



Responses for:

State of Louisiana DHH – Request for Information (RFI) for Medicaid Long Term Services and Supports (LTSS)

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EXECUTIVE SUMMARY

We are pleased to provide the following response in accordance with the State of Louisiana Department of Health and Hospitals' (DHH) Request for Information for Long Term Services and Supports (LTSS) for Medicaid members. Based on our understanding of the DHH's requirements, the purpose of this RFI is to obtain "creative, innovative and viable strategies that will assist Louisiana with restructuring the organization and delivery of Medicaid services" for individuals receiving LTSS. We recognize the significance of this opportunity and welcome the opportunity to prove that Alere is a vendor who can successfully meet the DHH's program requirements and provide comprehensive solutions that address all six scenarios proposed by the DHH for Medicaid only and dual eligible members.

Alere is a company that exists to improve the health status of individuals, one touch, one person at a time. We believe through our connected health construct of technology and care management integration, we build thoughtful, innovative and relevant health management programs, all of which are connected to payors, providers and consumers with the most advanced Health Information Electronic technology – regardless of payor association. We help consumers improve their health and be more productive, while reducing their overall healthcare costs; a goal we feel is consistent with the DHH's vision.

Required Solution

To meet the DHH's goals, Alere proposes a multi-pronged approach that leverages integrated, **evidence-based**, accredited programs that cover the entire spectrum of care, including disease management, case management, maternity management and wellness programs – all on a single, **integrated** platform database.

Extensive Menu of Services – For over 25 years, Alere has delivered home-based and telephonic care management outreach services for wide range of government, health plan and employer clients. Today, approximately **37 million** total members are covered and eligible for Alere's programs. As one of the largest healthcare service providers in the industry, we have developed a broad spectrum of award-winning programs and services that span the entire health continuum ranging from preconception and maternity services to end-of-life care.

Recognizing that one program does not fit all members, Alere has devoted significant resources to adapt and expand traditional care management programs and addresses the unique challenges associated with Medicare and Medicaid populations. Of the total number of eligible members, approximately **4.2 million** Medicare and **30 million** Medicaid members are eligible for Alere's services. Our programs target the unique needs of the Medicaid and dual eligible populations by leveraging an integrated web-based platform for timely and action information to physicians and other care providers and a comprehensive menu of services delivered by experienced network of feet-on-the-street personnel.

Specific to the DHH's requirements, our response and overview includes (but is not limited to): a customizable health risk assessment designed specifically for Medicaid and Medicare populations; care plan development leveraging current industry-approved guidelines and best practices; local resources to provide in-home/facility assessments; and a comprehensive assessment and evaluation function to provide oversight for all critical functions.

Figure 1. Programs and Technology. Alere offers a comprehensive menu of services supported by an integrated and connected technical infrastructure.



Integrated Technology – Based on the requirements identified within the RFI, the DHH requires a solution that will decrease existing fragmentation and improve overall coordination of care and community services with the overarching goal of improving member outcomes which reduces State expenditures. To meet these objectives, Alere proposes a solution that leverages a strong technological, payor agnostic, health information exchange network as the foundation to: create greater communication and coordination; accurate capture and report information; identify service gaps and system deficiencies; and make timely and appropriate service referrals and recommendations.

Leveraging technology and data to connect health management services and tools with members, providers and payors, we are able to improve the efficiency and effectiveness of healthcare services delivery. Alere's technology solution allows each independent entity to continue utilizing their existing systems for data input and their own business operations, but securely pulls that information into a single data source available for all authorized users throughout the system (including members and caregivers) to view, report on, and print care planning information, such as integrated care plans, health risk assessments and interdisciplinary care team notes.

Alere's integrated care management system has been built leveraging the PegaSystems Business Process Management and Rules Engine suite, to enable us to quickly adapt to the over **900 clients** managed by Alere. To demonstrate our commitment to ongoing innovation, Alere has invested over **\$85 million** into our award-winning integrated care management system over the last four years and this has allowed Alere to deliver an extremely flexible and configurable software solution to the ever changing healthcare landscape. Alere also offers extensive technology capabilities to support care coordination and collaboration, care management and value-driven care among healthcare stakeholders and participants. These capabilities include health information exchange technologies, clinical decision support, registries and reporting and analytics.

In summary, as you read our response, it is our goal that we have met the expectations of this Request for Information and look forward to an opportunity for additional dialogue prior to/or as part of a Request for Proposal regarding our innovations, systems and services.

