Louisiana Blueprint for Access & Quality

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Chief Medical Officer, Medicaid Louisiana Department of Health

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Louisiana: The Current State of Health

An 'Unhealthy' Louisiana

- Louisiana struggles with poverty, among the poorest state.
- 50th overall health ranking in the United Health Foundation's 2015 report
- 50th in Infectious Disease
- Louisiana has 4th highest cancer incidence nationally and third highest among in the South in 2013.
- Women's Health: 50th in Country

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Disparities in health and health care

- Over one quarter (28%) of Black residents in Louisiana report being in fair or poor general health compared to 19% of Whites and 14% of Hispanics
- Hispanics in Louisiana are more likely to report having no personal doctor (37%) compared to Blacks (31%) and Whites (22%).

We cannot solve our problems with the same thinking we used when we created them.

Albert Einstein
Louisiana’s 5 Step Strategy....

1. Improve Access Through Expansion
2. Assess Expansion
3. Engage Stakeholder in Quality
4. Define Quality Targets
5. Integrate Transparency, Accountability & Benchmarks

Step 1: Improve Access Through Expansion

Since passage of Affordable Care Act (ACA) in 2010, the Supreme Court ruled that the states could choose to join the Medicaid Expansion element of the ACA.

However, for years Louisiana believed “Medicaid expansion is not affordable and would not improve our health”.

But we can’t solve our problems with the same thinking we used when we created them.

Medicaid Expansion is simple: Through the ACA, states may raise the income eligibility for Medicaid up to 138% of Federal Poverty Level, and receive a great match rate --> up to 100% but never lower than 90% Fed Share.
Who is Eligible for Expansion?

- Louisiana went from 12% FPL to 138%:
- LSU Public Policy Survey: Up to 25% of Louisiana 19-64 year old adults were uninsured prior to Medicaid Expansion
- This is approximately 500k adults according to Families USA
- Enrollment goal for year one: 375K

Medicaid Expansion: Who?

Medicaid Expansion: Results

307,000 New Adults!
How? Innovation!

Medicaid Application Pathways (Since 6/1)
Different Strokes for Different Folks

- In Person Medicaid Application Centers 30K
- Online Applications
  - 49 K to LDH
  - 14 K from FFM
  - 63 K
- SNAP No Application Necessary 24 K

SNAP Participation to Determine Actual Financial Eligibility for Medicaid

- New option for states announced by CMS August 31, 2015
- People getting SNAP and “certain to be eligible” for Medicaid
- Takes earlier 1902(e)(14) waiver option to use SNAP to enroll people-- and then verify income at a later point-- to the next level
- Louisiana was first state to get CMS approval of SPA to use this strategy on May 27, 2016
- Identified additional 105K Expansion adults who could enroll without completing application and notified them and sent letters
- Almost 24,000 Medicaid applications have been averted through this strategy; person was immediately enrolled when they responded
- Integrated into application process and Phase 2 is to use strategy for Medicaid renewal of children as well as adults who get SNAP

Step 2: Evaluate Expansion
Louisiana Lives Impacted Since July 1, 2016

<table>
<thead>
<tr>
<th>Louisiana Lives Impacted</th>
<th>Medicaid Health Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,410</td>
<td>Preventive Care Adults who received preventive healthcare or new patient services</td>
</tr>
<tr>
<td>1,246</td>
<td>Colon Cancer Adults who received colon cancer screening</td>
</tr>
<tr>
<td>270</td>
<td>Adults with colon polyps removed: colon cancer averted</td>
</tr>
<tr>
<td>15</td>
<td>Adults diagnosed with colon cancer as a result of this screening</td>
</tr>
<tr>
<td>1,733</td>
<td>Breast Cancer Women who’ve gotten screening or diagnostic breast imaging</td>
</tr>
<tr>
<td>11</td>
<td>Women diagnosed with breast cancer as a result of these mammograms</td>
</tr>
<tr>
<td>207</td>
<td>Newly Diagnosed Diabetes Adults newly diagnosed and now treated for Diabetes</td>
</tr>
<tr>
<td>487</td>
<td>Newly Diagnosed Hypertension Adults newly diagnosed and now treated for Hypertension</td>
</tr>
<tr>
<td>317</td>
<td>Influenza Vaccination Adults who received flu vaccination</td>
</tr>
</tbody>
</table>

Governor John Bel Edwards
Secretary Rebekah Gee, MD
Jen Steele, Medicaid Director
SreyRam Kuy, MD, Medicaid CMO

Run Date: 10/3/2016
Step 2: Evaluate Expansion
How Will Expansion Affect Our Disparities?

Step 3: Engage Stakeholders in Quality
Aligning Quality Across the State

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Step 4: Define Quality Targets

- Women’s Health
- Maternal Health
- Pediatric Health
- Pediatric Behavioral Health
- Adult Behavioral Health
- Adult Health/Primary Care
- Sexually Transmitted Infections (STIs)

Step 5: Integrating Transparency, Accountability & Benchmarks

A “Search By Score” Dashboard: Quality Metrics

Follow-up for Children Prescribed ADHD Medication: Continuation Phase (CY 2015)*
Follow-up for Children Prescribed ADHD Medication: Initiation Phase (CY 2015)*

*Follow-up for Children Prescribed ADHD Medication is a HEDIS® measure. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
A “Search By Score” Site: Early Wins in Expansion Evaluation

Dashboard Example

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Additional Background Slides

Louisiana’s Network of Medicaid Application Centers

- Model in existence in Louisiana since 1992
- Locations throughout community where people can get in-person help in applying for Medicaid
- State pays $14 per completed application
- Has become more critical as all but 11 state Medicaid eligibility offices have been closed (was 40+ in early 2000’s)
- Over 270 Medicaid Application Centers are accepting applications from public at least one day per week
- More than 50 new locations added—a number of them behavioral health providers; more application assisters as well
- Application Centers now have option to submit application through healthcare.gov and get $20 for decision or referral
Who Knew??!!! The Promise of Eligibility Worker Outstationing

- Option—actually a requirement—has been in federal Medicaid regulations since early 1990’s
- Initially envisioned by us as an alternative to Hospital Presumptive Eligibility—near real time instead of temporary eligibility decisions
- Discovered that model can provide sustainable administrative funding for eligibility determination capacity
- Host site’s “donation” of the state share of match for direct cost of worker’s salary/benefits & outreach activities= match for FFP
- Reduced need for additional office space for added eligibility resources
- Improved customer service and accessibility for both internal customers (host site) and Medicaid & CHIP applicants/recipients
- Added value for host is dedicated eligibility worker(s) with real time access to Medicaid systems

Current Status of Outstationing in La

- 64 (experienced) eligibility workers already deployed at 44 distinct locations
- Primarily hospitals but some community health centers as well
- Multiple logistical issues to be navigated:—IT, legal, compensation
- We think it is a “win-win-win” for our customers
  - applicants and their families
  - providers and other host sites
  - State Medicaid agency