Louisiana Budget Project

Louisiana has an opportunity to boost health outcomes for children

Louisiana has made great progress toward ensuring that all children have access to health insurance coverage regardless of their family's income. Simply having coverage is not enough, as the state still has a long way to go to make certain all insured children actually get the health care services they need. Coverage and access go hand in hand in giving children the preventive care that results in health issues being detected and treated early in life.

More than 97 percent of Louisiana children have coverage, making the state a national leader in insuring children. More than half of those children are covered by public health insurance programs – Medicaid and the Louisiana Children's Health Insurance Program (LaCHIP). Medicaid and LaCHIP coverage allow children to access a range of health care services largely without their families having to worry about costs and affordability.

There is still room for improvement, however, when it comes to children actually getting the care they need, when they need it. New data from the Center for Medicare and Medicaid Services (CMS) reveal that quality health care services are out of reach for some children enrolled in Medicaid and LaCHIP. While Louisiana Medicaid performed well on some clinical measures, including the share of children receiving immunizations and getting regular well-child visits, the state is far behind others states on other measures, such as screening children for developmental delays and providing follow-up care to children with asthma and behavioral health needs. By making administrative changes to Medicaid and LaCHIP and tightening oversight of Medicaid managed care organizations, the state of Louisiana has an opportunity to boost the health outcomes and life outcomes for the state's children.

More kids are insured, but they still face barriers to accessing care

The percentage of children with insurance in Louisiana has been increasing consistently for years, and the state now has one of the lowest uninsured rates for children in the nation.[1] In 2016, just 3 percent of children in Louisiana were without some form of health insurance coverage. The majority of Louisiana children have health insurance through the publicly funded Medicaid and LaCHIP programs. Data from August 2018 indicate that 722,200 children were covered through Medicaid and LaCHIP[2] - 58 percent of all children in the state.[3]

Despite the positive trends in health insurance coverage rates for kids, Louisiana's performance on a set of measures called the Child Core Set Quality Measures illustrates that not all children in the state who are enrolled in Medicaid and LaCHIP receive necessary health screenings, treatment and follow-up care. Improving

---

[1] Annie E. Casey Kids Count Data Center. "Children Without Health Insurance." Accessed October 26, 2018: https://datacenter.kidscount.org/data/tables/8810-children-without-health-insurance?loc=20&loct=2#detailed/2/20/false/870,573,869,36,868,867,133,38,35/any/17657,17658

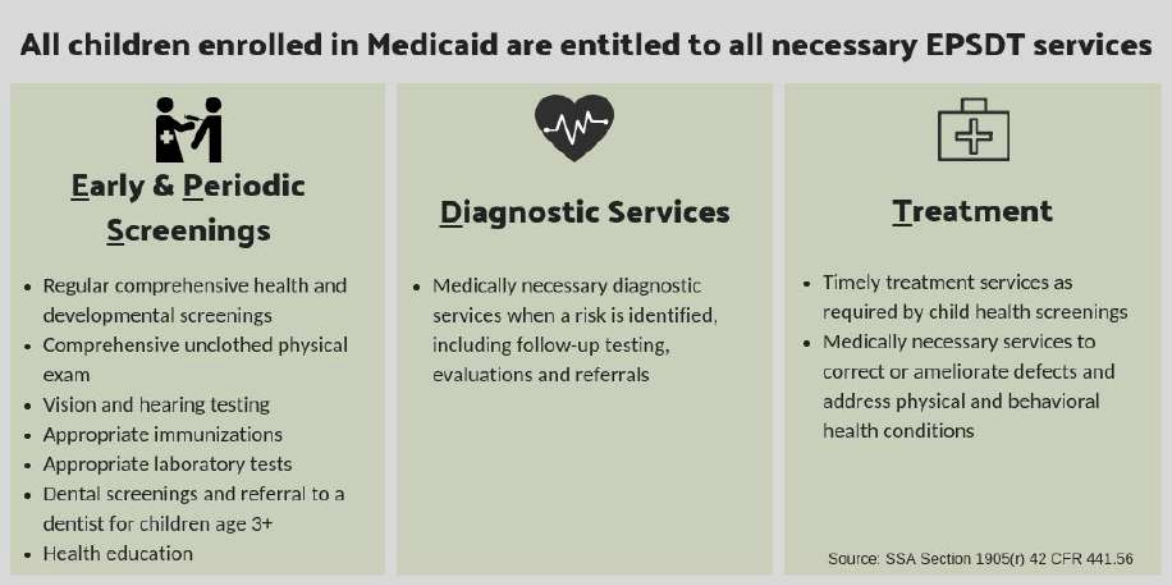
[2] "Louisiana Department of Health, Children's Enrollment by Parish, August 2018." Accessed October 26, 2018: http://www.ldh.la.gov/assets/medicaid/MedicaidEnrollmentReports/ChildrenbyParish/ChildrensEnrollmentbyParishandOffice7.2018.pdf

