

Managed Care in Louisiana

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

In July 2011, over two thirds of Medicaid beneficiaries in Louisiana were enrolled in some form of managed care. Between 2006 and 2012, Louisiana operated a primary care case management program called **CommunityCARE** that enrolled low-income adults and children, CHIP children, and adults with disabilities around the state on a mandatory basis. Since 2006, the state has operated two **Programs of All-inclusive Care for the Elderly (PACE)**, which provide all Medicare and Medicaid services to individuals age 55 and over who require a nursing home level of care. In 2010, the state received federal Medicaid authority to continue the **Greater New Orleans Community Health Connection** program, which started as a grant-funded program in the aftermath of Hurricanes Katrina and Rita and covers outpatient primary and preventive care, behavioral health services and care coordination delivered by a limited set of community health centers to non-Medicaid eligible individuals age 19 through 64 who have incomes below 200 percent of the Federal poverty level (FPL), are uninsured six months prior to enrollment, and live in the Greater New Orleans area. The program is scheduled to end in January 2014.

In March 2012 Louisiana launched **Louisiana Behavioral Health Plan**; a managed care program for adults and children and children with behavioral health needs under a 1915(b) authority. This waiver is a concurrent 1915(b)(c)(i) program with a single Prepaid Inpatient Health Plan (PIHP) where the 1915(c) children's **Coordinated System of Care (CSoc)** Severely Emotionally Disturbed (SED) 1915(c) **Home and Community Based Waiver and the Adult Psychosocial Rehabilitation and Clinic** 1915(i) State Plan Option for Severely and Persistently Mentally Ill Adults (SPMI) are administered through the 1915(b) waiver with mandatory enrollment and selective services contracting authority. The single PIHP has one contract with two separate reimbursement mechanisms: non-risk payments for children and any individual with retroactive eligibility or any individual meeting spend-down requirements in the month he or she meets spend-down; and at-risk per for all other adults. Reforming the current service delivery systems for behavioral health services by developing and implementing a comprehensive system for behavioral health services that will be a Coordinated System of Care (CSoc) provides an array of services to: all eligible children and youth in need of mental health and substance abuse care; adults with serious and persistent mental illness or co-occurring disorders of mental illness and substance use; and at risk children and youth with significant behavioral health challenges or co-occurring disorders in or at imminent risk of out of home placement. The program is scheduled to end in February 2017

In 2012, Louisiana transformed CommunityCARE into a risk-based comprehensive managed care program called **Bayou Health**, which contracts with five plans: (1) three prepaid health plans, which are full-risk managed care organizations that provide acute, primary and specialty care (plus extra benefits at their discretion), and (2) two "shared savings health plans" which contract with primary care practices providing enhanced care management, and the plans accept partial financial risk. The five State contracts formed under Bayou Health were written with built-in adequacy of network requirements and standards. Bayou Health offers Medicaid recipients the appropriate eligible requirements two models of comprehensive risk. An MCO model of Bayou Health Prepaid and an enhanced primary case management (ePCCM) fee-for-service model in Bayou Health Shared Savings. The State's enhanced MCO Medicaid Program increased accountability for delivery of services and healthcare outcomes for patients.

The implementation of the Bayou Health Prepaid model allows for a greater ability to ensure access to care due to the authorities ability to offer flexibility to rates when necessary. Bayou Health Shared Savings plan also assisted in increased access to care as provider savings was contingent upon assuring not only assuring an appropriate level of care but demonstration of improved health outcomes as a requirement of that program is being cost effective as it is compared to total cost of care benchmarks.

Bayou Health requires enrollment statewide by most Medicaid beneficiaries, excluding dual eligibles, institutional residents, HCBS waiver participants, and beneficiaries entitled to limited benefits. In 2012, Louisiana began planning to integrate long term services and support into existing managed care plans. Bayou Health was implemented statewide in June 2012.

In July 2014 Louisiana launched the Dental Benefits Program DBP that will serve all Medicaid beneficiaries eligible for dental services including children, including SCHIP Medicaid expansion children eligible, and adults. It was implemented

statewide and falls under a 1915(b) waiver authority as a Prepaid Ambulatory Health Plan (PAHP). It is scheduled to end in March 2016.

Participating Plans, Plan Selection, and Rate Setting

As of 2012, Louisiana contracts with five health plans to administer the Bayou Health program, three of which use a prepaid full-risk capitated model and two of which use a partial risk “shared savings” model. The three prepaid plans include **one national, not-for-profit plan** (LaCare); and **two national, for-profit plans** (Amerigroup and Louisiana Health Care Connections, owned by Centene). The two shared savings plans are both **national, for-profit plans** (UnitedHealthCare and Community Health Solutions of America). Louisiana selected plans based on a competitive procurement and set rates based using actuarial analysis. In addition its dental services are provided through Managed Care of North America Dental.

