

Making **MEDICAID** Better

For your **FAMILY**. For your **HEALTH**. For our **STATE**.

WHAT HEALTH CARE PROVIDERS SHOULD KNOW

The Louisiana Department of Health and Hospitals is proposing to transform Medicaid, moving away from the current fee-for-service system and effectively coordinating enrollees' health care. Overall, coordinating care should lead to better access, more choices and improved health for patients, with provider rates no less than those in fee-for-service Medicaid.

Here are a few key points health care providers should know about the state's Making Medicaid Better proposal:

- **In the proposed plan, most of the state's Medicaid recipients would enroll in a coordinated care network.** Enrollees would be able to choose their own health plans and primary care providers.
- **Any networks administering coordinated care would have to meet certain quality measures to ensure better health for enrollees and encourage responsible behavior.** The state will not allow networks to cover Medicaid enrollees unless they demonstrate they can effectively meet these standards.
- **The networks could not pay providers less than current Medicaid fee-for-service rates,** and the amount, duration and scope of services cannot be less than those covered in the current Medicaid program.

What Does Making Medicaid Better Mean for Me as a Provider?

- In a program that emphasizes coordinating care, providers would have greater flexibility to negotiate rates and the potential to share in savings.
- This model would offer clinical support in treating patients with chronic or complex medical conditions.
- Providers could receive feedback on specific outcomes.
- DHH's proposal for coordinated care networks includes two different types of networks, which would be implemented simultaneously:
 - *One is a traditional capitated, managed care model in which entities establish networks of providers. Entities receive a monthly fee for each enrollee covered to provide core benefits and services, with prior authorizations and claims payment handled directly through the entity.*
 - *Under the second model, which is an Enhanced Primary Care Case Management plan, the network receives a monthly per-member fee to provide enhanced care management services, with opportunities for providers in that network to share in cost savings resulting from coordinating care. In this model, Medicaid's fiscal intermediary would continue processing claims.*

What Do I Need to Do?

- Attend and participate in the series of Making Medicaid Better forums DHH is hosting around the state through mid-December for stakeholders to give input and ask questions.
- Watch forum videos, view presentations and see all resources at www.MakingMedicaidBetter.com.
- Sign up at www.MakingMedicaidBetter.com to receive the Making Medicaid Better newsletter and see the latest information about the state's proposal for coordinating care.

For more answers to your questions, please visit www.makingmedicaidbetter.com, call 1-888-342-6207, or e-mail coordinatedcarenetworks@la.gov.



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