



State of Louisiana Department of Health & Hospitals

UnitedHealthcare Community Plan of Louisiana Annual External Quality Review Technical Report

Review Period: July 1, 2016 – June 30, 2017

Report Issued: April 24, 2018

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	MCO CORPORATE PROFILE.....	2
III.	ENROLLMENT AND PROVIDER NETWORK	3
	Enrollment	3
	Provider Network.....	4
IV.	QUALITY INDICATORS	5
	Performance Improvement Projects	5
	Performance Measures: HEDIS® 2017 (Measurement Year 2016).....	10
	Member Satisfaction: Adult and Child CAHPS® 5.0H.....	14
	Health Disparities.....	16
V.	COMPLIANCE MONITORING	17
	Medicaid Compliance Audit Findings for Contract Year 2016	17
VI.	STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS	19
	Strengths.....	19
	Opportunities for Improvement	19
	Recommendations	20

LIST OF TABLES

Table 1: Corporate Profile.....	2
Table 2: Medicaid Enrollment as of June 2017	3
Table 3: Primary Care & OB/GYN Counts by Geographic Service Area (GSA)	4
Table 4: GeoAccess Provider Network Accessibility as of July 19, 2017	4
Table 5: HEDIS® Effectiveness of Care Measures – 2015-2017	11
Table 6: HEDIS® Access to/Availability of Care Measures – 2015-2017	12
Table 7: Use of Services Measures – 2015-2017	13
Table 8: Adult CAHPS® 5.0H – 2015-2017	14
Table 9: Child CAHPS® 5.0H General Population – 2015-2017	15
Table 10: Child CAHPS® 5.0H General Population – 2015-2017	15
Table 11: 2016 Compliance Audit Determination Definitions	17
Table 12: Audit Results by Audit Domain	18

I. INTRODUCTION

The Centers for Medicare and Medicaid Services (CMS) requires that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that an MCO furnishes to Medicaid recipients. Quality is defined in 42 Code of Federal Regulations (CFR) 438.320 as *“the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge”*.

In order to comply with these requirements, the Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid managed care program, the Healthy Louisiana Program, and each of the participating MCOs on the accessibility, timeliness and quality of services. Specifically, this report provides IPRO’s independent evaluation of the services provided by UnitedHealthcare Community Plan of Louisiana (UHCCP) for review period July 1, 2016 – June 30, 2017.

The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as Louisiana State requirements. IPRO’s assessment included an evaluation of the mandatory activities, which encompass: performance measure validation, Performance Improvement Project (PIP) validation and compliance audits. Results of the most current HEDIS® and CAHPS® surveys are presented and are evaluated in comparison to the NCOA’s *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Section VI provides an assessment of the MCO’s strengths and opportunities for improvement in the areas of accessibility, timeliness and quality of services. For areas in which the MCO has opportunities for improvement, recommendations for improving the quality of the MCO’s health care services are provided. To achieve full compliance with federal regulations, this section also includes an assessment of the degree to which the MCO has effectively addressed the recommendations for quality improvement made by IPRO in the previous year’s EQR report. The MCO was given the opportunity to describe current and proposed interventions that address areas of concern, as well as an opportunity to explain areas that the MCO did not feel were within its ability to improve. The response by the MCO is appended to this section of the report.

II. MCO CORPORATE PROFILE

Table 1: MCO Corporate Profile

UnitedHealthcare Community Plan of Louisiana	
Type of Organization	Health Maintenance Organization
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid and LaCHIP
Total Medicaid Enrollment (as of June 2017)	428,053

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2017, the MCO's Medicaid enrollment totaled 428,053, which represents 29% of Healthy Louisiana's active members. Table 2 displays UHCCP's Medicaid enrollment for 2015 to 2017, as well as the 2017 statewide enrollment total. Figure 1 displays Healthy Louisiana's membership distribution across all Medicaid MCOs.

Table 2: Medicaid Enrollment as of June 2017¹

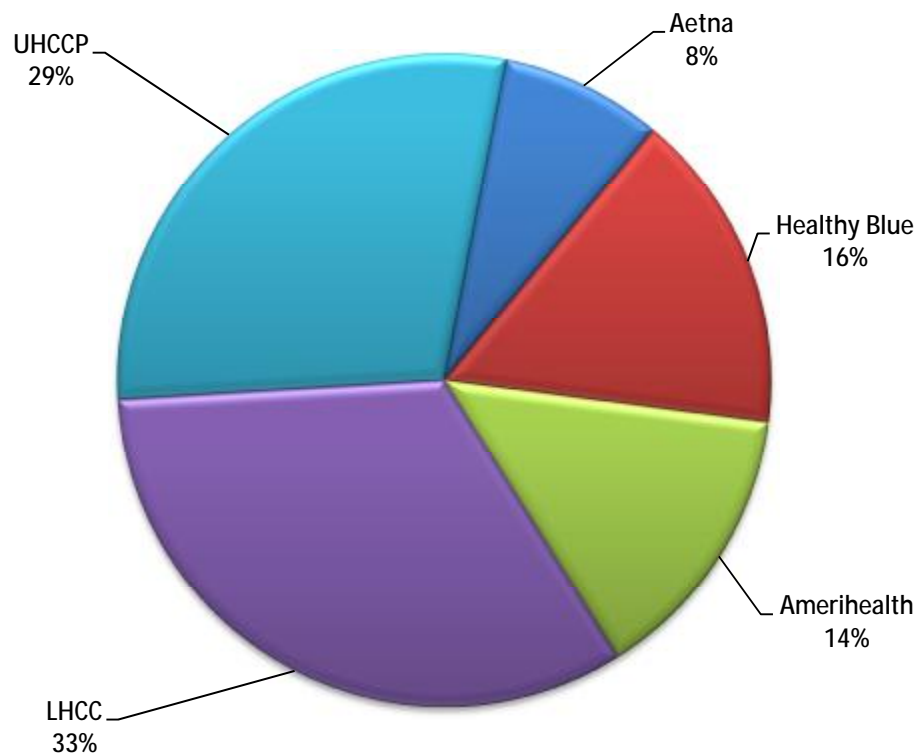
UHCCP	June 2015	June 2016	June 2017	% Change	2017 Statewide Total ²
Total Enrollment	284,633	369,894	428,053	16%	1,464,516

Data Source: Report No. 125-A

¹This report shows all active members in Healthy Louisiana as of the effective date above. Members who will be disenrolled at the end of the reporting month are not included. Enrollees who gain and lose eligibility during the reporting month are not included. Enrollees who opt out of Healthy Louisiana during the reporting month are not included.

²Note: The statewide total includes membership of all plans.

Figure 1. Healthy Louisiana Membership by MCO as of June 2017



Provider Network

Providers by Specialty

LDH requires each MCO to report on a quarterly basis the total number of network providers. Table 3 shows the sum of UHCCP's primary care providers, OB/GYNs and other physicians with primary care responsibilities within each geographic service area as of June 30, 2017.

