the year's total budget. The amount of a provider's quarterly payment will be 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.

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 services, and community support services. Only two GNOCHC providers are eligible for this encounter rate. SMI payments cannot exceed 10% of the year's total budget.

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. These services are intended to reduce the incidence of subsequent adverse pregnancy outcomes. IPC payments are payable per unit (15 minute units) and limited to 28 units per month per enrollee. The IPC unit rate is based on the independent rate model in use by Louisiana Medicaid for case management, support coordination, and targeted case management services. Expenditures for IPC services cannot exceed 5% of the year's total budget.

Expenditure Tracking and Reconciliation

The DY 4 Expenditure Tracking and Reconciliation Workbook provides a complete accounting of all payments made to GNOCHC providers in DY 4.

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 is also organized by worksheet:

- **Encounters DY4** contains site-level paid encounter data for primary care, basic behavioral health care, SMI behavioral health care, and IPC health care encounter claims for DY 4 dates of service submitted on Form CMS-1500 to the fiscal intermediary.
- **NCQA** contains site-specific data on the level and period of NCQA PCMH recognition.
- **Administrative Costs** identifies the total State administrative costs claimed for the year, including personnel and professional services contract costs.
- **Rates** contain the primary care, basic behavioral health care, and SMI encounter rates; the NCQA PCMH Recognition Levels 1, 2, and 3 rates; the IPC encounter amounts; and the calculations for total expenditures.

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 encounter rate payments, NCQA PCMH incentive payments, and total DY 4 payment amounts.

Approved Expenditures Reported

For DY 4, \$24,700,000 in funding was awarded for medical vendor payments and \$272,922 for administrative payments. Providers were paid \$20,085,152 or 81% of the original award amount. Administrative costs totaled \$194,562.

Incentive Payments

In DY 4, nine providers were awarded a total of \$2,362,500 in incentive payments for NCQA PCMH Recognition.

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.

For additional detail, see the DY 4 Expenditure Tracking & Reconciliation Workbook.

Incentive Payments Per Provider		
<i>Provider Organization</i>	<i>Recognition Level</i>	<i>Payment</i>
Common Ground Health Clinic	1 site, Level 2	\$100,000
Daughters of Charity Services of New Orleans /Marillac CHC	3 sites, Level 3 1 site, Level 3 for 2 quarters	\$525,000
EXCELth, Incorporated	1 site, Level 3; 1 site, Level 2 for 2 quarters and Level 3 for 1 quarter	\$237,500
Jefferson Community Health Care	3 sites, Level 3	\$450,000
Medical Center of Louisiana at New Orleans	4 sites, Level 2 for 2 quarters	\$200,000
MQVN Community Development	1 site, Level 3	\$150,000
NO/AIDS Task Force	1 site, Level 3	\$150,000
St. Charles Community Health Center / Access Health Louisiana	1 site, Level 3	\$150,000
St. Thomas Community Health Center	1 site, Level 2; 2 sites, Level 3	\$400,000
TOTAL		\$2,362,500

Encounter Rate Payments

In DY 4, providers were paid a total of \$17,719,701.51 for encounter claims for dates of service in DY 4. A total of \$2879 was paid for dates of service occurring in DY 3.

Primary Care Encounters

Analysis of encounter data reported for DY 4 show that primary care encounters drove both encounter volume and encounter rate payments for the period. Primary care encounters account for 83.6% of the total number of encounters approved for DY 4. Primary care encounter payments account for 91% of all encounter rate payments.

Behavioral Health Care Encounters

Behavioral health care encounters calculated to 16.4% of encounters approved for DY 4, with 77% of behavioral health encounters as basic behavioral health care encounters and 23% for Serious Mental Illness (SMI) behavioral health care encounters. Behavioral health care encounter payments account for 9% of all encounter rate payments, with 76% being basic behavioral health care encounter rate payments and 24% for 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 4 Expenditure Tracking and Reconciliation Workbook.

