There is an Advocate in You!

Stewart T. Gordon, MD, FAAP
President, Louisiana Chapter
American Academy of Pediatrics

Professor of Clinical Pediatrics
Chief of Pediatrics
LSUHSC-Earl K. Long Medical Center
• I have no disclosures

“The problems of some are the responsibilities of us all.”
Objectives

• To educate the audience about:
  • National & State AAP’s advocacy efforts
  • How to utilize the LA AAP website for advocacy
  • The status of Medicaid reform in Louisiana
MISSION

“The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. To accomplish this mission, the Academy shall support the professional needs of its members.”
60,000 Voices For Children

• > 77% of Board Certified Pediatricians are national members of the AAP

• > 25% of Fellows are Sub-Boarded Pediatric Subspecialists or Pediatric Surgical Specialists

• > 40% of members are under the age of 40

• > 90% of Residents are AAP members
AAP Finances

• National AAP
  • Dues make up 25% of budget
    • 75% from:
      • Grants
      • Industry
      • Sales of AAP products

• Louisiana AAP
  • dues ($200) make up >90% of budget
AAP Agenda for Children 2011-2012

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Epigenetics

- Early Brain and Child Development
- Special Health Care Needs-Foster Care

Access - Quality - Finance

Health Equity - Medical Home - Profession of Pediatrics

Planning - Implementing - Integrating

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Child Health Priorities

Child health priorities for 2011-2012 include:

- Epigenetics
- Early Brain and Child Development
- Special Health Care Needs – Foster Care

Integrated child health priorities include:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>2006</td>
</tr>
<tr>
<td>Obesity</td>
<td>2007</td>
</tr>
<tr>
<td>Disaster Preparedness</td>
<td>2008</td>
</tr>
<tr>
<td>Immunizations</td>
<td>2008</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2010</td>
</tr>
<tr>
<td>Oral Health</td>
<td>2010</td>
</tr>
<tr>
<td>Vision of Pediatrics 2020</td>
<td>2010</td>
</tr>
</tbody>
</table>
Joint Principles of the Patient Centered Medical Home

In March 2007 the AAP, AAFP, ACP, and AOA, representing approximately 333,000 physicians, developed the following joint principles to describe the characteristics of the PCMH.

- Personal Physician
- Physician Directed Practice
- Whole Person Orientation
- Enhanced Access
- Quality and Safety
- Adequate Payment
- Care is coordinated and / or integrated
LA AAP Executive Committee

- Stewart Gordon, MD—President
- Jay Collinsworth, MD—Vice-President
- Danny Bronfin, MD—Treasurer
- Michael Judice, MD—Secretary
- John Vanchierie, MD—At-large
- Bryan Sibley, MD—At-large
- Keith Perrin, MD—Past-President
- Ashley Politz—Executive Director
Louisiana AAP

• Mission: “To be effective advocates for all children in Louisiana.”
  • Advocacy
  • Education
  • Member Involvement
Louisiana AAP

• Advocacy
  • Finance and Access to Care
    • Achieve fair compensation to ensure access
    • Make children a priority for decision makers
  • Day at the legislature planned for 2012

• Education
  • Pediatricians—Annual CME
    • Improve resident involvement
    • Young Physician targeted CME
Louisiana AAP

• Member Involvement
  • Increase young physician section involvement
  • Increase flow of information from Chapter to membership AND membership to Chapter
    • Website– [www.laaap.org](http://www.laaap.org)
    • Blast emails
    • Twitter--@MyLaaap
Pediatricians are Highly Qualified to be Child Advocates

• Professional
• Public trust
• Power for change
• Persistence
• Passion
LA AAP Website

www.laaap.org
Ashley Politz, LA AAP Executive Director
Ashley.politz@laaap.org
225-379-7923

Stewart T. Gordon, MD, FAAP
sgordon@aap.net
225-358-1063
LA AAP Out Front

• Medicaid advocacy/reform
• Immunization efforts
• Oral health initiative
• Pediatric workforce
  – 38 parishes with Pediatrician shortage
    • 20 parishes with none
    • 18 with 1-2 pediatricians
  – Residency Programs
  – Subspecialists in LA
“In a nation as rich as ours, it is a shocking fact that tens of millions lack adequate medical care. We need and we must have without further delay a system of prepaid health insurance.”