Table 3: Primary Care & OB/GYN Counts by Geographic Service Area (GSA)

Specialty	UHCCP			MCO Statewide Unduplicated
	GSA A	GSA B	GSA C	
Family Practice/General Medicine	793	867	1180	1141
Pediatrics	738	482	420	685
Nurse Practitioners	1012	1095	934	1156
Internal Medicine ¹	831	671	539	936
OB/GYN ¹	92	77	91	150
RHC/FQHC	103	109	167	161

Data source: Network Adequacy Review 2017

Geographic Service Area: A: New Orleans and North Shore; B: Baton Rouge, Lafayette and Thibodaux; C: Alexandria, Lake Charles, Monroe and Shreveport

¹Accepts full PCP responsibility.

Provider Network Accessibility

UHCCP monitors its provider network for accessibility and network capability using the GeoAccess software program. This program assigns geographic coordinates to addresses so that the distance between providers and members can be assessed to determine whether members have access to care within a reasonable distance from their homes. Table 4 shows the percentage of members for whom geographic access standards were met.

Table 4: GeoAccess Provider Network Accessibility as of July 19, 2017

Provider Type		Access Standard ¹ X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Family Practitioner and General Practitioner	Urban	1 within 20 miles	99.8%
	Rural	1 within 30 miles	100.0%
Internal Medicine	Urban	1 within 20 miles	99.2%
	Rural	1 within 30 miles	100.0%
Pediatrician	Urban	1 within 20 miles	99.7%
	Rural	1 within 30 miles	99.4%
Nurse Practitioner	Urban	1 within 20 miles	99.6%
	Rural	1 within 30 miles	100.0%
OB/GYN	Urban	1 within 20 miles	85.2%
	Rural	1 within 30 miles	87.6%
RHC/FQHC	Urban	1 within 20 miles	87.7%
	Rural	1 within 30 miles	100.0%

¹The Access Standard is measured in distance to member address.

IV. QUALITY INDICATORS

To measure quality of care provided by the MCOs, the State prepares and reviews a number of reports on a variety of quality indicators. This section is a summary of findings from these reports, including Performance Improvement Projects (PIPs), as well as HEDIS® and CAHPS®.

Performance Improvement Projects

PIPs engage MCO care and quality managers, providers and members as a team with the common goal of improving patient care. The MCO begins the PIP process by targeting improvement in annual baseline performance indicator rates. The next step is to identify barriers to quality of care, and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly intervention tracking measures. Declining quarterly intervention tracking measure rates signal the need to modify interventions and re-chart the PIP course. Improving intervention tracking measures are an indication of robust interventions.

Healthy Louisiana is in the process of conducting two collaborative PIPs: (1) Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth and (2) Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with Attention-Deficit Hyperactivity Disorder (ADHD). The five MCOs agreed upon the following intervention strategies for each PIP:

- (1) Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth
 - § Implement the Notice of Pregnancy communication from provider to MCO
 - § Implement the High-Risk Registry communication from MCO to provider
 - § Conduct provider education for how to provide and bill for evidence-based care
 - § Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

- (2) Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with ADHD
 - § Improve workforce capacity
 - § Conduct provider education for ADHD assessment and management consistent with clinical guidelines
 - § Expand PCP access to behavioral health consultation
 - § Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

Summaries of each of the PIPs conducted by UHCCP follow.

Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are as follows:

- § Initiation of injectable progesterone for preterm birth prevention: increase from 3.1% to 6.0%
- § Use of most effective contraceptive methods: increase from 21.5% to 25%
- § Chlamydia test during pregnancy: increase from 64% to 66%
- § HIV test during pregnancy: increase from 5.4% to 8%
- § Syphilis test during pregnancy: increase from 81.1% to 83.1%
- § HEDIS® *Postpartum Care* measure: increase from 58.72% to 63.12%

Intervention Summary:

§ Member:

- Conduct live outreach with pregnant members
- Conduct telephonic outreach to educate pregnant members on the importance of prenatal visits
- Educate members on prenatal care for full term, healthy babies via newsletter articles
- Additional interventions include Baby Blocks, 17P brochure, Healthy Pregnancy Care Book, Twitter Pregnancy Care, Text4Baby
- Concurrent review nurses conduct discharge planning, standardize scheduling postpartum visits, conduct case management and care coordination for obtaining long-acting reversible contraceptives (LARC)

§ Provider:

- Plan to deliver face-to-face provider education, e.g., 17P and preterm delivery, 37 week delivery, C-section, OB toolkit
- Reform reimbursement for antenatal progesterone
- Patient-Centered Medical Home (PCMH) and “backdoor” contact via PCP for care/case management
- Provider incentives followed by separately listed interventions simply listed as “LARC”, “OB risk assessment”, and “Routine cervical length assessments”
- Collaborate with behavioral health resources as needed
- LDH/Healthy Louisiana Medical Directors Educational ‘Medicaid 101’, e.g., provider education to medical students

§ MCO:

- Work with Healthy First Steps for detailed member information related to full-term due dates and improved tracking/reporting for level 3 case management data
- Work with Business Intelligence to obtain missing provider, parish and zip code data
- Clinical Practice Consultants (CPC) to educate staff on implementing the Notification of Pregnancy (NOP) form/OB risk assessment
- Work with State Division of Medical Assistance and Human Services to improve accuracy of the 834 eligibility file

Results:

- § CPC’s delivered face-to-face provider education and distributed OB/GYN toolkits to over 100+ OB/GYN practitioner sites.
- § OB toolkits utilized for provider education has been revised with current information.
- § From baseline to interim year, the percentage of women with a prior preterm birth who received injectable progesterone increased from 3% to 15%.
- § From baseline to interim year, the percentage of women with a prenatal test for chlamydia increased from 64% to 88%.
- § From baseline to interim year, the percentage of women with a prenatal test for HIV increased from 5% to 86%.

- § From baseline to interim year, the percentage of women with a prenatal test for syphilis increased from 81% to 89%.
- § From baseline to interim year, the percentage of women with timely prenatal care visits increased from 80% to 86%.
- § From baseline to interim year, the percentage of women with a postpartum visit increased from 59% to 65%. UHCCP quality team has restructured the postpartum outreach report and activity tracker to comply with the HEDIS® *Postpartum Care* measure.
- § System level changes have been made in Q2 2017, including redesigning the OB case management for pregnant women. The HFS program is now at the local MCO level and the focus is Louisiana-specific. One of the goals of the HFS program is to significantly improve the member experience and operational effectiveness in ways that will create sustained improvement in the health and well-being of moms and babies. Continued collaboration with Alere for increased member and provider participation in getting the proper screenings, 17P, contraception and care management.
- § Collaboration with OB/GYN practitioners by facilitating care coordination.
- § A section that describes "Taking Steps toward Quality Improvement" included in quarterly publication for providers.