RESPONSE

Alere’s strategy is to leverage our significant assets and capabilities and those of our subcontractors to develop and implement a comprehensive and thoughtful solution to the challenge of coordinating and integrating services for the LTSS eligible population. The objective is to integrate the coordination of LTSS services into the fabric of care management, to augment the existing services being provided to the LTSS-eligible population.

- **Populations to be included**

Alere’s response includes solutions for the DHH’s Medicaid only and Medicare and Medicaid (dual eligible) populations. Specific to the types of services proposed for each population, as referenced in the DHH’s RFI and following table, we have the ability to address any or all of the six scenarios identified within the DHH’s RFI.

Figure 2. Population Scenarios. Alere has the ability to provide services to all scenarios identified by the DHH.

Populations	Types of Services		
Medicaid Only	Acute Care Services Only	Acute Care Services and Home and Community Based Services	Acute Care Services and Home and Community Based Services and Facility Services
Medicare and Medicaid (Dual Eligible)	Acute Care Services Only	Acute Care Services and Home and Community Based Services	Acute Care Services and Home and Community Based Services and Facility Services

For over a decade, we have processed an estimated 2.8 million health risk assessments and performed clinical assessments and delivered care plans to approximately 780,000 disease management participants, 46,000 complex case management participants and 1.4 million maternity and NICU participants.

- **Best enrollment model for program**

We believe that the best enrollment model for enrollees will leverage multiple modes of outreach. Given the unique demographics of Medicaid and dual eligible enrollees, Alere proposes a model that leverages telephonic outreach combined with community-based feet-on-the-street.

Alere’s standard enrollment begins with initial identification and stratification followed by initial outreach and care plan development. However, Alere’s proposed solution is modular in design – providing the flexibility to customize a solution based on the specific needs of the DHH versus a fixed, rigid model of care. For example, as we have done with other clients, we are willing to not only provide and coordinate all of the components listed; we are also willing to work/partner with other client-preferred, third-party vendors for individual components.

Identification/Stratification – Our stratification methodology is based on a risk score approach designed to identify members that are in most need for care management and/or other additional services. Alere's process begins with integrating medical claims, pharmacy claims, behavioral health claims, member eligibility, tape archive data, risk adjusted factor scores, member evaluation tools survey and health risk assessment data in one data repository. Medical, pharmacy and tape archive data are processed to extract all relevant diagnoses, medications and utilization events that are then run through Impact Pro's episode-based predictive model software along with member eligibility data. Impact Pro produces member level clinical indicators (including diseases, co-morbidities and utilization patterns) and gaps in care. Impact Pro also produces prospective risk scores indicating the probability of inpatient events and high costs.

Alere's stratification process then incorporates other relevant member information from the health risk assessment, member evaluation tools survey (e.g., durable medical equipment, physical limitations, etc.) and risk scores from the risk adjusted factor data to identify those at highest risk. Alere also has the ability to incorporate ancillary data such as the Area Resource File, which contains county-level information on a variety of health care utilization, health professions and facilities, environmental and socio-demographic topics.

This information is then integrated into a predictive modeling algorithm that assigns each member a risk score indicating the type of intervention needed. Pre-determined predicted probability score cut-offs are applied to the distribution of members probability score to indicate whether someone is defined as high or low risk. Stratification and re-stratification occur monthly or as new data sets are received. We look forward to learning more about the DHH's requirements to further optimize this process.

In those instances where limited data is available, Alere will work with the DHH to identify additional data sources or augment the available data with comprehensive assessment information Alere will collect. In instances where only demographic information is available, Alere's community-based team members will work with local agencies and facilities to identify enrollees for assessment screening and care plan development.

Initial Outreach and Health Risk Assessment – A central component of our LTSS service is a health assessment tool designed for the DHH's special needs population. This assessment focuses on risk factors for institutionalization – including social supports, housing, behavioral or functional limitations, enrollment in programs and use of community-based adult services. Alere's assessment serves two important purposes: 1) to identify risks and develop an appropriate care plan to reduce those risks; and 2) to obtain additional data need for the ongoing, interdisciplinary care of the enrollee (e.g., case managers, social workers, behavioral specialists, etc.).

The assessment tool is based on Alere's existing tools and experience with other Medicaid populations, existing evaluation tools (e.g., in-home support services, uniform assessment process, hourly task guidelines and community-based adult services screening and eligibility tools) and solicited input from stakeholders.

