Louisiana Medicaid
Access & Quality Through Expansion

SreyRam Kuy, MD, MHS
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Louisiana Department of Health
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
Louisiana: The Current State of Health

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 Stakeholders in Quality
4. Define Quality Targets
5. Integrate Quality, Transparency & 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 Benefits?

Top 9 occupations of the employed but uninsured in Louisiana who would benefit from expanding health coverage

Most of those who would benefit if Louisiana expanded health coverage are working adults. Fully 56 percent of those who could benefit work in occupations that Louisiana residents rely on, supporting industries that are the foundation of the state’s economy.

- Food Service: 34K
- Sales: 25K
- Construction: 24K
- Cleaning and Maintenance: 22K
- Office and Administrative Support: 17K
- Personal Care and Service: 14K
- Transportation: 14K
- Production: 11K
- All Other: 30K

Notes: People are classified according to the job they now have or the best job they held in the prior 12 months.
Innovating Expansion

Medicaid Application Pathways (Since 6/1)

Different Strokes for Different Folks

- SNAP
  - No Application Necessary
  - \(24\,K\)

- In Person
  - Medicaid Application Centers
  - \(30\,K\)

- Telephone Applications
  - \(37\,K\)

- Online Applications
  - \(49\,K\) to LDH
  - \(14\,K\) from FFM
  - \(63\,K\)

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
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](http://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 an 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
Step 2: Evaluate Expansion

Louisiana Lives Impacted Since July 1, 2016

Exceeding targets: 350,000 New Adults!
Step 3: Engage Stakeholders in Quality

Aligning Quality Across the State

Medicaid, Louisiana Department of Health

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Chief Medical Officer
Dr. Harold Brandt
Chief Transformation Officer
David Peterson, MS-HCM
Quality Program Manager
Larry Humble, PharmD, PhD
Director, Office of Outcomes Research & Evaluation, ULM
Sandy Blake, MBA, PhD
Director, Outcomes Research, ULM
Eddy Myers, MBA, CPA
Assistant Director, Analytics and Quality, ULM

Centers for Medicare & Medicaid Services
Dr. Kate Goodrich
Director of Center for Clinical Standards & Quality

Healthy Louisiana Medicaid Quality Committee

University of Louisiana at Lafayette
Ramesh Kolluru, PhD
Henry Chu, PhD

Medicaid Adult Medicine
Quality Subcommittee
Wills-Knighton
Octeclair
FMOL
Chenier
LSU - Shreveport
LSU New Orleans
LANP
LPCA
Tulane
BR General
ULM

Medicaid Health Plan Medical and Quality Directors
AmeriHealth Caritas
Amerigroup
Actra
Louisiana Health Care Connections
United Health

LSU Health
New Orleans
Dr. Dean Smith
School of Public Health, Center for Transformational Care
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)

Louisiana Medicaid
Step 5: Integrating Quality, Transparency & Benchmarks

Dashboard Example

SreyRam Kuy, MD, MHS
Step 5: Integrating Quality, Transparency & Benchmarks

A “Search By Score” Site: Evaluation of Quality Metrics

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

- Amerigroup
- AmeriHealth-Caritas
- Louisiana Healthcare Connections
- United
- Louisiana Statewide Average

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

- Amerigroup
- AmeriHealth-Caritas
- Louisiana Healthcare Connections
- United
- Louisiana Statewide Average

*Follow-up for Children Prescribed ADHD Medication is a HEDIS® measure. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
## Step 5: Integrating Quality, Transparency & Benchmarks
### Evaluation of Expansion Early Wins

<table>
<thead>
<tr>
<th>LIVES AFFECTED</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Insurance</td>
</tr>
<tr>
<td>354,054</td>
<td>Adults enrolled in Medicaid Expansion as of December 05, 2016</td>
</tr>
<tr>
<td></td>
<td>Preventive Care</td>
</tr>
<tr>
<td>38,536</td>
<td>Adults who received preventive healthcare or new patient services*</td>
</tr>
<tr>
<td></td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>3,565</td>
<td>Women who’ve gotten screening or diagnostic breast imaging*</td>
</tr>
<tr>
<td>45</td>
<td>Women diagnosed with breast cancer as a result of this imaging*</td>
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<tr>
<td></td>
<td>Colon Cancer</td>
</tr>
<tr>
<td>3,074</td>
<td>Adults who received colon cancer screening*</td>
</tr>
<tr>
<td>786</td>
<td>Adults with colon polyps removed; colon cancer averted*</td>
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<tr>
<td>39</td>
<td>Adults diagnosed with colon cancer as a result of this screening*</td>
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<tr>
<td></td>
<td>Newly Diagnosed Diabetes</td>
</tr>
<tr>
<td>596</td>
<td>Adults newly diagnosed and now treated for Diabetes*</td>
</tr>
<tr>
<td></td>
<td>Newly Diagnosed Hypertension</td>
</tr>
<tr>
<td>1,428</td>
<td>Adults newly diagnosed and now treated for Hypertension*</td>
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</tbody>
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**Example**

Louisiana Medicaid
Step 5: Integrating Quality, Transparency & Benchmarks

Evaluation of Demographics

Expansion Population: Sex

- Male: 35%
- Female: 65%

Expansion population: Urban/Rural

- Urban: 75%
- Rural: 25%

Expansion Population: Race/Ethnicity

- White: 38%
- Black: 50%
- American Indian or Alaska Native: 1%
- Asian/Pacific Islander: 2%
- Hispanic or Latino: 2%
- Other/Unknown: 8%
5 Steps to a Healthier Louisiana

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