Overall Credibility of Results: There are no validation findings that indicate that the credibility of the study is at risk.

Strengths: Demonstrates that the MCO is taking action to implement and monitor PIP interventions designed to improve MCO performance of measures related to reducing preterm birth.

Opportunities for Improvement:

- § Clarify how gap reports will be used to (1) identify members not in the annual performance indicator numerators, (2) interventions to outreach (a) members with care gaps and (b) their providers for care coordination and care management, (3) report corresponding quarterly intervention tracking (process) measure data, and (4) indicate revisions to interventions to address newly identified barriers in response to intervention tracking (process) measure trends that indicate lack of improvement.
- § Address 17P performance measure misspecification.
- § Clarify the difference between the definition and members included for the denominator used for the 17P annual performance indicator from the intervention tracking measure that specified the denominator as high-risk members identified from the 834 eligibility file.
- § Reconcile the MCO to provider communication intervention description with the pertinent intervention tracking measure.
- § Reconcile the target rate setting explanations across all sections of the PIP.
- § Identify new barriers by utilizing quality improvement processes and conducting drill down analyses of those intervention tracking measures that show stagnant or declining performance, and modify interventions in response.
- § Conduct a barrier analysis by obtaining direct feedback from provider office staff to address the potential to improve the rate of NOP provider to MCO communication.
- § Add an intervention to collaboratively develop a plan of care with high-risk members, and add a corresponding intervention tracking measure.

Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescent with ADHD

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are as follows:

- § Validated ADHD screening instrument: increase from 43.3 % to 68.4%
- § ADHD screening in multiple settings: increase from 31.7% to 55.2%
- § Assessment of other behavioral health conditions/symptoms: increase from 58.3% to 83.3%
- § Referral for evaluation of other behavioral health conditions: increase from 80% to 93.7%
- § Referral to treat other behavioral health conditions: increase from 72% to 93.7%
- § Primary care provider care coordination: increase from 43.4% to 68.4%
- § MCO care coordination: increase from 0% at baseline to 68.4%
- § MCO outreach with member contact: increase from 0% to 68.4% at final re-measurement.
- § MCO outreach with member engagement: percentage of the members outreached who were engaged in care management will increase from 0% to 68.4%
- § First line behavior therapy for children less than 6 years: increase from 3.3% to 68.4%
- § The percentage of members aged 6-12 years as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase: increase from 52.9% to 58.64%
- § The percentage of members aged 6-12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended: increase from 64.5% to 68.29%
- § The percentage of any ADHD cases, aged 0-20 years, stratified by age, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), with behavioral therapy: increase from 6.5% to 6.9%
- § The percentage of any ADHD cases, aged 0-20 years, stratified by age, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), without behavioral therapy will decrease from 72.1% to 65%

Intervention Summary:

- § Quality Clinical Practice Consultants trained to train pediatric PCPs on use of the clinician search tool on the Live and Work Well (LAWW) web site to locate behavioral health providers who can treat children all ages, but specifically children under 6 years of age with ADHD. The goal for the first interim report is to have all high volume pediatric PCPs educated.
- § Pediatric PCPs who do not use the internet will be educated on the "One Call" resource line at the office and at outreach events, such as the Provider Expositions.
- § Utilize gaps in care reports for ADD to identify children ages 6-12 year old on ADHD medication, and to inform their pediatricians about how these reports can be utilized as an "ADHD Registry".
- § Children with complex needs that include ADHD are referred for case management to the Whole Person Care (WPC) team for management of both medical and behavioral needs. Currently meeting with National Community & State (Medicaid Division) to enhance current health risk assessment (HRA) used in Louisiana to include the diagnosis of ADHD, which will trigger subsequent actions inclusive of printed and electronic information, and potential care coordination, if applicable. Meeting on Monday, December 4th, to review HRA draft, operational components and next steps. The goal is to have this revision finalized 1st quarter, 2018.
- § Outreach to PCPs seeing children aged 0-7 years to facilitate engaging with Project Launch for assistance with implementing a clinical consultation model to integrate behavioral health into primary care settings. Project Launch coordinator discussed coordination of care, and Project Launch specifically at the Provider

Exposition in Lafayette (Region 4) on October 4th, 2017. Presentation was recorded for upload to UHC On Air website. The presentation is available for later viewing by those who did not attend the presentation.

- § Collaborate with school-based health care providers to coordinate ADHD care with PCPs. Begun the process of reaching out per each region CPC (UHC Clinical Practice Consultant) to appropriate State based health clinics (SBHC). Once completed in December 2017, next level of operationalizing the coordination of care between the SBHCs and the PCPs that are housed in surrounding areas of the SBHCs will be done. A communication form to alert PCPs of SBHC behavioral health activities is in the process of being devised.
- § Collaborate with pharmacy and behavioral health partners to analyze high volume prescribers' choice of medications. Identified the providers with high Vyvance prescription volume. Behavioral Health Medical Director called top prescribers to discuss prudent utilization of high cost pharmacotherapy. In the contract extension, and with legislative guidance, it has been requested that the MCOs review these medications, and when applicable, use a lower cost appropriate drug. Pharmacy has implemented the pharmacy PreCheck My Script application to allow PCPs to view real time prescription options, while the patient is in the office.
- § Promote timely follow-up for children, who have newly prescribed ADHD medications via an ADHD medication tip sheet. Our behavioral health partners created this information in both English and Spanish. It is now located in the pharmacy bulletin section of UHC provider website, the ADHD tools section of the Provider Express website, as well as the ADHD toolkit.
- § UHCCP in collaboration with other MCOs will participate financially in the Louisiana American Academy of Pediatrics (AAP) portal displaying the AAP toolkit in a one stop for all providers in Louisiana.

Results: Not yet available.

Strengths: The MCO includes enhanced case management interventions that improve communication to coordinate care and collaboration with primary care providers and the MCO.

Opportunities for Improvement:

- § Elaborate on how care management will conduct outreach to provide direct member education, facilitate appointment scheduling and improve member visits to PCP and behavioral health providers.
- § Include an intervention to identify younger children for direct outreach and explain how the plan will improve contact and engagement rates.
- § Indicate a start date for the intervention to augment the behavioral health application form to collect information on evidenced-based training for young children
- § Indicate a start date for the intervention to educate pediatric PCPs on the availability of behavioral health providers.
- § Elaborate on the intervention to educate providers about Project Launch by identifying the steps for engaging providers in Project Launch, with a corresponding schedule.
- § Collaborate with MCOs and LDH to distribute AAP ADHD Toolkit to PCPs with pediatric patients.