Based on the stratification process, on-site face-to-face assessments will be conducted on the highest risk individuals to further augment our comprehensive health assessment and assist in completing an individualized care plan. Outcomes for the comprehensive health risk assessment identify members with LTSS service needs and flag them for further screening. This flag will be automatically tied to an

alert in Alere's LTSS technology solution that will be forwarded to the responsible care manager to complete the additional screening. Alere recommends that all high-risk members with identified LTSS needs (as determined through the health risk assessment) receive supplemental face-to-face interventions to determine the setting, frequency and intensity of LTSS services required to keep the member safe and healthy in the least restrictive setting. For low-risk members, we recommend that a LTSS universal screening tool be administered via telephone; however, home assessments may be initiated to identify any safety hazards, home modifications or other environmental interventions required to keep the member independent.

Each individual who completes an HRA and their physician will receive a copy of their care plan. All care management action plans are based on nationally-recognized clinical and quality guidelines, as well as recognition of the unique needs of the DHH's population. Care plans are intended to complement the treatment plans developed by the member's provider and to offer the provider information to be used to guide orders for home health, skilled nursing, DME and referrals to community or other resources such as LTSS.

Re-evaluation – Following the initial assessments and screenings, Alere will assign an interdisciplinary team coordinator to regularly re-assess members based on acuity and functional limitations, but no less than annually. Field nurses provide coaching, clinical intervention and health education and make recommendations for local community LTSS services based on member functional need. Alere's care management teams live in the community where the assessments are conducted and are familiar with local resources and programs.

Re-evaluations will also occur upon an increase in risk acuity level (based on monthly stratification runs) or any change in health status, benefits or care setting. These assessments, screenings and summaries are provided electronically to the case management team and can be used to direct or obtain services that members require to address risk factors identified.

As part of ongoing process improvement activities to enhance enrollment, Alere has the ability to integrate a testing mechanism into the enrollment model to evaluate the effectiveness of enrollment strategies best tailored to the target population(s). Members of the interdisciplinary care team include: the enrollee, the enrollee's family, the central care coordinator and other LTSS service providers specific to the member's condition or risk level. In addition, Alere's interdisciplinary care team will work collaboratively to ensure enrollees obtain the services they need.

For those members who are difficult to reach, Alere proposes a community health worker program using community-based staff. Community Health workers are a critical asset to the vulnerable population due to their knowledge of the community and success in providing culturally effective services. Community workers help members gain access to needed services; complete health assessments, assist with outreach, patient navigation and follow-up, community health education and information, social support and advocacy.

- **Supports and services (Medicaid and non-Medicaid funded) essential to include in the model.**

Alere recognizes and supports existing LTSS delivery and assessment systems within the State of Louisiana and will collaborate with the Louisiana Office of Elderly Affairs and their network of area agencies on aging for care coordination of community services for those non-medical needs such as personal care support,

housing, transportation, adult day care, environmental accessibility adaptations (home modifications to aid in self-care), assistive devices and medical supplies, skilled maintenance therapy services (e.g., physical, occupational and speech therapies), intermittent nursing services, home-delivered meal services and caregiver temporary support services (e.g., respite care for family caregivers).

Working with our partners, on a local basis, we have the ability to incorporate clinically-proven screening tests into our telephonic and in-person assessments. In addition to identifying certain acute care needs, our comprehensive assessments are used to identify the need for specific LTSS. The tools have been used for more than 15 years as a basis for the development of actionable and specific plans of care for individuals, typically with functional impairments (i.e., having two or more limitations in activities of daily living) and/or cognitive impairments.

Within our tools, we use standardized validated measures and tests of functional status, cognitive status, depression status, gait, balance, activity levels, etc. For example, depending on the type of assessment deployed, the following scales can comprise portions of the assessment: the Timed Get-up and Go; Katz ADL Assessment Scale; Lawton IADL Assessment Scale; Mini-mental Status Exam (MMSE); Functional Assessment Staging Test (FAST Scale); Four-test Balance Scale; Chair Stands Test; Patient Health Questionnaire (PHQ); Geriatric Depression Scale (GDS); CAGE (Substance Abuse Screening); Delayed Word Recall (for detection of moderate to severe dementia); and Enhanced Mental Skills Test (Detection of Mild Cognitive Impairment)

Regarding the development of care plans, there are a number of tools that tie the results of the needs assessment directly to personal care service recommendations. These tools include the Semi-Annual Assessment of Members (SAAM) assessment, which is used in New York's managed long-term care adopted from the Outcome and Assessment Information Dataset (OASIS) for managed long-term care in New York and the IRIS Supportive Home Care Hours Assessment Tool, used in the State of Minnesota. Our standard protocol is to have the field clinician visit the recipient's residence to conduct the initial face-to-face assessment to determine eligibility using a comprehensive assessment tool that has a scoring mechanism to generate accurate and appropriate authorization of services. The use of a clinically-valid scoring mechanism helps to assure both horizontal and vertical equity in the authorization of services to address care gaps – namely, that those individuals in similar situations will be treated similarly and those in different situations treated differently.