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	1,064	\$227,325.89	372	\$37,623.76	0	\$0.00	1,436	\$264,949.65
City of New Orleans Health Department	863	\$108,337.86	0	\$0.00	0	\$0.00	863	\$108,337.86
Common Ground Health Clinic	1,358	\$294,143.28	158	\$16,071.76	0	\$0.00	1,516	\$310,215.04
Daughters of Charity Services of New Orleans / Marillac	17,758	\$3,794,210.83	397	\$40,328.27	0	\$0.00	18,155	\$3,834,539.10
EXCELth, Inc.	6,514	\$1,382,840.40	647	\$65,634.24	0	\$0.00	7,161	\$1,448,474.64
Jefferson Community Health	11,158	\$2,418,892.89	354	\$35,937.81	0	\$0.00	11,512	\$2,454,830.70
Jefferson Parish Human Service Authority	0	\$0.00	4,057	\$412,337.88	3	\$322.56	4,060	\$412,660.44
LSU School of Medicine	2	\$410.00	214	\$21,462.92	0	\$0.00	216	\$21,872.92
Medical Center of Louisiana at New Orleans	16,601	\$3,665,279.26	636	\$64,592.20	0	\$0.00	17,237	\$3,729,871.46
Metropolitan Human Services District	0	\$0.00	0	\$0.00	3,405	\$365,788.58	3,405	\$365,788.58
Mary Queen of Vietnam Community Development	1,867	\$400,560.42	38	\$3,865.36	0	\$0.00	1,905	\$404,425.78
New Orleans Musicians Assistance Foundation	517	\$109,031.20	288	\$29,245.36	0	\$0.00	805	\$138,276.56
NO/AIDS Task Force	210	\$41,687.33	138	\$12,613.28	0	\$0.00	348	\$54,300.61
Odyssey House Inc.	2,150	\$460,398.44	3,117	\$316,924.71	0	\$0.00	5,267	\$777,323.15
Plaquemines Primary Care	139	\$29,907.03	0	\$0.00	0	\$0.00	139	\$29,907.03
Sisters of Mercy Ministries	0	\$0.00	67	\$6,713.52	0	\$0.00	67	\$6,713.52
St. Charles Community Health / Access Health	8,647	\$1,855,198.14	571	\$58,082.12	0	\$0.00	9,218	\$1,913,280.26
St. Thomas Community Health	6,604	\$1,409,145.97	342	\$34,788.24	0	\$0.00	6,946	\$1,443,934.21
TOTAL	75,452	\$16,197,368.94	11,396	\$1,156,221.43	3,408	\$366,111.14	90,256	\$17,719,701.51

Inter-Pregnancy Care Coordination (IPC) Payments

Through the IPC component of the Demonstration, the State aims to reduce the incidence of subsequent adverse pregnancy outcomes among women who have previously had a low or very low birth weight baby, preterm birth, fetal death, or infant death. IPC payments are made per 15 minute unit and limited to 28 units per month per enrollee. The IPC unit rate is based on the independent rate model in use by Louisiana Medicaid for case management, support coordination, and targeted case management services.

In DY 4, only one provider, City of New Orleans Health Department's Healthy Start, was eligible for reimbursement for IPC services. Due to low enrollee interest and participation in the IPC program, only 3 claims (7 units of service) were submitted for reimbursement for a total payment of \$71.55.

Total DY 4 Payments

In sum, as shown in the DY 4 Expenditure Tracking and Reconciliation Workbook:

- A total of \$17.7 million in encounter payments were made to 18 provider organizations. This is \$3.07 million less than DY 3.
- Incentive payments for NCQA PCHM recognition program totaled \$2.36 million.
- Payments for IPC services totaled \$71.55.
- Total DY 4 payments to providers totaled \$20.08 million.

The table below summarizes DY 4 payments at the provider organization level.