Performance Measures: HEDIS® 2017 (Measurement Year 2016)

MCO-reported performance measures were validated as per HEDIS® 2017 Compliance Audit™ specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS® 2017 Compliance Audit are summarized in its Final Audit Report (FAR).

The HEDIS® 2017 FAR prepared for UHCCP by Attest Health Care Advisors indicates that the MCO demonstrated compliance with all areas of Information System Capabilities Assessment (ISCA) and all areas of measure determination required for successful HEDIS® reporting.

HEDIS® Effectiveness of Care Measures

HEDIS® Effectiveness of Care measures evaluate how well an MCO provides preventive screenings and care for members with acute and chronic illnesses. Table 5 displays MCO performance rates for select HEDIS® Effectiveness of Care measures for HEDIS® 2015, HEDIS® 2016 and HEDIS® 2017, Healthy Louisiana 2017 statewide averages and *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 5: HEDIS® Effectiveness of Care Measures – 2015-2017

Measure	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	2017 Statewide Average
	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017		
Adult BMI Assessment	71.32%	71.93%	82.75%	33.33 rd	80.75%
Antidepressant Medication Management - Acute Phase	50.51%	51.23%	43.27%	10 th	47.89%
Antidepressant Medication Management - Continuation Phase	33.66%	35.19%	28.11%	25 th	33.04%
Asthma Medication Ratio (5-64 Years)	53.88%	62.81%	65.85%	50 th	57.25%
Breast Cancer Screening in Women	52.93%	53.37%	53.58%	33.33 rd	55.84%
Cervical Cancer Screening	61.95%	63.52%	62.76%	66.67 th	59.01%
Childhood Immunization Status - Combination 3	71.53%	71.53%	73.72%	66.67 th	68.04%
Chlamydia Screening in Women (16-24 Years)	56.12%	59.61%	61.59%	75 th	63.21%
Comprehensive Diabetes Care - HbA1c Testing	80.54%	81.27%	73.97%	10 th	77.35%
Controlling High Blood Pressure	43.55%	42.58%	37.96%	10 th	37.07%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	54.87%	60.69%	64.49%	66.67 th	56.60%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	41.78%	47.56%	52.85%	75 th	44.55%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	26.98%	25.69%	24.15%	50 th	24.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	41.36%	36.98%	60.10%	33.33 rd	53.77%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	53.04%	52.07%	60.34%	33.33 rd	54.90%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	41.61%	31.14%	43.80%	25 th	41.10%

HEDIS® Access to/Availability of Care Measures

The HEDIS® Access to/Availability of Care measures examine the percentages of Medicaid children/adolescents, child-bearing women and adults who receive PCP/preventive care services, ambulatory care (adults only) or receive timely prenatal and postpartum services. Table 6 displays MCO rates for select HEDIS® Access to/Availability of Care measure rates for HEDIS® 2015, HEDIS® 2016 and HEDIS® 2017, Healthy Louisiana 2017 statewide averages and *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 6: HEDIS® Access to/Availability of Care Measures – 2015-2017

Measure	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Average
	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017		
Children and Adolescents' Access to PCPs					
12–24 Months	96.34%	96.09%	96.84%	66.67 th	96.17%
25 Months–6 Years	87.19%	87.42%	89.61%	66.67 th	87.64%
7–11 Years	89.34%	89.44%	91.83%	50 th	89.29%
12–19 Years	87.68%	88.42%	91.58%	66.67 th	88.47%
Adults' Access to Preventive/Ambulatory Services					
20–44 Years	81.59%	81.22%	85.01%	75 th	82.22%
45–64 Years	89.85%	89.60%	90.39%	75 th	88.56%
65+ Years	85.19%	83.20%	83.54%	25 th	87.23%
Access to Other Services					
Timeliness of Prenatal Care	90.71%	79.85%	85.54%	50 th	80.77%
Postpartum Care	55.01%	58.72%	64.84%	50 th	63.80%

HEDIS® Use of Services Measures

This section of the report explores utilization of UHCCP's services by examining selected HEDIS® Use of Services rates. Table 7 displays MCO rates for select HEDIS® Use of Services measure rates for HEDIS® 2015, HEDIS® 2016 and HEDIS® 2017, Healthy Louisiana 2017 statewide averages and *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 7: Use of Services Measures – 2015-2017

Measure	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Average
	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017		
Adolescent Well-Care Visit	55.96%	55.28%	63.88%	75 th	54.70%
Ambulatory Care Emergency Department Visits/1000 Member Months ¹	62.93	67.67	72.49	50 th	73.88
Ambulatory Care Outpatient Visits/1000 Member Months	452.83	411.93	428.56	75 th	400.17
Frequency of Ongoing Prenatal Care - ≥ 81%	78.24%	68.80%	72.07%	75 th	67.71%
Well-Child Visits in the First 15 Months of Life 6+ Visits	65.34%	60.90%	57.55%	33.33 rd	56.06%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	63.40%	66.15%	68.19%	33.33 rd	65.68%

¹ A lower rate is desirable.

Member Satisfaction: Adult and Child CAHPS® 5.0H

In 2017, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H survey of Adult Medicaid members and Child Medicaid members was conducted on behalf of UHCCP by the NCOA-certified survey vendor, DSS Research. For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS® 5.0H Child survey during sampling. The CCC Population consists of all children (either from the CAHPS® 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

Table 8, Table 9 and Table 10 show UHCCP's CAHPS® rates for 2015, 2016 and 2017, as well as *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 8: Adult CAHPS® 5.0H – 2015-2017

Measure ¹	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	80.31%	77.78%	79.83%	10 th
Getting Care Quickly	80.50%	82.74%	79.30%	10 th
How Well Doctors Communicate	90.65%	90.30%	91.49%	50 th
Customer Service	87.35%	89.97%	87.95%	10 th
Shared Decision Making ²	74.71%	77.97%	78.24%	33.33 rd
Rating of All Health Care	73.52%	74.85%	78.17%	75 th
Rating of Personal Doctor	80.61%	81.00%	83.80%	75 th
Rating of Specialist	84.62%	81.13%	85.16%	75 th
Rating of Health Plan	77.49%	76.40%	78.82%	50 th

¹ Note: for "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" or "Usually".

² In 2015, NCOA revised measure specifications and response options.

Table 9: Child CAHPS® 5.0H General Population – 2015-2017

Measure ¹	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	86.24%	85.99%	87.85%	50 th
Getting Care Quickly	94.62%	94.56%	89.46%	33.33 rd
How Well Doctors Communicate	93.75%	94.10%	93.42%	50 th
Customer Service	87.67%	92.38%	85.53%	<10 th
Shared Decision Making ²	78.04%	79.58%	79.66%	50 th
Rating of All Health Care	88.08%	88.04%	87.45%	25 th
Rating of Personal Doctor	89.23%	88.76%	88.71%	33.33 rd
Rating of Specialist	88.37%	88.07%	92.98%	90 th
Rating of Health Plan	86.14%	87.70%	90.07%	50 th

¹ Note: for “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” or “Usually”.