[3] 2017 American Community Survey Data for Louisiana report a total of 1,245,736 children ages 0 to 19 in Louisiana. The number of children enrolled in Medicaid or LaCHIP (722,237) in August 2018 divided by total number of children equals 57.97%.

access to health care services for children in these programs could have a substantial impact on both individual and overall population health outcomes in the state. Research findings also suggest that increasing access to early detection and preventive health services for children enrolled in Medicaid and CHIP could result in improvements in school performance and could decrease state health spending in the long run.[4] [5]

Children are entitled to a robust set of benefits

Federal law requires state Medicaid programs to provide all children enrolled in Medicaid with comprehensive early and periodic screening, diagnostic services and treatment - a suite of health interventions commonly known as EPSDT services.[6] The required benefits for children enrolled in Medicaid are more comprehensive than for adults in Medicaid and are designed to assure that children receive early detection and care, so that health problems are averted, diagnosed and ameliorated as early as possible.



Federal law requires states to inform families with children enrolled in Medicaid of the EPSDT services to which their children are entitled. To maximize access to these services, states also are federally required to provide families and children with an array of support that include help with scheduling appointments, transportation to and from doctors' visits and language assistance for non-English speakers.[7]

[4] Sarah Cohodes, Daniel Grossman, Samuel Kleiner, Michael F. Lovenheim. "The Effect of Child Health Insurance Access on Schooling: Evidence from Public Insurance Expansions." National Bureau of Economic Research. Working Paper 20178. May 2014. https://www.nber.org/papers/w20178.pdf

[5] Alisa Chester, Joan Alker. "Medicaid Provides an Excellent Long-Term Return on Investment." Georgetown Center for Children and Families. July 28, 2015. Accessed October 26 at: https://ccf.georgetown.edu/2015/07/28/medicaid-provides-excellent-long-term-return-investment/

[6] Center for Medicare & Medicaid Services. "EPSDT: A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents." June 2014. Accessed October 26, 2018: https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf

[7] Section 1905(a)(29) of the Social Security Act; 42 C.F.R. §§ 440.170, 441.62.

Before Louisiana transitioned from a Medicaid fee-for-service model to a managed care model[8], the state's Department of Health was directly involved in ensuring children and families received the required EPSDT services and supports. Now, under the managed care model, the state has contracted with five private insurance companies, known as managed care organizations, which are responsible for fulfilling the state's federal EPSDT requirements. The Louisiana Department of Health (LDH) is responsible for oversight of the managed care organizations' (MCOs) contracts. Additionally, LDH is responsible for the core administrative functions of Medicaid, including setting minimum reimbursement rates for providers, deciding which core services are covered and holding the MCOs to performance and quality standards.

The Child Core Set

Since 2014, the Louisiana Department of Health has voluntarily reported the percentage of children enrolled in Medicaid and LaCHIP who receive certain health care services, all of which are covered EPSDT services. The agency sends that data to the CMS, which combines it with data submitted by other states into the full Child Core Set Quality Measures.[9] The Child Core Set shows how well a state provides health care to children by measuring utilization of services in five categories: primary and preventive care, perinatal health, dental health, behavioral health and care for acute and chronic conditions. (See Appendix for all measures). All states will be required to report on all Child Core SEt measures beginning in 2024.

In 2017, the most recent year for which data are available, Louisiana performed well on several of the Child Core Set measures. Notably, 94 percent of children between the ages of 1 and 2 years old visited a primary care provider in the last year. Almost 9 in 10 children (88.6%) received necessary vaccinations by age 13.