Harry S. Truman, 1945
Medicaid Basics

- Established in 1965 through Title XIX of the Social Security Act
- Provides need-based medical care to poor, disabled, and elderly
- All states have participated since 1982
- Federal-state partnership for funding
- Federal standards for service delivery, quality, funding, and eligibility
Louisiana Medicaid Enrollment

• Medicaid Enrollment
  – September 2, 2010 – 1,164,341
  – 12 month trend, increase of 5.85%
  – Approximately 27% of Louisiana population

• Enrollment by category (Sept 2, 2010)
  – Children – 686,070
  – Disabled – 169,294
  – Parents – 105,059
    • Pregnant women -31,891
  – Family Planning – 68,614

• Projected enrollment June 2011 – 1,253,558

• Affordable Care Act impact
  – Estimated new LA enrollees 645,843 (by SFY 2023)
DHH, 2009 Health Insurance Survey, December 2009
Figure 1: Uninsured Rates for Children (under 19) by Parish

LHIS 2009
% Under Age 19 Uninsured
- 12% +
- 9 to 11.9%
- 6 to 8.9%
- 3 to 5.9%
- 0 to 2.9%

DHH, 2009 Health Insurance Survey, December 2009
Figure 14: Uninsured Rates by Age

DHH, 2009 Health Insurance Survey, December 2009
Figure 5

Children’s Eligibility for Medicaid/CHIP by Income, December 2009

- < 200% FPL (4 states)
- 200-249% FPL (23 states)
- 250% or higher FPL (24 states, including DC)

*The federal poverty line (FPL) for a family of three in 2009 is $18,310 per year.
**IL uses state funds to cover children above 200% FPL. MA uses state funds to 400% FPL.
SOURCE: Based on a national survey conducted by KCMU with the Center on Budget and Policy Priorities, 2009.
### Table-1: Medical Vendor Program - Means of Finance - SFY 2009/10

<table>
<thead>
<tr>
<th>Financing Category</th>
<th>Existing Budget</th>
<th>Actual Expenditures</th>
<th>Difference</th>
<th>Difference in Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C=A-B</td>
<td>D=(C/A)*100</td>
</tr>
<tr>
<td>State General Fund</td>
<td>722,361,378</td>
<td>722,361,378</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Interagency Transfer</td>
<td>36,608,632</td>
<td>36,608,632</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Self Generated Revenue</td>
<td>21,896,478</td>
<td>6,923,587</td>
<td>14,972,891</td>
<td>68.4</td>
</tr>
<tr>
<td>Statutory Dedications</td>
<td>403,935,649</td>
<td>374,514,197</td>
<td>29,421,452</td>
<td>7.3</td>
</tr>
<tr>
<td><strong>Sub-Total State</strong></td>
<td>1,184,802,137</td>
<td>1,140,407,794</td>
<td>44,394,343</td>
<td>3.7</td>
</tr>
<tr>
<td>Federal</td>
<td>5,651,485,454</td>
<td>5,498,240,267</td>
<td>153,245,187</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>(82.8%)</strong></td>
<td></td>
</tr>
<tr>
<td>Total Means of Finance</td>
<td>6,836,287,591</td>
<td>6,638,648,061</td>
<td>197,639,530</td>
<td>2.9</td>
</tr>
</tbody>
</table>

DHH report by Jerry Phillips, Undersecretary, 10-1-2010
Louisiana Medicaid Expenditures

Top Ten Private Provider Groups - SFY 2009/10

- Hospice Services: 57.2% (1.2%)
- Hospitals (IP+OP): 1,190.4 (25.6%)
- All Other: 474.7 (10.2%)
- Nursing Homes: 737.5 (15.9%)
- Physicains: 497.6 (11.2%)
- Pharmacy: 521.9 (11.2%)
- EPSDT: 229.8 (4.9%)
- Now-Waiver: 380.2 (8.2%)
- LT - PCS: 237.6 (5.1%)
- Lab & X-Ray: 102.0 (2.2%)
- ICF-DD Comm. Homes: 219.5 (4.7%)

DHH report by Jerry Phillips, Undersecretary, 10-1-2010
Healthcare for Children in Louisiana

- Over 70% of pregnant women in Louisiana are covered by Medicaid.