- **Approach to conflict-free case management**

Alere will jointly develop protocols with all key stakeholders and partners to ensure members receive services timely and appropriately and fully equip the care coordinator with information and resources, facilitating collaboration with the provider, home care and other disciplines of the interdisciplinary care team to keep members safe, healthy and independent in the home or community. Alere's case management flexible resource solution will provide direct LTSS care coordination, discharge planning, care transition management and referrals. Alere's interdisciplinary care team is a core competency addressing chronic, physical and acute and can coordinate the individualized care plan or have the flexibility where Alere's care managers can serve as members of the interdisciplinary care team as appropriate. Key service features, such as our transitional care program, incorporate care transition upon which discharge planning from the care setting and post follow up with the plan of care can effectively prevent avoidable readmissions.

The organization of LTSS services will be a function of integrated care management and supporting technology:

Coordinating Technology – To reduce fragmentation among services, Alere’s award-winning technology solution will serve as the centralized source of information for member care planning. We have an 18-year history of connecting disparate sources of information. Alere’s fully integrated health management architecture provides a unified, transparent view of enterprise data that is accurate, real time and integrated and allows each independent entity to continue utilizing their existing systems for data input and their own business operations, but securely pulls that information into a single data source available for all authorized users throughout the system (including members and caregivers) to view, report on and print care planning information, such as individualized care plans, health risk assessments and interdisciplinary care team notes. This ensures that information is readily available to make informed decisions in the best interest of the member.

Assessments and individualized care plans can be electronically received to match and consolidate information from in-home support services, multi-purpose senior services program, community-based adult services, skilled nursing facility, primary care physician and other LTSS service providers, ensuring goals and services are aligned. Copies of individualized care plans are available to providers, staff and members on demand. The member’s care manager is then responsible for engaging the member in their care and ensuring they are receiving the right care in the right setting at the right time from the right provider.

Alere also has the ability to leverage our health information exchange technology. This technology reduces fragmentation by establishing **one record** for each patient in the community – allowing each provider to have more **complete information** about their patients. Alere’s robust health information technology can connect to EMRs, hospital systems, lab systems SureScripts and other clinical sources of data and present the information in an easy-to-use provider portal. Through this technology, we are able to reduce the duplication of effort that can occur when multiple providers are required for care.

Integrated Care Management – Alere’s model of care for the needs of the Medicaid and dual eligible population is focused on a member-centric approach designed to identify, acknowledge and incorporate the member’s unique needs and goals into a cost effective, individualized plan utilizing our interdisciplinary care team model of care. The program provides care coordination and intensive case management with the overall goal to promote self-management, helping members regain optimum health or improved functional capability in the right setting and most cost-effective manner. In addition, in-home biometric monitoring may be a cost-effective addition to the care management process.

Care managers emphasize decision support and member advocacy, identification of alternative plans of care as they work with physicians and specialists to assure a

Figure 3. Member-centric Approach. *Our approach is designed to identify and address the unique needs of the individual.*



coordinated approach to care and arrange for services to meet the beneficiaries' needs and achieve the intended outcomes

Alere works with physicians and specialists to ensure a coordinated approach to care. In our partnership with managed care plans throughout the U.S., Alere has developed relationships with local provider communities and agency resources and links patients and caregivers with state, county and local programs and/or health resource services. Our care coordination process ensures that there is an expedited process for gathering information needed to assure an ongoing match between care needs and service solutions and reducing the level of stress on families by providing assistance in the organization and coordination of service in line with a comprehensive interdisciplinary care plan. In the last 12 months, Alere's care teams have processed over **300,000** provider care notices and over **50,000** provider CareAlerts for enrollees.