Summary of All DY 4 Payments by Participating Provider Organization

Provider Organization	Total NCQA Incentive Payments	Total Encounter Rate Payments	Total IPC Payments	Total DY4 Payments
Administrators of the Tulane Educational Fund	\$0.00	\$264,949.65	\$0.00	\$264,949.65
City of New Orleans Health Dept.	\$0.00	\$108,337.86	\$71.55	\$108,409.41
Common Ground Health Clinic	\$100,000.00	\$310,215.04	\$0.00	\$410,215.04
Daughters of Charity / Marillac CHC	\$525,000.00	\$3,834,539.10	\$0.00	\$4,359,539.10
EXCELth, Incorporated	\$237,500.00	\$1,448,474.64	\$0.00	\$1,685,974.64
Jefferson Community Health Care	\$450,000.00	\$2,454,830.70	\$0.00	\$2,904,830.70
Jefferson Parish Human Service Authority	\$0.00	\$412,660.44	\$0.00	\$412,660.44
Louisiana State University School of Medicine	\$0.00	\$21,872.92	\$0.00	\$21,872.92
Medical Center of Louisiana at New Orleans	\$200,000.00	\$3,729,871.46	\$0.00	\$3,929,871.46
Metropolitan Human Services District	\$0.00	\$365,788.58	\$0.00	\$365,788.58
MQVN Community Development	\$150,000.00	\$404,425.78	\$0.00	\$554,425.78
New Orleans Musicians Assistance Foundation	\$0.00	\$138,276.56	\$0.00	\$138,276.56
NO/AIDS Task Force	\$150,000.00	\$54,300.61	\$0.00	\$204,300.61
Odyssey House Inc.	\$0.00	\$777,323.15	\$0.00	\$777,323.15
Plaquemines Primary Care	\$0.00	\$29,907.03	\$0.00	\$29,907.03
Sisters of Mercy Ministries	\$0.00	\$6,713.52	\$0.00	\$6,713.52
St Charles Community Health Center / Access Health Louisiana	\$150,000.00	\$1,913,280.26	\$0.00	\$2,063,280.26
St Thomas Community Health Center	\$400,000.00	\$1,443,934.21	\$0.00	\$1,843,934.21
TOTAL	\$2,362,500.00	\$17,719,701.51	\$71.55	\$20,082,273.06

Encounter Data Findings

Encounter data analyses of enrollee encounter data reported for DY 4 provide the following information about the number of persons served and the cost of providing care to persons served under the Demonstration.

Number of Persons Served Cost of Providing Care

Over the course of DY 4, enrollment has slowly increased to 53,543 with the greatest growth occurring in the last quarter (5.58%), see table on page 8. Most enrollees are childless adults (74%). Utilization of services is low. The primary care utilization rate is 10.3% per month, and the behavioral health care access averages 1.9% per month. The percentage of enrollees accessing both primary care and behavioral health is under 1%.

Of the GNOCHC enrolled providers, roughly 29.5% of their total patient number are GNOCHC enrollees. Approximately 37% of their income is from GNOCHC claims.

Childless adults, representing those households with no minor children in the home, are 74% of enrollment. This population group drives the cost of providing care by both enrollment volume and service utilization. Seventy-seven percent of all primary care encounter rate payments are for childless adults. Adults with minor children in the home is 26% of total enrollment and 23% of primary care encounter rate payments. This information is shown on the table on page 8.

The tables that follow provide additional detail on the cost of providing care to persons under the Demonstration, 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 Demonstration enrollees. The second table provides the data for Demonstration enrollees with minor children in the home (parents). The third table provides the data for Demonstration enrollees without minor children in the home (childless adults).