On other measures, Louisiana was near the national median but has room for improvement. For example, only 44.7 percent of adolescent children (ages 12 to 21) enrolled in Medicaid or LaCHIP in Louisiana had a well-care visit in the last year, which is on par with the rest of the country, but still below ideal. Just 52 percent of infants received all of the recommended well-care visits in their first 15 months of life, compared to a national median of 59.3 percent. Less than half (48.8%) of Louisiana children on Medicaid had their annual dental visit, which was still higher than the national median of 48.4 percent.

Several of the Child Core Set measures show that Louisiana lags far behind other states and has substantial room for improvement. In 2017, only 17.8 percent of children on Medicaid or LaCHIP had a recommended developmental screening before age 3. While the national median is just 39.8 percent, the highest performing state, Vermont, recorded 81.1 percent of children ages 0 to 3 receiving a developmental screening. Louisiana children also visit emergency departments more often than children elsewhere. In 2017, there were an average 54 emergency department visits for every 1,000 children enrolled in Medicaid or LaCHIP in a given month, compared to the national median of 42.3 emergency visits for every 1,000 enrolled children. In Idaho, the best-performing state, there were just 4.8 monthly emergency room visits per 1,000 children in 2017.

[8] Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contract arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

[9] Center for Medicare & Medicaid Services. "2017 Child Health Care Quality Measures – Updated Child Core Set." Accessed October 26, 2018: https://data.medicaid.gov/Quality/2017-Child-Health-Care-Quality-Measures/t8ub-nmh7

High rates of emergency room visits suggests reduced access to and utilization of primary care services. Furthermore, emergency room visits for non-emergency care are costly, an inefficient use of services and drive up overall Medicaid spending.

	Medicaid and LaCHIP Child Health Quality Performance Measures			
	Louisiana performance in BOTTOM QUARTER of states	**Louisiana performance BELOW national median**	**Louisiana performance ABOVE national median**	**Louisiana performance in TOP QUARTER of states**
Primary care and preventive services	Screening for risk of developmental, behavioral, and social delay in first three years of life	Six or more well child visits in first 15 months of life	Adolescent well-care visit in the last year, ages 12-21 years	Adolescent vaccinations up to date by age 13
	Primary care provider visit in last 2 years, ages 7-11 years	One or more well-child visits in the last year, ages 3-6 years	Child immunizations up-to-date by age 2	Chlamydia screening for sexually active adolescent females
	Primary care provider visit in last 2 years, ages 12-19 years	Outpatient visit with a primary care provider that included a weight screening		HPV vaccination by age 13
		Primary care provider visit in the last year, ages 12-24 months		
		Primary care provider visit in the last year, ages 25 months-6 years		
Perinatal health services	Women receiving a prenatal visit in 1st trimester or within 42 days of Medicaid enrollment		Women delivering a live birth who had more than 80% of expected prenatal visits	
	Percentage of low birthweight babies (live births less than 2,500 grams)			
Dental health services		Dental sealants on 1st molar	One preventive dental visit in last year, ages 1-20 years	
Behavioral health services	Follow-up visit within 30 days after hospitalization for mental illness, ages 6-20	Follow-up visit during 30-day initiation phase after prescribed ADHD meds	At least 2 follow-up visits during the 10-month continuation phase after prescribed ADHD meds	
		Follow-up visit within 7 days after hospitalization for mental illness, ages 6-20 years	Prescribed 2 or more antipsychotic medications, ages 1-17 years	
Care of acute and chronic conditions	Remained on prescribed asthma medication for 75% of treatment period, total			
	Remained on prescribed asthma medication for 75% of treatment period, ages 5-11 years			
	Remained on prescribed asthma medication for 75% of treatment period, ages 12-18 years			
	Emergency department visits per 1,000 enrollee months, ages 0-19 years			

Source: Center for Medicare & Medicaid Services, Child Core Set Measures 2017

Louisiana's mixed outcomes on the Child Core Set measures are due to several factors. Part of it reflects how the state's contracts with managed care companies are written. Part of it is the performance of the managed care companies and part of it reflects the state's oversight and enforcement of those contracts. Finally, the state's low performance on particular measures reflect gaps in the state's health care system that cause some children to miss out on important health care services. Fortunately, there are concrete steps the state can take to enhance the performance of its managed care system and further reduce barriers to health care for children.