- **Inclusion of behavioral health**

Alere will work with the DHH to identify all appropriate LTSS service providers (e.g., Magellan or Louisiana Behavioral Health Partnership) and community based adult services to establish appropriate referral mechanisms. We recognize that co-location with medical services is a key success factor for integrating behavioral health care and, for this reason, should be considered where possible. Alere will support the various behavioral health providers using Alere's integrated health management system where all LTSS referrals are tracked, captured and forwarded through system alerts. Referrals are captured in the system through direct entry into the Alere system or captured through daily loads from disparate systems. The value of Alere's system is that it allows disparate providers to continue to use their own systems for data entry and storing patient information, but is able to capture this information in a single system through data sharing agreements and health information exchange and interoperability technology.

Alere recognizes that the identification and treatment of behavioral health issues (e.g., serious mental illness and substance abuse) is a fundamental component to the success of any program designed to treat Medicaid and dual eligible populations. Alere's proposed health risk assessment (referenced earlier in our response) is designed to identify the presence of behavioral health issues. Our interdisciplinary team approach is designed to incorporate behavioral health providers as part of the interdisciplinary team in formulating the individualized care plan to address behavioral needs. The comprehensive individualized care plan allows for the early identification of risks and the opportunity to set expectations managing care across the continuum and move the individual to the most independence possible for that individual.

- **How the system will use evidence-based best practices for treatment and patient care**

There is a growing body of literature documenting evidence-based and expert opinion on managing the dual eligible and Medicaid populations eligible for LTSS. Key best practices Alere incorporates into our systems and programs include: depression screening and follow-up; recommendations for management of transitions of care; community-based personnel for outreach and service provision; and interdisciplinary care teams. Health Risk Appraisals incorporate validated tools to assess risks. Clinicians are trained in tested behavior change techniques that are useful for both clinical behavior change and outreach.

Alere's care management programs are built on a foundation of evidence-based clinical practice guidelines from leading health organizations such as American College of Clinical Pharmacy (ACCP), American

Diabetes Association (ADA), American Heart Association (AHA), National Comprehensive Cancer Network, (NCCN) and American Society of Clinical Oncology (ASCO). All guidelines and validated tools are embedded within our system and guide initial and subsequent participant interactions, the development of care plans to address gaps in care and LTSS service coordination.

At least annually, Alere reviews any new guideline release, in conjunction with medical advisory board specialists, to evaluate specific interventions, program materials and program components. Our multi-specialty Scientific Advisory Board is comprised of industry thought leaders in the areas of nephrology, exercise physiology, occupational medicine, family medicine, psychiatry, cardiology, pulmonology, endocrinology, asthma/allergy and oncology/hematology. In addition, all of Alere's award-winning programs meet the high standards of accreditation organizations that are important to the Healthcare industry such as NCQA, URAC and Joint Commission as they relate to our various programs and services. Our ongoing accreditation initiatives reinforce our commitment to quality by providing objective external evaluation on our programs and services.

- **Identify partnerships that might be formed**

Alere acknowledges the need to engage with local care providers in order to provide the full range of services that are required to address the needs of the LTSS population. We have several relationships in place today through our maternity programs and expect to build new relationships to support Louisiana's Community Choice and Adult Day Health Care Programs, Long Term Personal Care Services and programs for all-inclusive care for the elderly to further enable independence for members, in the comfort of one's home and/or community. Collaboration with the Louisiana Office of Elderly Affairs will be essential as they are the focal point in administration of a broad range of home and community based services through their network of Area Agencies on Aging.

Several partnerships that we expect to form include specific areas where we can enhance our capabilities, specifically around behavioral health via Magellan, federally qualified health centers for primary care and local home health agencies such as Amedisys to support the clinical and non-clinical services members require in the home. Further, we can leverage existing relationships with local delivery staff to provide the services required to enable field-based assessments, risk identification/stratification and coordination of appropriate care based on a member's care plan.

- **Education and outreach necessary prior to implementation**

Alere has extensive communication methods and collateral libraries that support specific program requirements. As part of the implementation process, Alere will work with the DHH to develop a comprehensive communication plan to address both initial and ongoing education and outreach to providers, stakeholders and Medicaid enrollees.

- **Providers and Stakeholders**

Specific to our Medicaid populations, a distinguishing component of Alere's program are our extensive engagement capabilities. Town halls are conducted in the local community settings to educate both providers and advocates. Our current efforts include regular provider visits to offices, clinics and hospitals to disseminate program information and promotion including program announcements and

education. High-volume hospitals are in-serviced and ER and clinic program visibility is enhanced with posters and informational collateral.