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	\$2,085,882	64,534	9,919	8,063	\$32.32	\$258.70	\$2,085,882	64,534	\$32.32	8,063	\$258.70
November	\$1,669,994	63,908	8,042	6,730	\$26.13	\$248.14	\$3,755,877	128,442	\$29.24	14,793	\$253.90
December	\$1,788,061	63,558	8,452	6,889	\$28.13	\$259.55	\$5,543,937	192,000	\$28.87	21,862	\$255.69
January	\$1,249,514	52,615	6,672	5,461	\$23.75	\$228.81	\$6,793,452	244,615	\$27.77	27,143	\$250.28
February	\$1,249,326	52,532	6,629	5,607	\$23.78	\$222.82	\$8,042,778	297,147	\$27.07	32,750	\$245.58
March	\$1,247,013	52,978	6,521	5,435	\$23.54	\$229.44	\$9,289,791	350,125	\$26.53	38,185	\$243.28
April	\$1,310,857	53,449	7,006	5,692	\$24.53	\$230.30	\$10,600,647	403,574	\$26.27	43,877	\$241.60
May	\$1,268,535	53,576	6,751	5,512	\$23.68	\$230.14	\$11,869,183	457,150	\$25.96	49,389	\$240.32
June	\$1,234,518	53,806	6,637	5,405	\$22.94	\$228.40	\$13,103,700	510,956	\$25.65	54,794	\$239.14
July	\$1,281,474	54,129	6,949	5,631	\$23.67	\$227.57	\$14,385,174	565,085	\$25.46	60,425	\$238.07
August	\$1,155,481	54,291	6,273	5,147	\$21.28	\$224.50	\$15,540,655	619,376	\$25.09	65,572	\$237.00
Sept	\$1,209,080	54,266	6,618	5,410	\$22.28	\$223.49	\$16,749,735	673,642	\$24.86	70,982	\$235.97
Total	\$16,749,735	673,642	86,469	70,982							

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	\$464,541	18,750	2,060	1,777	\$24.78	\$261.42	\$464,541	18,750	\$24.78	1,777	\$261.42
November	\$389,778	18,341	1,770	1,520	\$21.25	\$256.43	\$854,319	37,091	\$23.03	3,297	\$259.12
December	\$415,480	18,075	1,839	1,563	\$22.99	\$265.82	\$1,269,799	55,166	\$23.02	4,860	\$261.28
January	\$258,779	13,481	1,311	1,134	\$19.20	\$228.20	\$1,528,577	68,647	\$22.27	5,994	\$255.02
February	\$277,499	13,369	1,410	1,213	\$20.76	\$228.77	\$1,806,077	82,016	\$22.02	7,207	\$250.60
March	\$264,676	13,381	1,332	1,130	\$19.78	\$234.23	\$2,070,753	95,397	\$21.71	8,337	\$248.38
April	\$283,024	13,408	1,440	1,204	\$21.11	\$235.07	\$2,353,777	108,805	\$21.63	9,541	\$246.70
May	\$260,136	13,380	1,323	1,110	\$19.44	\$234.36	\$2,613,913	122,185	\$21.39	10,651	\$245.41
June	\$259,255	13,326	1,323	1,098	\$19.45	\$236.12	\$2,873,168	135,511	\$21.20	11,749	\$244.55
July	\$257,731	13,339	1,317	1,109	\$19.32	\$232.40	\$3,130,899	148,850	\$21.03	12,858	\$243.50
August	\$232,306	13,369	1,190	1,042	\$17.38	\$222.94	\$3,363,205	162,219	\$20.73	13,900	\$241.96
Septembe	\$257,971	13,322	1,330	1,147	\$19.36	\$224.91	\$3,621,176	175,541	\$20.63	15,047	\$240.66
Total	\$3,621,176	175,541	17,645	15,047							