The following set of recommendations was developed in consultation with health care stakeholders, advocates and experts at the state and national level. They are for the Louisiana Department of Health and state lawmakers to consider in order to increase access to necessary health care services for children enrolled in Medicaid and LaCHIP and thereby improve the health and wellbeing of Louisiana children:

Administrative and Managed Care Oversight Recommendations

Most EPSDT requirements are already included and clearly spelled out in the state's managed care contracts, but the state must engage in more rigorous oversight and evaluation to verify that each managed care plan is meeting federal obligations for providing services and care to children, and that state Medicaid dollars are being used efficiently.[10]

1) Align the Child Core Set measures with the state's managed care quality measures and, in future years, disaggregate performance on the measures by child demographics (race/ethnicity), geographic region and managed care organization. Make this disaggregated information available publicly.
2) Clearly specify in managed care contracts the aggressive outreach and educational activities that managed care plans must engage in with families whose children are eligible for EPSDT services and regularly verify that those requirements are being met.
3) Enhance monitoring of Medicaid managed care organizations' compliance with requirements related to: accuracy of provider directories, overall network adequacy and timeliness and availability of appointments using "secret shopper" method.[11] Consistently apply fines for noncompliance.
4) Require all managed care organizations to adopt a children's quality agenda and engage in a performance improvement project for each Child Core Set quality measure on which Louisiana falls in the bottom 25 percent of states.

Provider Reimbursement Recommendations

Reimbursement rates and payment structures have a direct impact on how many health care providers accept Medicaid patients. Research consistently shows an association between low payment rates and low provider participation in the Medicaid program.[12] By adjusting reimbursement rates - and giving providers financial incentives to perform certain services - the state can help ensure there are enough health care professionals and clinics available to meet the needs of children enrolled in Medicaid, and that the right services are delivered at the right time.

1) Increase reimbursement rates for pediatric providers in order to boost the number of providers participating in Medicaid and increase existing providers' capacity to take on new Medicaid patients, particularly in areas of the state that are health provider shortage areas.
2) Encourage or require Medicaid managed care organizations to reimburse pediatric providers who provide case management services that ensure children have the appropriate physical and behavioral health appointments and transportation to and from preventive care, screenings and treatment services.[13]
3) Decrease barriers to pediatric telemedicine services, by allowing providers on the originating end of a telemedicine visit to be reimbursed for providing transmission services.

---

[10] Elisabeth Wright Burak. Promoting Young Children's Healthy Development in Medicaid and the Children's Health Insurance Program (CHIP). Georgetown University's Center for Children and Families. https://ccf.georgetown.edu/wp-content/uploads/2018/10/Promoting-Healthy-Development-v5-1.pdf

[11] Mark A. Hall and Paul B. Ginsburg. A Better Approach to Regulating Provider Network Adequacy.USC-Brookings Schaeffer Initiative for Health Policy, September 2017. https://www.brookings.edu/wp-content/uploads/2017/09/regulatory-options-for-provider-network-adequacy.pdf

[12] MACPAC. Medicaid 101. Provider payment and delivery systems. https://www.macpac.gov/medicaid-101/provider-payment-and-delivery-systems/

[13] Kay Johnson and Jill Rosenthal. Improving Care Coordination, Case Management, and Linkages to Service for Young Children: Opportunities for States. National Academy for State Health Policy. April 2009. https://nashp.org/wp-content/uploads/sites/default/files/Commonwealth.pdf

4) Provide separate reimbursement for pediatric developmental screenings conducted using a standardized screening tool (billing code - 96110).

School-Based Health Services Recommendations

By increasing access to Medicaid-funded health services at schools, the state can bring comprehensive health care services to the place where students spend the majority of their waking hours, eliminating transportation and scheduling barriers for children and their families.

1) Conduct outreach and provide technical assistance to school districts with high percentages of students enrolled in Medicaid to educate administrators on requirements necessary to bill Medicaid for services provided by school employees.
2) Increase state funding for school-based health centers, with a priority on expanding access to school-based centers in areas of the state with low access to primary care.
3) Facilitate coordination between school systems, school-based health centers, managed care organizations, primary care providers and the Louisiana Medicaid program to promote team-based, patient-centered care for children and families.