To promote ongoing, efficient, integrated and holistic care, Alere will provide a data integrated solution that facilitates the sharing of information and communication between care management teams, interdisciplinary care teams, participants, physicians and community service providers. Alere will work with each of these entities to develop partnerships and promote ongoing collaboration, develop data sharing agreements and provide education and training on Alere's data system and the LTSS care management process and approach. Training will be made available through on-site visits, community forums, web-based training and quick reference guides and other written training materials. Patient information and data will be transmitted in a HIPAA compliant format and accessible to the member and those involved in their care and services through our web portal based on individual user level security.

Alere care managers will interface with the health plans through the contract administration team, sharing information on trends, observations and recommendations for improvement in the system or LTSS network; work with members and their in-home support services worker to assess their needs (both via phone and face-to-face), develop and update care plans, monitor compliance, help connect them with community resources, coordinate appropriate LTSS and go into the member's home as necessary to promote home safety and self-care; participate in and/or lead interdisciplinary care teams; collaborate with physicians and health homes to align care planning activities, obtain an ongoing clinical update regarding function, cognitive status and overall medical status and discuss individualized care plans and updates; work with hospitals and skilled nursing facilities to support discharge planning efforts and care transitions and implement programs for de-institutionalization and re-admissions by placing staff on site; and engage community providers to ensure capacity and match members with the most appropriate support services.

- **Medicaid Enrollees**

Medicaid enrollees have specific needs and Alere's program is tailored to accommodate them. Education and outreach to enrollees prior to implementation will include a combination of direct community-based efforts and mail-based materials. We work with advocacy and education groups to conduct local education sessions about healthcare, the impacts of poor health and most importantly, what services are available and how to take advantage of them. These services can be Alere sponsored or local community programs. Sessions can be prerecorded and posted in an online learning center approach, posted in a private YouTube forum or conducted in small live groups or larger virtual sessions.

All Medicaid client materials are customized for designated reading levels and accessibility and our assessment questions are tailored for specific program eligibility identification. Alere will work with the DHH to develop the health education, cultural and linguistic materials and formats required for this effort. Our current efforts incorporate multiple modalities to accommodate all members, whether they are hearing impaired, vision impaired, or communicate in a language other than English. In addition, Alere provides culturally-sensitive and easy-to-read materials (fourth-grade reading level) that address language requirements and can be made available in any threshold language or verbally interpreted by a medically-certified translator. We will work with the DHH to adapt appropriate communication materials and face-to-face interactions to comply with state and federal guidelines.

- Issues DHH should include in any Request for Proposals**

We believe that the DHH should consider the following issues for any subsequent Request for Proposal:

Figure 4. Potential Issues. *The following table provides a list of potential issues that should be considered in program development.*

Issue	Alere Solution
Potential lack of available data	As experienced provider for Medicaid members, we have found the limited availability of data (e.g., claims, contact information, etc.) to be a common occurrence. For this reason, Alere’s proposed model includes a comprehensive assessment that identifies specific care needs and a multi-modal approach that leverages telephonic outreach and a community presence.
Low program enrollment / engagement	To ensure high rates of enrollment and program engagement, Alere proposes an interdisciplinary care team model to oversee each enrollee’s care and progress. This team will consist of the enrollee, the enrollee’s family, an Alere care coordinator and LTSS service providers appropriate to the enrollee’s specific condition. Staff that are part of the communities are key to ensuring engagement.
Limited LTSS resources	In some instances, an enrollee may be identified for an LTSS service in an area with limited LTSS resources specific to their condition. To overcome this barrier, Alere’s interdisciplinary care team will work the DHH and service providers to close care gaps and find an alternative.
Low enrollee engagement	In order to increase engagement, we recommend that the DHH consider the use of incentives. Alere has conducted extensive research in the area of incentives and will assist the DHH in designing an incentive strategy and program specific to the Medicaid and dual eligible population and in compliance with State and federal requirements.

- Standard that should be met for cultural competency, sensitivity to the needs of the dual eligible population (if applicable) and accessibility prior to enrolling recipients**

As an experienced provider, Alere is adept and meeting the unique cultural needs of our client’s populations. Alere has a comprehensive written cultural competency plan and training program to ensure that services are provided in a culturally competent manner to all enrollees, including all services and settings and including those with limited English proficiency. We focus our cultural competency plan on how providers and employees will effectively provide services to all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual enrollee and protects and preserves the dignity of each. For example, our care managers work with the member to understand any physical or communication barriers and match them to the most appropriate network provider, arranging for reasonable accommodations as necessary.