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	\$1,621,341	45,785	7,859	6,286	\$35.41	\$257.93	\$1,621,341	45,785	\$35.41	6,286	\$257.93
November	\$1,280,217	45,569	6,272	5,210	\$28.09	\$245.72	\$2,901,558	91,354	\$31.76	11,496	\$252.40
December	\$1,372,581	45,487	6,613	5,326	\$30.18	\$257.71	\$4,274,139	136,841	\$31.23	16,822	\$254.08
January	\$990,735	39,136	5,361	4,327	\$25.32	\$228.97	\$5,264,874	175,977	\$29.92	21,149	\$248.94
February	\$971,827	39,164	5,219	4,394	\$24.81	\$221.17	\$6,236,701	215,141	\$28.99	25,543	\$244.16
March	\$982,337	39,597	5,189	4,305	\$24.81	\$228.19	\$7,219,038	254,738	\$28.34	29,848	\$241.86
April	\$1,027,832	40,041	5,566	4,488	\$25.67	\$229.02	\$8,246,870	294,779	\$27.98	34,336	\$240.18
May	\$1,008,399	40,196	5,428	4,402	\$25.09	\$229.08	\$9,255,270	334,975	\$27.63	38,738	\$238.92
June	\$975,263	40,480	5,314	4,307	\$24.09	\$226.44	\$10,230,532	375,455	\$27.25	43,045	\$237.67
July	\$1,023,742	40,790	5,632	4,522	\$25.10	\$226.39	\$11,254,275	416,245	\$27.04	47,567	\$236.60
August	\$923,175	40,922	5,083	4,105	\$22.56	\$224.89	\$12,177,450	457,167	\$26.64	51,672	\$235.67
Sept	\$951,109	40,945	5,288	4,263	\$23.23	\$223.11	\$13,128,558	498,112	\$26.36	55,935	\$234.71
Total	\$13,128,558	498,112	68,824	55,935							

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

In order to meet the funding needs of Louisiana's Section 1115 Demonstration GNOCHC Waiver through the waiver's approved expiration date of December 31, 2014, Louisiana requested an increase to the Demonstration expenditure limit in February and June 2014. CMS approved both requests raising the aggregate expenditure limit to \$111.6 million.

On July 1, 2014, Louisiana requested a renewal of the Demonstration for an additional three years in order to provide needed medical care to a population which is still feeling the effects of Hurricanes Katrina and Rita. If the renewal is not approved, the Demonstration will end on December 31, 2014. To increase enrollment, the State will also request that the 6 month waiting period for not having medical insurance be eliminated.

In the coming months, Louisiana will request an amendment to the STCs to replace the NCQA incentive payments for recognition as a Patient Centered Medical Home with a payment centered on provider practices to measure outcomes.

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 was submitted to CMS on October 31, 2013 (the State requested and received approval to submit the draft transition plan after the July 1 deadline), and later revised on December 5, 2013 after discussions with CMS. On December 23, 2013, the State forwarded to CMS the outreach plans from the GNOCHC providers that received outreach grants.

Delays in application and renewal processing times continue because of the necessity to make system edits for the ACA implementation, but Medicaid eligibility staffs continue to process cases as quickly as possible. Applications, which are of an urgent nature, are processed outside the system, and when the electronic version comes through, it is rejected as it has already been processed. As system functionality is increased, more and more applications are submitted to the new eligibility system.

All GNOCHC provider organizations provide ACA referrals and application assistance.

Financial

Expenditures for DY 1 continue to appear to exceed the \$30M annual budget due to DY1 recoupments that are still pending from EXCELth and Leading Edge. The total expenses for the Demonstration as of quarter ending September 30, 2014 remain under the expenditure limit of \$111.6M. The State expects to stay under the expenditure limit for the remaining months of the Demonstration (recent renewal not taken into consideration for this report). See attachment 4 for the budget neutrality worksheet.

Consumer Issues

No notable consumer issues were identified in DY 4.

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, 2014. Providers are challenged to carefully evaluate their current GNOCHC utilization, and, based on a data-driven analysis of expenditures, future utilization, and estimated revenue projections through 2014, 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.

Revenue data suggests that financial sustainability remains an issue for providers.