- Over 70% of infants in Louisiana are covered by Medicaid.

- Over 2/3 of children age 1-5 years old in Louisiana are covered by Medicaid.

- Louisiana has one of the most generous Medicaid requirements in the nation.
National Health Rankings: What do they mean?

- Annie E. Casey Foundation (Kids Count)—49th
- Kaiser Family Foundation—49th
- March of Dimes— ‘F’ for LBW
- United Health Foundation—49th
Our potential is greater than the status quo

The standings that really matter:

No. 49: Babies who live past age 1
No. 50: Women who live with breast cancer
No. 49: Residents who survive a cancer diagnosis
No. 47: Preventable Hospitalizations
No. 46: Deaths from cardiovascular disease
No. 49: People who contract infectious diseases

No. 49: Preventable Deaths

Secretary Greenstein, DHH to Senate Health and Welfare Committee, Oct 2010
Preterm births (Percent) – 2006

Data Provided by: National KIDS COUNT Program

TOOLBOX: Print | Email | Share ▼ | Add In
Per Enrollee Expenditure for All Medicaid <21 y.o., FY94-FY08

In 1994, LA was 32% above the national average.
In 2008, LA was 20% below the national average.
CAVEAT: no adjustment for inflation or change in GDP
Per Enrollee Expenditure for Non-Blind/Disabled <21 y.o., FY02-FY08

In FY2002, LA was 26.7% below the national average.
In FY2008, LA was 20.3% below the national average.
CAVEAT: no adjustment for inflation or change in GDP
Louisiana Medicaid Expenditures

**Enrollee Type**

- **Children**: 58%
- **Adults**: 14%
- **Disabled**: 19%
- **Elderly**: 9%

**Enrollee Payment**

- **Children**: 23%
- **Adults**: 48%
- **Disabled**: 11%
- **Elderly**: 18%
Why does LA & US consistently rank so low?

- It’s the grown-ups fault!
- It’s an adult world and kids live in it!
- Shouldn’t it be a kids world?
  - Adults need to get over it!

- National score cards measure adult disease burden/maternal health
- Current system rewards chronic disease, not prevention
  - Produces poor outcomes secondary to factors beyond pediatricians reach
    - Poverty, lack of insurance, lack of education, uninsured mothers between pregnancies, etc....
  - General public doesn’t understand the true value or cost of prevention
    - Requires our understanding
    - Educating peers, neighbors, policy makers
Current Pediatric LA Medicaid

• CommunityCARE (PCCM)
  • Began in late 80’s
  • Became statewide in 2005
  • Case management fee = $3 PMPM
  • Fee for service model
  • Medical home—every patient linked to a PCP
• DHH proposed elimination—October 2010
  • Was to end 12/1/10
We can do better
...for Children

In Louisiana Medicaid:

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>LA Medicaid</th>
<th>National Benchmark 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants (0-15 months) receive recommended six or more doctor visits</td>
<td>51.9%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Child Well-care Visits</td>
<td>61.1%</td>
<td>80.3%</td>
</tr>
<tr>
<td>Adolescent Well-care Visit</td>
<td>34.8%</td>
<td>59.4%</td>
</tr>
</tbody>
</table>

Coordinated care gives kids a better chance by ensuring proper preventive and chronic care:

- It costs about $1,000 for a child to go to the emergency department, compared to about $35 for a primary care visit.
WHEN IT’S BUDGET CUTTING TIME, THEY ALWAYS START WITH THE EASIEST TARGETS.
The proportion of infants with 6+ well-child visits in the first 15 months of life increased by 24.7% over 4 years.