For limited or non-English speaking members, we use multi-lingual staff and medically-certified telephone translators, providing telephonic translations in 160 languages. For home visits, we also have multi-lingual

staff or bring an interpreter on-site for help in completing assessments and screenings and providing education where language, disability, health literacy, or other cognitive and communication barriers exist. For the hearing impaired, we use Sprint’s free relay service or a public service with a relay operator who converts speech to TTY or text/Web.

- **Evaluation of success of the delivery model and over what timeframe**

Alere’s evaluation of the success of the LTSS delivery model is based on a comprehensive set of metrics across several general outcome domains. Outcome domains include process/care coordination, utilization, quality of care and satisfaction. Specific outcome metrics within each domain include and are not limited to the following:

Figure 5. Evaluating Success. Alere provides comprehensive, transparent reporting to provide a 360-degree view of the DHH’s program.

Issue	Alere Solution
Process / Care Coordination	LTSS identification, screening and level of care assessment (count, frequency, timeliness and completeness); timeliness of initiating community or home based LTSS; number of home health visits, number of homes safety evaluations; number and resolution of critical incidents, receipt of services identified in the care plan, members personal experience
Utilization	Utilization includes 30-day inpatient re-admission rates; emergency room visit rates; avoidable (preventable) inpatient admission rates; avoidable (preventable) emergency room visit rates; inpatient length of stay; nursing facility admissions; immediate care facility admissions.
Quality of Care	HEDIS based outcome metrics; assessment of activities of daily living; assessment of fall risk; functional outcomes assessment.
Satisfaction	Our satisfaction metrics encompass participant and provider satisfaction.

Alere is also open to collaborations with the DHH and researchers on formal evaluations or special studies regarding the effectiveness of the delivery model. Evaluation of the success of the delivery model is ongoing. Client-specific reporting is available in both aggregate and detailed formats and can be provided by secure email, secure FTP, or other delivery methods as agreed. Typically, client reporting is provided monthly, quarterly and annually, with monthly reports by the 15th of the following month. Internal reports are distributed behind our firewall via email, network file share, or intranet. These include next-day, weekly, monthly and quarterly report periods.

- **Potential financial arrangements for sharing risk and rate-setting appropriate for population; Principles that should guide DHH in requiring specific approaches for rate-setting; and**

Alere is willing to discuss a risk sharing agreement for requested services. Payments can be structured around certain performance guarantees or we can take risk for engaged participants, which would need to be defined and determined based on the final scope of service.

• **Timeline necessary for implementation.**

The implementation timeline will be based on a complete scope of work. However, in general, we estimate the timeline for implementation to be approximately six months. Each Alere implementation follows five defined phases of work: requirements gathering, detailed design, program build, program rollout and post production monitoring and support.

Figure 6. Proven Implementation Processes. *Our experience, resources and process-driven approach minimizes potential risks to the DHH.*

Timeline	Phase	Summary of Activities
Week 0-6	Phase 1 – Requirements Gathering	<ul style="list-style-type: none"> • Establish Roles and Responsibilities • Finalize Project Scope • Define Program Requirements
Week 2-12	Phase 2 – Detailed Design	<ul style="list-style-type: none"> • Design Operational and Technical Integration • Establish Care Coordination Workflows • Develop Communication Materials
Week 8-16	Phase 3 – Program Build	<ul style="list-style-type: none"> • Build System Configuration • Implement Custom Development • Conduct Readiness Testing
Week 14-16	Phase 4 – Program Rollout	<ul style="list-style-type: none"> • Conduct Alere/Client Staff Training • Distribute Communications • Initiate Program Launch
Week 16 – Post Launch	Phase 5 – Post Production Monitoring and Support	<ul style="list-style-type: none"> • Monitor/Track Program Events/Outcomes • Evaluate Ongoing Program Strategy and Alteration

Implementation phases are based on Alere’s project management methodology, which allows for consistent and repeatable results – thereby minimizing potential risks and reducing overall administrative burden to the DHH. Upon request or as part of the RFP-phase of procurement, we have the ability to provide a more detailed project plan to meet the DHH’s requirements.