For Q1, GNOCHC revenues account for 41% of total patient revenue; 30% of the patients are GNOCHC enrollees; 24% are non-elderly adults who are uninsured or self-pay; 12% are under age 19 and enrolled in Medicaid or CHIP.

- 21% of providers report that GNOCHC is <25% of total patient revenue.
- 14% of providers report that GNOCHC is 25-50% of total patient revenue.
- 29% of providers report that GNOCHC is 51-75% of total patient revenue.
- 36% of providers report that GNOCHC is >75% of total patient revenue.

For Q2, GNOCHC revenues account for 31% of total patient revenue; 24% of the patients are GNOCHC enrollees; 28% are non-elderly adults who are uninsured or self-pay; 12% are under age 19 and enrolled in Medicaid or CHIP.

- 21% of providers report that GNOCHC is <25% of total patient revenue.
- 50% of providers report that GNOCHC is 25-50% of total patient revenue.
- 7% of providers report that GNOCHC is 51-75% of total patient revenue.
- 21% of providers report that GNOCHC is >75% of total patient revenue.

For Q3, GNOCHC revenues account for 40% of total patient revenue; 42% of the patients are GNOCHC enrollees; 29% are non-elderly adults who are uninsured or self-pay; 15% are under age 19 and enrolled in Medicaid or CHIP.

- 25% of providers report that GNOCHC is <25% of total patient revenue.
- 31% of providers report that GNOCHC is 25-50% of total patient revenue.
- 13% of providers report that GNOCHC is 51-75% of total patient revenue.
- 31% of providers report that GNOCHC is >75% of total patient revenue.

For Q4 GNOCHC revenues account for 36% of total patient revenue; 20% of the patients are GNOCHC enrollees; 27% are non-elderly adults who are uninsured or self-pay; 16% are under age 19 and enrolled in Medicaid or CHIP.

- 29% of providers report that GNOCHC is <25% of total patient revenue.
- 29% of providers report that GNOCHC is 25-50% of total patient revenue.
- 18% of providers report that GNOCHC is 51-75% of total patient revenue.
- 24% of providers report that GNOCHC is >75% of total patient revenue.

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

- Most GNOCHC providers receive funding from non-federal grants and federal grants such as Section 330 for FQHC designation, The Ryan White HIV/AIDS Program, the 340B drug pricing program, Outreach and Enrollment grants, and funds from the Bureau of Primary Health Care.
- Other sources of revenue are private contributions, payment from non-GNOCHC Medicaid claims, corporate donations, enhanced reimbursements from Medicaid, Bayou Health, and Medicare as a result of be a FQHC network, private insurance, and private pay patients who pay on a sliding fee scale based on their income and a household assessment.
- All providers continue to search for more funding opportunities, aim to diversify the kinds of grants they acquire by putting more emphasis on long-term grants, and diversify their patient revenue mix.
- Metro Human Services receives funding from the State to treat patients with serious and persistent mental conditions.
- Providers offer expanded services to non-GNOCHC patients (pediatrics, podiatry, dental, and gynecological) or have partnered with other non-GNOCHC health providers to treat their patients for services they or the partner do not offer. As an example, Daughters of Charity has partnered with the LSU School of Medicine's obstetrics program to offer a continuity clinic.