² In 2015, NCQA revised measure specifications and response options.

Table 10: Child CAHPS® 5.0H CCC Population – 2015-2017

Measure ¹	UHCCP			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	86.58%	88.34%	87.99%	50 th
Getting Care Quickly	95.46%	94.59%	92.07%	25 th
How Well Doctors Communicate	94.17%	94.57%	93.76%	10 th
Customer Service	91.03%	93.48%	90.41%	33.33 rd
Shared Decision Making ²	83.63%	83.62%	84.11%	33.33 rd
Rating of All Health Care	86.73%	83.04%	84.95%	10 th
Rating of Personal Doctor	89.25%	90.27%	88.50%	10 th
Rating of Specialist	86.14%	85.29%	86.27%	25 th
Rating of Health Plan	82.56%	84.19%	86.01%	33.33 rd

¹ Note: for “Rating of” measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” or “Usually”.

² In 2015, NCQA revised measure specifications and response options.

Health Disparities

For this year's technical report, IPRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. This information was obtained through surveying MCOs regarding the following activities:

- (1) Characterization, identification or analysis of the MCO's Medicaid population according to at-risk characteristics.
- (2) Identification of differences in health outcomes or health status that represent measurable gaps between the MCO's Medicaid population and other types of health care consumers.
- (3) Identification of gaps in quality of care for the MCO's Medicaid members and/or Medicaid subgroups.
- (4) Identification of determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
- (5) Development and/or implementation of interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members with at-risk characteristics.

UHCCP reported that the following interventions were implemented in 2016 through 2017 to identify and/or address disparities in health outcomes and/or health care among its Medicaid population:

- § Founded the Health Equity Services Program that enables specific efforts of cultural competence in health care
 - Thorough analytics of integrating member age, gender, address, ethnicity, and language data with clinical data to identify any disparities in care that are associated with member demographics
 - Providing clinical and non-clinical cultural competency training to staff to create an awareness of the unique needs of members from various cultures resulting in the delivery of personalized service
 - Customizing member materials and engagement strategies based on identified unique cultural needs and gaps in care
- § Established several educational mobile apps available at no charge to the members to include material that reviews health benefits, claims information, and fosters the development of health and fitness goals
- § Conducted telephonic outreach to members and developed a program where the welcome call to a member offers a \$20 gift card for completing a primary care visit within 90 days of enrollment and offers information on transportation access
- § To improve the providers' ability to outreach to their patients, talking points were created for customer service for members, and outreach to providers, to discuss the importance of being linked to the right provider.
- § The Baby Blocks program consists of incentives for expectant mothers who attend their prenatal appointments to encourage prenatal health
- § Cell phones are made available for high-risk patients (such as those with acute asthma, CHF, COPD, acute diabetes, organ transplant, acute obesity, or high risk pregnancies) who do not have reliable access to a telephone. This allows access to UHC, providers, 911, and unlimited texting,
- § OB Toolkit shared with high volume OB providers to include the promotion of postpartum visits amongst members
- § Enhanced Baby Blocks: ongoing program for new mothers. Members can receive eight (8) incentives for achieving health care goals during the 24-month pregnant and post-partum program
- § Measure addressed at Provider Expositions.
- § The "Baby Showers" program was established to educate expecting moms on geographical areas where high pregnancy and low prenatal care have been identified

V. COMPLIANCE MONITORING

Please note that the most recent compliance audit for Louisiana took place in 2016, and the next audit is anticipated to take place in late 2018-early 2019.

Medicaid Compliance Audit Findings for Contract Year 2016

In 2016, IPRO conducted the 2016 Compliance Audit on behalf of the LDH. Full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2016 Compliance Audit was a full audit of UHCCP's compliance with contractual requirements during the period of September 1, 2015 through August 31, 2016.

The 2017 Compliance Audit included a comprehensive evaluation of UHCCP's policies, procedures, files and other materials corresponding to the following nine (9) domains:

- (1) Core Benefits and Services
- (2) Provider Network
- (3) Utilization Management
- (4) Eligibility, Enrollment and Disenrollment
- (5) Marketing and Member Education
- (6) Member Grievances and Appeals
- (7) Quality Management
- (8) Reporting
- (9) Fraud, Waste and Abuse

The file review component assessed UHCCP's implementation of policies and its operational compliance with regulations in the areas of appeals, behavioral health care management, case management, information reconsiderations, member grievances, provider credentialing and recredentialing, and utilization management denials.

For this audit, determinations of full compliance, substantial compliance, minimal compliance and compliance not met were used for each element under review. Definitions for these review determinations are presented in Table 11.

Table 11: 2016 Compliance Audit Determination Definitions

Determination	Definition
Full	The MCO has met or exceeded the standard
Substantial	The MCO has met most of the requirements of the standard but has minor deficiencies.
Minimal	The MCO has met some of the requirements of the standard, but has significant deficiencies that require corrective action.
Not Met	The MCO has not met the standard.

Findings from UHCCP's 2016 Compliance Review follow. Table 12 displays the total number of requirements reviewed for each domain, as well as compliance determination counts for each domain.

Table 12: Audit Results by Audit Domain

Audit Domain	Total Elements	Full	Substantial	Minimal	Not Met	Not Applicable	% Full
Core Benefits and Services	123	119	0	3	0	1	98%
Provider Network	163	160	2	1	0	0	98%
Utilization Management	92	90	2	0	0	0	98%
Eligibility, Enrollment and Disenrollment	13	13	0	0	0	0	100%
Marketing and Member Education	77	75	2	0	0	0	97%
Member Grievances and Appeals	62	55	6	1	0	0	89%
Quality Management	86	83	1	1	0	1	98%
Reporting	1	1	0	0	0	0	100%
Fraud Waste and Abuse	105	102	3	0	0	0	97%
Total	722	698	16	6	0	2	97%

It is IPRO's and the LDH's expectation that UHCCP submit a corrective action plan for each of the 22 elements determined to be less than fully compliant along with a timeframe for completion. It should be noted that UHCCP has implemented a corrective action for many of the areas identified for improvement in the report but the corrections were made after the audit was completed and were not applicable to the audit's review period. One of the 22 elements rated less than fully compliant relate to network adequacy and the MCO's ability to contract with providers in several specialty and sub-specialty areas, a problem for all Medicaid MCOs in Louisiana that is not unique to UHCCP.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by UHCCP to Medicaid recipients based on data presented in the previous sections of this report. The MCO's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided based on the opportunities for improvement noted.