All Louisiana children deserve a healthy start in life, one that allows them to grow strong and achieve their full potential. By improving oversight and performance of the state's Medicaid managed care organizations and working toward a coordinated system of care, the state has an opportunity to boost health outcomes from children across Louisiana.

By Jeanie Donovan
December 2018

This work was made possible by generous financial support the Louisiana Budget Project receives from the Annie E. Casey Foundation, the W.K. Kellogg Foundation, the Ford Foundation, the Mary Reynolds Babcock Foundation and from individual donors. LBP is a member of the State Priorities Partnership, coordinated by the Center on Budget and Policy Priorities, and the Children's Health Leadership Network, coordinated by the Georgetown University Center for Children's Health, the Annie E. Casey Foundation and the David and Lucile Packard Foundation.

Appendix

Louisiana Child Core Set Performance vs. National Median (2017)

= State performing above national median and in top 25% of states

= State performing at or above national median

= State performing below national median

= State performing below national median and in bottom 25% of states

*measure is currently included in Louisiana's incentive-based performance measures for Medicaid managed care organizations (MCOs)

Primary Care Access & Preventive Measures			
Measure	**No. of states reporting**	**Louisiana**	**National median**
Six or more well-child visits in first 15 months of life*	49	52%	59.3%
One or more well-child visits in the last year, ages 3-6 years old*	49	62.9%	66.9%
Adolescent well-care visit in the last year, ages 12-21*	49	44.7%	44.7%
Child immunizations up-to-date by age 2	41	68.7%	67.9%
Meningococcal and Tdap vaccines by age 13	43	88.6%	73.2%
Chlamydia screening for sexually active adolescent females	46	59.6%	49.4%
HPV vaccination by age 13	42	26.9%	20.8%
Outpatient visit with a primary care provider or Ob/Gyn that included a weight screening	37	45.7%	61.1%
Screening for risk of developmental, behavioral, and social delay in first three years of life	27	17.8%	39.8%
Primary care provider (PCP) visit in the last year, ages 12-24 months	48	94%	95.2%
PCP visit in the past year, ages 25 months-6 years	48	85%	87.4%
PCP visit in last 2 years, ages 7-11 years	48	86.8%	90.8%
PCP visit in last 2 years, ages 12-19 years	48	85.3%	90.1%

Perinatal Health			
Measure	**No. of states reporting**	**Louisiana**	**National median**
Women delivering a live birth who had more than 80% of expected prenatal visits	34	65.5%	61.7%
Women receiving a prenatal visit in 1st trimester or within 42 days of Medicaid enrollment*	39	64.5%	81.6%
Percentage of low birthweight babies (live births less than 2,500 grams)	25	12.1%	9%

Dental Health			
Measure	**No. of states reporting**	**Louisiana**	**National median**
One preventive dental visit in last year (ages 1-20)	50	48.8%	48.2%
Dental sealants on 1st molar	30	20.7%	22.9%

Behavioral Health Care			
Measure	**No. of states reporting**	**Louisiana**	**National median**
Follow-up visit during 30-day initiation phase after newly prescribed ADHD meds*	37	48.3%	50%
At least 2 follow-up visits during the 10-month continuation phase after newly prescribed ADHD meds*	37	62.2%	61.5%
Prescribed 2 or more antipsychotic medications, ages 1-17*	35	1.8%	2.7%
Follow-up visit within 7 days after hospitalization for mental illness, ages 6-20*	44	40.2%	44.8%
Follow-up visit within 30 days after hospitalization for mental illness, ages 6-20*	35	61.5%	69.2%

Care of Acute and Chronic Conditions			
Measure	**No. of states reporting**	**Louisiana**	**National median**
Remained on prescribed asthma medication for 75% of treatment period, total	39	20.2%	27.3%
Remained on prescribed asthma medication for 75% of treatment period, ages 5-11	40	20.3%	27.9%

Remained on prescribed asthma medication for 75% of treatment period, ages 12-18	40	20.1%	26.9%
Emergency department visits per 1,000 member months, ages 0-19	47	53.5	42.3