• **Potential risks and benefits of the approaches proposed.**

We believe that Alere’s proposed solution mitigates many of the issues identified by the DHH:

Data Fragmentation – Information sharing is critical to the successful management of this complex population in a complex system of care. Lack of sufficient care can lead to poor care coordination (e.g., duplicative services), contraindicated therapies and drugs and inefficiencies in care. To eliminate confusion and increase efficiency among multiple agencies, vendors and resources, information must be integrated and aligned to provide seamless care to the whole individual.

Leveraging Alere’s mission of “Connected Health”, Alere’s technology infrastructure will provide the level of integration necessary to reduce fragmentation. Pulling information from disparate systems,

LTSS care plans will be consolidated into any existing individualized care plans developed at the health plan, vendor, provider, or agency level and made available through the user friendly web portal.

Inadequate Care Coordination – Alere’s model of an integrated care team as a core competency (complemented by our technology solutions) will provide a cohesive and sustainable approach to meeting the needs of the dual eligible population. We have experience with Medicaid and dual eligible populations through the provision of in-person assessment services – deploying a highly skilled and trained force of field nurses to conduct functional, cognitive, medical and home safety assessments. Field nurses provide coaching and member education and make recommendations for local community LTSS services based on member functional need.

Our care management teams live in the community where the assessments are conducted and are familiar with local resources and programs. Our care managers work with the member and make recommendations to or participate in the health plan interdisciplinary care team to create an actionable care plan. These assessments, screenings and summaries are provided electronically to the health plan case management team and can be used to direct or obtain services that members require to address risk factors identified.

Lessons learned through these experiences include using local nurses to help gain member acceptance into a program. The role of the interdisciplinary care team should not vary by facility; however, the composition of the team may. For example, institutionalized members will likely have a SNFist or skilled nursing facility staff on the care team, members living in their homes may have family members or personal care attendants and members assigned to a health home may have a medical group care manager lead the interdisciplinary care team.

In recognition of the time constraints of primary care physicians and other service providers, interdisciplinary care team conferences should be consolidated to the extent possible to capture all member needs, conducted via phone and/or on site for facility-based providers and all activities of the interdisciplinary care team facilitated and documented by the care manager to ensure meetings are efficient and data is captured and uploaded into the applicable system, which will be ultimately shared through Alere’s single source technology solution.

Delivery of care at the right time to the right person to achieve the optimal result:

DayLink® Device Monitoring – Alere uniquely works with chronic condition participants to ensure they are informed about their health by providing our proprietary DayLink Monitor for clinically eligible participants with diabetes, heart failure, CAD and COPD. When we use the DayLink Monitor with qualified, high-risk participants, we see sustained reductions in medical service utilization, improvement in key health numbers and increases in treatment plan compliance. Alere has over **36,000** participants using Alere’s devices to transmit biometric data resulting in over **2,437,610** symptom transmissions monthly.

Diagnostic Devices – Alere’s portfolio of point-of-care diagnostic tests, platforms and full-service laboratories offer comprehensive solutions to meet the rigorous diagnostic demands of today’s healthcare industry, including rapid tests for diabetes, cardiology, infectious disease, oncology and drugs of abuse. For example, Alere is a leader in patient self-testing for coagulation monitoring, for those patients taking Coumadin® (warfarin) to prevent blood from clotting. Alere’s INRatio2 PT/INR

Monitoring System enables rapid, fingerstick warfarin management in the point-of-care/clinic environment.

Figure 7. Diagnostic Solutions. *Alere is a leader in patient self-testing.*



Our industry-leading service program includes insurance coverage determination, proprietary training, data management solutions and a choice in home testing products, including the Alere INRatio2 PT/INR Monitoring System. Alere Home Monitoring is a platform for Alere's continuing expansion into supporting patients in the home.

Response Summary

In summary, Alere appreciates the opportunity to present our proposed solutions to the DHH. We believe that we are uniquely positioned to meet and exceed all of the goals referenced in the DHH's RFI:

- Improve quality of services and health outcomes;
- Decrease fragmentation and improve coordination of care;
- Create a system that utilizes proven and/or promising practices;
- Refocus the system in order to increase choice and provide more robust living options for those who need LTSS and their families; and
- Rebalance the system in order to meet the growing demand for services within the existing level of expenditures for the LTSS population.

By selecting Alere, the DHH will obtain a comprehensive, payor-agnostic, model of care, with unprecedented technical integration. Through our Connected Health construct of technology and care management integration, we will provide the necessary health management programs and HIE/HER technology to improve the health of program recipients and reduce overall healthcare costs.

Thank you and we welcome the opportunity to create a long-term and mutually rewarding partnership with the Louisiana DHH.