Strengths

- § HEDIS® (Quality of Care) –
 - The 2017 HEDIS® Final Audit Report revealed no significant problems and the MCO was able to report all required Medicaid rates.
 - UHCCP met or exceeded the 75th percentile for the following HEDIS® measures:
 - *Chlamydia Screening in Women (16-24 Years)*
 - *Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase*
 - *Adults' Access to Preventive/Ambulatory Services*
 - *20-44 Years*
 - *45-64 Years*
 - *Adolescent Well-Care Visit*
 - *Frequency of Ongoing Prenatal Care - ≥81%*
- § CAHPS® (Member Satisfaction) – UHCCP met or exceeded the 75th percentile for the following CAHPS® measures:
 - Adult CAHPS® Population
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - *Rating of Specialist*
- § Compliance – The MCO achieved “full” compliance in two (2) of the nine (9) domains reviewed.

Opportunities for Improvement

- § HEDIS® (Quality of Care) – UHCCP demonstrates an opportunity for improvement in the following areas of care as performance was below the 50th percentile:
 - *Adult BMI Assessment*
 - *Antidepressant Medication Management – Acute Phase*
 - *Antidepressant Medication Management – Continuation Phase*
 - *Breast Cancer Screening in Women*
 - *Comprehensive Diabetes Care – HbA1c Testing*
 - *Controlling High Blood Pressure*
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile*
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition*
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity*
 - *Adults' Access to Preventive/Ambulatory Services*
 - *65+ Years*
 - *Well-Child Visits in the First 15 Months of Life – 6+ Visits*
 - *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life*

- § CAHPS® (Member Satisfaction) – UHCCP demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
- Adult CAHPS®
 - *Getting Needed Care*
 - *Getting Care Quickly*
 - *Customer Service*
 - *Shared Decision Making*
 - Child CAHPS® General Population
 - *Getting Care Quickly*
 - *Customer Service*
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - Child CAHPS® CCC Population
 - *Getting Care Quickly*
 - *How Well Doctors Communicate*
 - *Customer Service*
 - *Shared Decision Making*
 - *Rating of All Health Care*
 - *Rating of Personal Doctor*
 - *Rating of Specialist*
 - *Rating of Health Plan*

Recommendations

- § The MCO should continue to work to improve HEDIS® measures that perform below the 50th percentile by addressing identified barriers. The MCO should assess the effectiveness of implement interventions often and routinely, specifically for those rates that have not demonstrated any improvement. The MCO should also leverage its corporate operational structure to identify best practices implemented by other UnitedHealthcare Medicaid MCOs. *[Repeated recommendation.]*
- § As access to primary care rates have met or exceeded the 50th percentile for all age groups except for the 65 years and older group, the MCO should continue with its current improvement strategy with an increased focus on access to care barriers for its older population. Interventions for this group should be assessed for effectiveness and modified as needed. *[Repeated recommendation.]*
- § The MCO should continue to improve member satisfaction, specifically the CAHPS® measures that perform below the 50th percentile. The MCO should supplement its current CAHPS® improvement strategy with best practices used by other UnitedHealthcare Medicaid MCOs. *[Repeated recommendation.]*

Response to Previous Year's Recommendations

- § 2015-2016 Recommendation: The Health Plan should continue to work to improve HEDIS® measures that perform below the 50th percentile. Specifically, the Health Plan should continue with the intervention strategy outlined in its response to the previous year's recommendation as it includes a variety of interventions based on barrier analysis. *[Repeated recommendation.]*

MCO Response: UHCCP Quality HEDIS team collects and reports HEDIS measures using the specifications outlined in the most current HEDIS technical specifications. Measures for reporting are identified and confirmed annually with each health plan, based on state contract and accreditation requirements.

Data collection methodology includes:

- Administrative: Claims/Encounters
- Hybrid: Claims/Encounters and Medical Record Abstractions

Interim results are sent to the Quality Director throughout the year, and final reports of the measures are submitted to each individual health plan Quality Director and NCQA in June of each year. The results are analyzed by QMC to review trends, identify opportunities, make recommendations, and support identified interventions and develop an action plan to improve HEDIS results.

HEDIS - Effectiveness of Care:

HEDIS results are used to monitor performance on important dimensions of utilization and care. The results for HEDIS Effectiveness of Care measures reported to NCQA in 2017 (MY2016) are analyzed below. UHCCP LA monitors against goals such as UnitedHealthcare, and/or NCQA benchmarks. In addition on some metrics are monitored against state goals.

Objective:

All HEDIS measures incorporated in the health plan accreditation scoring will be at or above the Accreditation 50th percentile.

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2013	MY 2014	MY 2015	MY 2016		
Adult BMI	No	64.72	71.54	71.32	82.75	Not Met	84.48
Annual Dental Visits	No	NA	NA	NA	NA	NA	NA
Antidepressant Medication Management (Both Rates)	Yes Yes	50.21 C. 33.40	50.51 C. 33.66	51.23 C. 35.65	43.27 C. 28.11	Met C. Met	53.4C. 38.06
Breast Cancer Screening (A)	Yes	NA	52.93	53.37	53.58	Not Met	58.1
Cervical Cancer Screening	Yes	52.8	61.93	63.52	62.76	Met	55.92
Chlamydia Screening in Women (Total Rate) (A)	Yes	53.66	56.12	59.61	61.59	Met	55.13
Cholesterol Management for Patients With Cardiovascular Conditions (LDL Screening Only) (A)	No	79.26	NA	NA	NA	NA	NA
Comprehensive Diabetes Care (Eye Examination, LDL-C Screening, Hemoglobin A1c Testing, Medical Attention for Nephropathy) (H)	Y-A1c	A1c 77.62 Eye 47.93 LDL-C 69.10 Neph 76.40	A1c 80.54 EYE 40.96 Neph. 78.10	A1c 81.27 EYE 47.75 Neph. 92.70	A1c 73.97 EYE 40.63 Neph. 87.59	Not Met	A1c 85.96 EYE 53.49 Neph. 90.51
Comprehensive Diabetes Care (New Rate- B/P Control <140/90, New Rate HbA1c Control (<8%), HbA1c Poorly Controlled (>9%), Eye Examination, Medical Attention for Nephropathy)	Yes-A1c	NA	HbA1c 80.54 EYE 40.96 < 8 28.71 Neph. 78.10 B/P 3.34	HbA1c 81.27 EYE 47.75 < 8 12.00 Neph. 92.70 B/P 3.99	A1c 73.97 EYE 40.63 Neph.87.59 A1C<8 36.50 B/P 46.96	Not Met	B/P 59.61 < 8% 46.72 EYE 53.49 Neph. 90.51
Comprehensive Diabetes Care— HbA1c Poorly Controlled (>9.0%) (H) Inverse	No	67.1	64.23	63.26	57.18	Not Met	43.9251
Controlling High Blood Pressure	Yes	45.74	43.55	42.58	37.96	MY20175 th % is 54.80	54.8
Frequency of Prenatal Care(H)	Yes	73.48	78.24	68.80	72.07	Met	59.26