- GNOCHC providers are trying to increase their Medicaid patient base by partnering with LSU OB/GYN and Pediatric clinics and Children's Hospital of New Orleans to increase the number of Medicaid patients.
- Jefferson Parish Human Services Authority has a CEA agreement with West Jefferson Medical Center to help identify individuals arriving in their emergency department without insurance.
- Mary Queen of Vietnam's New Orleans East has contracted with the Garretson Firm Resolution Group, the Medical Benefits Claims Administrator of the Deepwater Horizon Medical Benefits Class Action Settlement, to provide periodic medical consultations to its participants.
- The City of New Orleans Health Department has partnered with Southeast Louisiana Veterans Healthcare System to provide primary care to those who visit the veteran's center to get ancillary services.
- Odyssey House has partnered with Metro Human Services to provide supporting pharmacy for their behavioral health patients who cannot afford their medications.
- GNOCHC providers are partnering with one another to provide services. As an example, Common Ground has partnered with EXCELth for behavioral health via telemedicine and has partnered with Odyssey House for their free detox services program.
- Providers have begun ICD-10 in late 2014 or will implement it in 2015.
- NO/AIDS has credentialed all billable staff and continue to review charts to insure staff is properly coding all visits for reimbursement purposes. Additionally, they have changed their hiring procedures to insure they are hiring behavioral health staff with appropriate (billable) credentials.
- Odyssey House has entered into an agreement with the Office of Public Health to provide STD testing and treatment to the community. This will allow the Odyssey House site to become 340b Pharmacy eligible and allow them to begin utilizing the State lab which will reduce their costs.
- Funding from GNOCHC has helped many providers attain NCQA PCMH recognition or placed them on the path to attain recognition, purchase equipment, hold trainings, hire additional medical staff and consultants, hire more billing staff and billing managers, expand the sites, and plan for future locations.
- GNOCHC providers are active in the community. Common Ground is involved with the weekly Farmer's Market for outreach purposes and to promote healthy eating. GNOCHC providers hold enrollment drives on weekends, participate in community events and health fairs, hold their own health fairs, offer mobile medical services, and partner with neighborhood housing.
- Other outreach efforts include marketing via radio and television, post card mailings, and public transportation bus signage.
- Some providers have hired consultants to develop strategic plans and performance improvement plans.
- Some have outsourced billing because there were errors in claims submissions and registration. Annual training on billing and annual audits are taking place.
- Most screen patients at check-in and have trained staff to take Medicaid applications for uninsured patients. Certified ACA staffs are on site to answer questions and help with enrollment.

In conclusion, providers are devoting time and effort to becoming and remaining sustainable after GNOCHC ends to continue providing medical services to the area. All provider organizations were

present at the renewal public hearings to express their support for continuation of the Demonstration. GNOCHC has provided critically needed revenue which has allowed most sites to expand and improve for continued sustainability after the waiver 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 helped the providers in DY 4 submit reliable and complete 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% (18 organizations) throughout the year. Three new sites were opened this DY bringing the total number of enrolled sites to 44.
- The rate of GNOCHC enrollees who have accessed primary care services in DY 4 averaged 10.3% (10.5% in DY 3). For behavioral health care services, the rate of access averaged 1.9% (1.7% in DY 3), peaking in the last quarter at 2.4%.
- One-half of participating provider sites has gained NCQA PCMH recognition. Most sites are at Level 3.
- 39 sites are certified Medicaid application centers.
- 4,562 enrollees had both a primary care and behavioral health encounter in DY 4 (an increase of 310 from last DY), an average of 0.7% of all enrollees. Of those enrollees, an average of 31% were resourceful and received those services on the same date of service (an increase of 10% 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 \$159 per month, which is 20.8% higher than payment for enrollees with a child in the home, which average \$126 per month. Also, the average payment per month for enrollees with incomes of 133% FPL or less was \$159 (\$145 last DY), which is 8.8% higher than the average of \$145 per month for enrollees earning 134-200% FPL.

Conclusion

During DY 4, the State continues to follow the STCs and when needed has requested additional time to submit deliverables. Most notably:

- The State continues to enroll new individuals and renew eligibility for tens of thousands of low-income uninsured adults. As the GNOCHC program income limits are 100% of the FPL and Louisiana did not expand Medicaid, GNOCHC enrollees do not qualify for a Marketplace subsidy, therefore GNOCHC is their only source of healthcare.
- The GNOCHC provider sites continue to be a “medical home” and the provider of choice for the area’s underserved residents.
- GNOCHC sites have become an important part of the community. They sponsor community events to promote the program and healthy living.