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## Helping Practices Decide on a Course of Action

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Since August 2010, the Louisiana State Medical Society and other statewide health care provider organizations have been working closely with Louisiana Department of Health and Hospitals (DHH) to clarify and enhance the original Coordinated Care Network (CCN) proposal to better serve Louisiana's Medicaid patients and their physicians. The CCN proposal was drafted by DHH to revamp the delivery system that provides access to care and care coordination in an effort to promote healthier outcomes and provide budget stability. This guide is intended to help physicians better understand recent changes to the CCN proposal and identify resources that may help practices decide on a course of action.

### **What is a Coordinated Care Network?**

A coordinated care network (CCN) is an organized health care delivery system designed to improve access to care and the quality of services, as well as to promote healthier outcomes for Medicaid recipients through the establishment of a medical home system of care.

Coordinated care networks may be either a fee-for-service with shared savings model (CCN-S), a prepaid risk bearing managed care organization (MCO) model (CCN-P), or an alternative Medicaid managed care model that coordinates care. A CCN-S is an entity that serves as a primary care case manager by providing enhanced primary care case management in addition to contracting with primary care providers (PCPs) for

primary care management. A CCN-P is a risk-bearing, MCO health care delivery system that is responsible for the provision of specified Medicaid State Plan services.

### **Improvements to Louisiana's CCN Proposal**

After numerous public forums and meetings with physicians, legislators, advocacy groups, health care organizations and other providers and stakeholders to get their input on Louisiana's proposal to implement CCNs in Louisiana, DHH has made several improvements to the original proposal, including:

- Using a competitive procurement process (Request for Proposals) to limit the number of CCNs operating in the state and ensure that only the best plans are selected.
- Establishing a rate floor to guarantee providers are paid no less than the Medicaid rate.
- Medical Loss Ratio requirements in CCN contracts to ensure that a majority of dollars go toward direct patient care, limiting insurance companies' profits and administrative costs.
- Mandating prompt pay requirements to protect providers from cash flow problems.
- Enhancing the appeals process for denied claims, giving providers and enrollees consistent recourse from denied claims and payments.
- Carving out Graduate Medical Education (GME) funding to protect from potential compromise.

### **Additional Resources for Physicians**

A Proposed Implementation Timeline, Notice of Intent, a detailed Summary of Improvements, and checklists/guides for both CCN models are available on at [www.MakingMedicaidBetter.com](http://www.MakingMedicaidBetter.com).

For more information, please contact DHH by:

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