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2013	MY 2014	MY 2015	MY 2016		
Follow-Up After Hospitalization for Mental Illness (7 Day Rate Only)(A)	Yes	NA	NA	NA	42.13	Not Met	43.94
Follow-Up for Children Prescribed ADHD Medication (Both Rates)	Yes	I. 32.59 C. 45.81	I. 41.78 C. 54.87	I. 47.56 C. 60.69	I. 52.85 C. 64.49	Met	I. 42.19 C. 52.47
Human Papilloma Vaccine for Female Adolescents	Yes	23.62	NA	27.98	22.14	Not Met	22.3
Immunizations for Adolescents (Combination 1)(H)	Yes	88.27	88.59	90.22	88.81	Met	74.52
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Engagement of AOD Treatment Rate only)	Yes	NA	NA	3.63	E. 14.34	NA	NA
Medical Assistance With Smoking Cessation (Advising Smokers and Tobacco Users to Quit Only)	Yes	NA	NA	NA	NA	NA	NA
Medication Management for People With Asthma (Medication Compliance 75% Rate only)(A)	No	31.12	26.98	25.69	24.15	Not Met	25.82
Pharmacotherapy Management of COPD Exacerbation (Both Rates)	No	61.38 86.64	62.1 88.31	NA	62.09 81.13	Not Met	70.44 83.72
Prenatal and Postpartum Care (Both Rates)(A)	Yes	T. 83.21 P. 55.99	T. 90.71 P. 55.1	T. 79.85 P. 58.72	T. 85.54 P. 64.84	Met	T. 82.25 P. 60.98
Use of Appropriate Medications for People With Asthma (Total Rate) (A)	Yes	81.46	84.1	NA	NA	NA	NA
Weight Assessment and Counseling for Nutrition, Physical Activity for Adolescents (All Three Rates) (A)	Yes	NA	4.23	1.81	B. 60.1 N. 60.34 P. 43.8	Not Met	B.67.54 N. 62.65 P. 55.38

State Measurements	MY2014	MY2015	MY2016	Goal	Barriers	Interventions/Actions
Postpartum	29.99	58.72	64.84	State measure: goal is 63.12	<ol style="list-style-type: none"> 1. Members do not see the need for the postpartum visit 2. C-section visit is thought to be the postpartum visit 3. Providers were not giving plan Notice of Pregnancy 	<ol style="list-style-type: none"> 1. Education of members for need for postpartum 2. Education women/member C-section is NOT the postpartum visit 3. Worked with providers to encourage use of notice of Pregnancy (NOP) forms.
Adolescent Well-Care	35.67	55.28	63.88	State measure: goal is 40.69	<ol style="list-style-type: none"> 1. Members do not perceive need 2. Demographic information is not correct 	<ol style="list-style-type: none"> 1. Education of members 2. Work with DHH to get correct demographic
Follow-up for Children prescribed ADHD Initiation	33.87	47.56	52.85	State measure: goal is 42.07	<ol style="list-style-type: none"> 1. School require medication before return 2. Provider not aware of 30 day window 3. Members call and reschedule visit outside of the 30 day window 	<ol style="list-style-type: none"> 1. Continue to work with LDH and schools for appropriate ADHD medication usage 2. Educate providers about 30 day requirement 3. And incentives providers for adherence to the 30 day window 4. Have provider make initial return appointment in 10 -14 days
Children and Adolescent Access to PCP	79.41	88.93	91.58	QC goal 89.07 (50th)	<ol style="list-style-type: none"> 1. Members assigned to wrong providers 2. Members not understating benefit 	<ol style="list-style-type: none"> 1. Educate member on PCP linkage and benefits
Prenatal	77.20	79.85	85.54	50% 81.75	<ol style="list-style-type: none"> 1. Members unaware of benefits 2. Transportation to appointments 3. Providers were not giving plan Notice of Pregnancy 	<ol style="list-style-type: none"> 1. Educate member on benefits 2. Education member on transportation/LogistiCare benefit 3. Worked with providers to encourage use of NOP forms.

Analysis: HEDIS® measures that were eligible for hybrid data collections for measurement year 2016 had data collected during Feb – May 2017. Total number of Measures Improved: 15. The 2016 MY HEDIS results for the measurement year were finalized in June 2017.

Measures demonstrating improvement:

- Postpartum 2016-64.84
2015-58.72
2014-29.99
This is a State measure – goal is 63.12.

- Adolescent Well Care
2016-63.88
2015-55.28
2014-35.67
This is a State measure-goal is 40.69

- Follow up for Children prescribed ADHD
Initiation 2016-52.85
2015-47.56
2014-33.87
This is a State measure-goal is 42.07

- Children and Adolescent Access to PPC
2016-91.58
2015-88.93
2014-79.41
Goal is Quality Compass 50% 89.07

- Prenatal
2016-85.54
2015-79.85
2014-77.20
Goal is Quality Compass 50%- 81.75

- Adult BMI
2016-82.75
2015-71.93
2014-10.80
Goal is Quality Compass 50th-80.47

- Adult Access
2016-86.48
2015-83.66
2014-82.25
Goal is Quality Compass 75th-83.84

- Poor Control inverse
2016-57.18
2015-63.26
2014-89.31
Goal is Quality Compass 50th - 56.80
- Breast Cancer Screening
2016-53.58
2015-53.37
2014-50.93
Goal is Quality Compass 75th - 55.77
- Chlamydia
2016-61.59
2015-59.61
2014-51.36
Goal is Quality Compass 90th – goal is 62.40
- Well Child Visits 3,4,5,6
2016-68.19
2015-66.15
2014-44.34
Goal is Quality Compass 50th – 69.37
- ADHD Initiation
2016-52.85
2015-47.56
2014-33.87
Goal is State- 42.07
- ADHD Continuation
2016-64.49
2015-60.69
2014-46.59
Goal is State driven-48.49
- Immunizations for Adolescents Meningococcal
2016-90.27
2015-90.22
2014-88.63
Goal is Quality Compass 95th- 90.27
- Childhood Immunization Status (CIS) Combo #3
2016-73.72
2015-71.53
2014-88.63
Goal is Quality Compass 75th- 73.31

MY2016 data collection with CIOX vendor was problematic in obtaining several HEDIS hybrid measure charts.

Coordination with commercial and Medicaid providers with overlaying members. Systems did not easily support this coordination.

Measures demonstrating decreases or gaps from goal:

- Number of measurements that were trending lower during MY 2016 compared MY2015 and were addressed with interventions: 13
- HEDIS MY 2016 Reported in 2017 Final numbers showed significant improvement even though goal not met.