The proportion of infants with 0, 1, or 2 well-child visits in the first 15 months of life decreased by 35.6% over 4 years.

<table>
<thead>
<tr>
<th>W-15 (6+ visits)</th>
<th>10%ile</th>
<th>25%ile</th>
<th>50%ile</th>
<th>75%ile</th>
<th>90%ile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid HMO</td>
<td>29.0</td>
<td>44.5</td>
<td>57.5</td>
<td>65.4</td>
<td>73.7</td>
</tr>
<tr>
<td>Commercial HMO</td>
<td>51.7</td>
<td>64.6</td>
<td>75.3</td>
<td>83.6</td>
<td>90.4</td>
</tr>
</tbody>
</table>

Louisiana improvement 2006-2009

2006 → 2009
Well-child visits for 3-6 y.o increased 14.3% over 4 years.
Annual dental visits increased by 31.8% overall over 4 years.

+ 40% in 2-3 y.o.
+ 32% in 4-6 y.o.
+ 33.5% in 7-10 y.o.
Adolescent Well-Care visits increased by 30% over 4 years.

According to CDC data, vaccination rates in Louisiana for the three recommended adolescent vaccines (Tdap, Meningitis, HPV) increased by 12% from 2008-2009, a rate equal to the average increase observed nationwide.

<table>
<thead>
<tr>
<th>AWC</th>
<th>10%ile</th>
<th>25%ile</th>
<th>50%ile</th>
<th>75%ile</th>
<th>90%ile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid HMO</td>
<td>27.2</td>
<td>35.9</td>
<td>42.1</td>
<td>51.4</td>
<td>56.7</td>
</tr>
<tr>
<td>Commercial HMO</td>
<td>25.8</td>
<td>33.8</td>
<td>40.4</td>
<td>48.7</td>
<td>60.5</td>
</tr>
</tbody>
</table>
Community Care 2.0 for 2011

- Enhanced Primary Care Case Management (ePCCM)
  - PCP’s paid fee for service Medicaid rates

- PCP’s paid per member per month (PMPM) for case management
  - $1.50 PMPM
  - $3.00 PMPM voluntary participation patients (SSI, foster care, out of home placements, adoption assistance)

- PCP’s paid Pay for Performance (P4P)
  - NCQA Level 1 certification or JCAHO accredited ($0.50/enrollee/mos)
  - Immunization rates for 4:3:1:3:3:1 ($0.25, 0.50 or 1.00/enrollee/mos)
  - Rate of low level ER utilization ($0.25-0.75/enrollee/mos)
  - Extended office hours ($0.75/enrollee/mos)
  - EPSDT screening < 21 y.o. ($.25/enrollee/mos)

http://www.la-communitycare.com
Future LA Medicaid Program?

• Plan shift to Medicaid Managed Care
  – Presently in 37 + states
  – Current effort began
    • January 2008
      – Louisiana Health First—1115b waiver
    • Summer 2010
      – Coordinated Care Networks (CCN’s)—state plan amendment
    • Spring 2011—present
CCN’s Timeline

• April 11, 2011 – DHH issues RFP
• April 29, 2011 – written questions due to DHH
• June 24, 2011 – CCN’s Proposals due to DHH
• July 25, 2011 – Announcement of CCN’s Contract Awards

www.makingmedicaidbetter.com
CCN’s Successful Bidders

• CCN-Prepaid
  – La. Healthcare Connections, Inc (Centene)
  – AmeriHealth Mercy of La., Inc
  – AmeriGROUP La., Inc

• CCN-Shared Savings
  – UnitedHealthcare of La., Inc
  – Community Health Solutions of America, Inc

www.makingmedicaidbetter.com
CCN’s Not Selected

• CCN-Prepaid
  – Aetna Better Health Inc.*
  – Children's Hospital Health Plan Inc.
  – Coventry Cares of Louisiana Inc.*
  – Louisiana Cares Health Plan LLC
  – United Healthcare of Louisiana Inc.
  – Wellcare Health Plans Inc.