Quality and Performance Incentives

Louisiana requires its Bayou Health prepaid and shared savings plans to report HEDIS, CAHPS, and other clinical and administrative performance measures that the state deems appropriate. For prepaid plans, the state may deduct up to 0.5 percent of the total monthly capitation payment to a plan for each of five measures that fall below established benchmarks. Similarly, shared savings plans earn 20 percent of the savings payout for performance on each of five measures; all measures that fall below performance standards result in corrective action. Incentive-based measures for both prepaid and shared savings plans focus on adult access to preventative/ambulatory health services, diabetes care, Chlamydia screening, and well child and adolescent visits.

Table: Managed Care Program Features, as of August 2014

Program Name	CommunityCARE Program*	Program of All-inclusive Care for the Elderly (PACE)		Bayou Health Plan	Louisiana Behavioral Health Plan	Dental Benefit Program
Program Type	PCCM	PACE		MCO/PCCM	PIHP	PAHP
Program Start Date	April 2006	July 2008		January 2012	March 2012	July 2014
Statutory Authorities	1932(a)	PACE		1932(a)	1915(b)	1915(b)
Geographic Reach of Program	Statewide	Select Regions		Statewide	Statewide	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)						
<i>Aged</i>		X			x	
<i>Disabled Children & Adults</i>	X	X (age 55+)		X	x	X
<i>Children</i>	X			X(under 19)	x	X
<i>Parents</i>				x		
<i>Breast and Cervical Cancer Program</i>				X(under 65)		
<i>Low-Income Adults</i>	X			x	x	
<i>Medicare-Medicaid Eligibles ("duals")</i>		X (age 55+)				
<i>Foster Care Children</i>				x	x	X
<i>Pregnant Women</i>				x		
<i>Aged Blind and Disabled Adults</i>				X(age 19)		
<i>American Indians/Alaska Natives</i>						

Program Name	CommunityCARE Program*	Program of All-inclusive Care for the Elderly (PACE)		Bayou Health Plan	Louisiana Behavioral Health Plan	Dental Benefit Program
Mandatory or Voluntary enrollment?	Mandatory	Voluntary		Mandatory	Mandatory	Mandatory
Medicaid Services Covered in Capitation (Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.)						
<i>Inpatient hospital</i>		X			x	
<i>Primary Care and Outpatient Services</i>	X (case management only)	X			x	
<i>General Provisions</i>				X		
<i>Eye Care and Vision Services</i>				X		
<i>Behavioral Health Services</i>				X		
<i>Laboratory and Radiological Services</i>				X		
<i>EPSDT Well Child Visits</i>				X		
<i>Immunizations</i>				X		
<i>Emergency Medical Services and Post Stabilization Services</i>				X		
<i>Emergency Ancillary Services Provided at the Hospital</i>				X		
<i>Prenatal Care Services</i>				X		
<i>Maternity</i>				X		

Program Name	CommunityCARE Program*	Program of All-inclusive Care for the Elderly (PACE)		Bayou Health Plan	Louisiana Behavioral Health Plan	Dental Benefit Program
<i>Pharmacy</i>		X			x	
<i>Institutional LTC</i>		X				
<i>Personal Care/ HCBS</i>		X			x	
<i>Inpatient Behavioral Health Services</i>		X			x	
<i>Outpatient Behavioral Health Services</i>		X			x	
<i>Dental</i>		X				X
<i>Transportation</i>		X				
Participating Plans or Organizations	1. CommunityCARE – participating primary care providers	1. Franciscan PACE Baton Rouge 2. PACE Greater New Orleans		1. Amerigroup RealSolutions 2. Community Health Solutions 3. LaCare 4. Louisiana Healthcare Connections 5. UnitedHealthcare	Magellan	1. Managed Care of North America Dental
Uses HEDIS Measures or Similar	X	NA				
Uses CAHPS Measures or Similar	X	NA				
State requires HMOs to submit HEDIS or CAHPS data to NCQA	NA	NA				
State Requires HMOs Accreditation	NA	NA				

Program Name	CommunityCARE Program*	Program of All-inclusive Care for the Elderly (PACE)	Bayou Health Plan	Louisiana Behavioral Health Plan	Dental Benefit Program
External Quality Review Organization	IPRO**				
State Publicly Releases Quality Reports	No				

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.
* In 2012 CommunityCARE was transformed into a capitated, risk-based managed care program called Bayou Health.
** Louisiana began contracting with IPRO in September 2011 in order to perform mandatory quality review and additional quality reporting functions for the Bayou Health managed care program. For reference, see: <http://ipro.org/qualitywatch/ipro-oversight-extends-to-nj-la-and-pr>.