• CCN-Shared Savings
  – LA Physicians Connections LLC*
Since July 25, 2011

• Contract winners want to protect data

• Health firms sue to block deal details

• Louisiana legislature left out of change

• Effort to add CCN oversight fails
PHASE 1:  
REGIONS 1 and 9  
New Orleans area and Northshore recipients  
JAN. 1, 2012

PHASE 2:  
REGIONS 2, 3 and 4  
Capital area, South Central Louisiana and Acadiana recipients  
MARCH 1, 2012

PHASE 3:  
REGIONS 5, 6, 7 and 8  
Southwest Louisiana, Central Louisiana and North Louisiana recipients  
MAY 1, 2012

www.makingmedicaidbetter.com
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCN Provider Network Documentation Deadline</td>
<td>GSA A – October 7th</td>
</tr>
<tr>
<td></td>
<td>GSA B – November 7th</td>
</tr>
<tr>
<td></td>
<td>GSA C – January 9th</td>
</tr>
<tr>
<td>Mercer/EQRO - Completion of On-Site Readiness Reviews</td>
<td>GSA A,B &amp; C - October 31&lt;sup&gt;st&lt;/sup&gt;</td>
</tr>
<tr>
<td>Submission of Network and Contract to CMS for Approval</td>
<td>GSA A – October 17&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>GSA B – January 16&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>GSA C - March 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Enrollment Broker - Choice Letters to Potential Enrollees and</td>
<td>GSA A – November 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Enrollment Begins</td>
<td>GSA B – December 16&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>GSA C – February 15&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
Mandatory CCN Enrollees

• Families & Children
  • Medicaid children
  • CHIP children (<200%FPL)
  • Parents < 11% FPL
  • Pregnant Women

• Disabled, Blind, Elderly
  • Enrollees with a disability or blind between ages 19 & 65
  • People over age 65

~ 830,000 Mandatory Enrollees

DHH CCN slide set, 10-11-10
## Potential CCN Enrollment

<table>
<thead>
<tr>
<th>GSA</th>
<th>Mandatory</th>
<th>Voluntary</th>
<th>Total</th>
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<tbody>
<tr>
<td>Area A</td>
<td>249,953</td>
<td>12,671</td>
<td>262,624</td>
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<tr>
<td>(Phase 1)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Area B</td>
<td>304,652</td>
<td>15,443</td>
<td>320,095</td>
</tr>
<tr>
<td>(Phase 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area C</td>
<td>290,454</td>
<td>16,656</td>
<td>307,110</td>
</tr>
<tr>
<td>(Phase 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>847,138</td>
<td>44,984</td>
<td>892,122</td>
</tr>
</tbody>
</table>
$233 Million Estimated Increase in Administrative Costs For Children in Louisiana Health First

Current Louisiana Medicaid Program ($1,900,000,000)

97% of spending on medical care

3% administrative costs
$58 million

Louisiana Health First

82% - 85% of spending on medical care

15% - 18% administrative costs
$291 - $349 million

*DHH Children’s Budget
Present Efforts

• Coordinated with other physician groups
  • LAFP, MedicineLouisiana
  • Jointly meeting with health plans
    • Collect documentation
    • Analysis of proposed CCN/physician relationships

• To this point
  • Most contracts have been reviewed
  • Issues that cause serious concerns.
    • All referenced attachments are not available

• To this end, physicians are encouraged to refrain from signing incomplete contracts
What are our Advocacy Options?

• You never go wrong talking to your patients
• Promote what is in the best interest of our patients and our practices
• LA-AAP efforts improved Community Care
  • We will improve CCN’s to be in line with the PCMH
• Work with CCN’s to improve:
  • Patient care
  • Quality
  • Practice finances
What Pediatricians Can Do

• Educate yourself, your neighbor, your patients
• Join National and State AAP!
• Follow info on www.aap.org and www.laaap.org
• Join FAAN or Key Contacts
• Educate your elected officials (local, state, federal)
• Send Op-Eds
Questions / Discussion
“I want to get caught up in the art of living in and appreciating the present.”