Measurements	MY 2014	MY 2015	MY 2016	Goal	Barriers	Intervention Actions
Cervical Cancer Screening (CCS) (HEDIS®)*	51.08	63.52	62.76	66.95 (QC 90%)	<ol style="list-style-type: none"> 1. Member unaware on need 2. Test is uncomfortable 3. Provider is unaware of the metric 	<ol style="list-style-type: none"> 1. Education of member on the need of screening 2. Provider given gap report to identify members
Medication Management for People with Asthma (MMA)	48.55	51.44	47.43	53.79 (QC50%)	<ol style="list-style-type: none"> 1. Member unaware of pharmacy benefits 2. Provider is unaware of the metric 	<ol style="list-style-type: none"> 1. Educate members 2. Provider given gap report to identify members
Antidepressant Medication Management (AMM)*** Acute Phase Treatment	52.57	51.23	43.27	52.16 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of pharmacy benefits 2. Provider is unaware of the metric 	<ol style="list-style-type: none"> 1. Educate members 2. Pilot study with outreach to members by pharmacy 3. Provider given gap report to identify member
Initiation and Engagement of AOD Dependence Treatment Initiation of AOD Treatment	35.99	29.77	50.93	40.52 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of pharmacy benefits 2. Provider unaware of metric 	<ol style="list-style-type: none"> 1. Educate members 2. Provider fax blast sent for education of providers 3. Highlighted in Member newsletters 4. Provider given gap report to identify member
Initiation and Engagement of AOD Dependence Treatment Engagement of AOD Treatment	13.78	3.63	14.34	6.60 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of pharmacy benefits 2. Provider unaware of metric 	<ol style="list-style-type: none"> 1. Educate members 2. Provider fax blast sent for education of providers 3. Highlighted in Member newsletters 4. Provider given gap reports to identify members
Diabetic Care A1C Testing	74.53	81.27	73.97	82.41 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of benefits of testing 2. Provider unaware of diabetic members 	<ol style="list-style-type: none"> 1. Educate members 2. Highlighted in member newsletter 3. Member outreach by Silverlinks 4. Provider given gap reports to identify members

Measurements	MY 2014	MY 2015	MY 2016	Goal	Barriers	Intervention Actions
Eye Exam	30.84	47.45	40.63	50.12 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of benefits of testing 2. Provider unaware of diabetic members 	<ol style="list-style-type: none"> 1. Educate members 2. Highlighted in member newsletter 3. Member outreach by Silverlinks 4. Provider given gap reports to identify members
Nephropathy	74.80	92.7	87.59	93.09 (QC 75%)	<ol style="list-style-type: none"> 1. Member unaware of benefits of testing 2. Provider unaware of diabetic members 	<ol style="list-style-type: none"> 1. Educate members 2. Highlighted in member newsletter 3. Member outreach by Silverlinks 4. Provider given gap reports to identify members
Annual Monitoring of Persistent Medication	83.41	88.31	88.23	89.35 (QC50%)	<ol style="list-style-type: none"> 1. Member unaware of benefits 2. Provider unaware of members 	<ol style="list-style-type: none"> 1. Educate members 2. Provider given gap reports to identify members
Well-Child Visits W15	57.55	60.90	45.54	65.82 (QC 90%)	<ol style="list-style-type: none"> 1. Member unaware of benefits 2. Provider unaware of the metric 	<ol style="list-style-type: none"> 1. Educate members 2. Provider given gap reports to identify members 3. Silverlinks calls made to members
Immunization for Adolescents Tdap/Td	88.81	91.30	89.46	91.61 (QC 95%)	<ol style="list-style-type: none"> 1. Member unaware of benefits 2. Provider unaware of the metric 	<ol style="list-style-type: none"> 1. Educate members 2. Provider given gap reports to identify members
Human Papillomavirus Vaccine for Female Adolescents (HPV)	25.77	27.98	22.14	32.37 (QC 95%)	<ol style="list-style-type: none"> 1. Member unaware of benefits 2. Provider unaware of the metric 3. Member unaware of benefits on vaccine to prevent cancer 	<ol style="list-style-type: none"> 1. Educate members 2. Silverlinks calls made to members 3. Provider given gap reports to identify members
Antidepressant Medication Management Continuation Phase Treatment	38.21	35.19	28.11	36.87 (QC 50%)	<ol style="list-style-type: none"> 1. Member unaware of benefits 2. Provider unaware of the metric 	<ol style="list-style-type: none"> 1. Educate members 2. Pilot study with outreach to members by pharmacy 3. Providers given gap reports to identify members

Action:

- MY2016 data collection was done by the local plan staff with temporary staff assistance.
- Silver Links calls to members with appointment made for members was done throughout the year. Women’s health calls were done by the local plan.
- Quality Management staff called members on the gap list
- CPC delivered gap list to provider offices
- Worked with ACC on the certain HEDIS® measures to close gaps for ACC practices.
- Conducted provider visits and delivered provider scorecards with provider incentives and discussed ways to improve their HEDIS scores.

Additional State metric which are currently being tracked in MY2016:

Additional Prioritized Measures	State Measure	2015	2016	2017	MY2017 Goal
Initiation of Injectable Progesterone for Preterm Birth Prevention	Yes	NA	Reportable	PS -14.59	20.00
Adolescent Well Care (HEDIS)	Yes	NA	55.28	63.88	48.41
HIV Viral Load Suppression	Yes	NA	Reportable	20.25	Baseline being established by State
Cesarean Rate for Low Risk 1st Birth Women	Yes	NA	NA	11.87	26.47
Diabetes Short Term Complication Rate (HEDIS)	Yes	NA	Accountable	35.98	17.15 (inverse)
Ambulatory Care (ED visits-HEDIS)	Yes	NA	67.67	72.49	62.76 (inverse)
(FUH) \$\$\$ Follow-Up After Hospitalization for Mental Illness 7 day Follow-Up	Yes	NA	NA	42.13	43.94
(FUH) \$\$\$ Follow-Up After Hospitalization for Mental Illness 30 day Follow-Up	Yes	NA	NA	61.25	63.78

§ 2015-2016 Recommendation: The Health Plan should continue to work to improve access to primary and ambulatory care. In addition to the interventions described in the Plan’s response to the previous year’s recommendation, the Health Plan should identify barriers members face when accessing primary care specifically and address these barriers. The Health Plan should also consider conducting “secret shopper” appointment availability surveys, an approach that allows the Health Plan to examine the members’ experience of accessing care. *[Repeated recommendation.]*

MCO Response: The purpose of the Appointment Availability Survey is to measure our providers’ performance in meeting UHC established quality standards for appointment access. The goal of meeting the standards is to afford our members timely access to care and promote improved health outcomes. Untimely

access to care is a serious barrier and contributes to negative health outcomes. Provider compliance with timely appointment access measures is essential to providing quality-driven, person-centered care.

The survey was conducted by Morpace via telephone interview, CATI (Computer-Assisted Telephone Interviewing). Interviews were during normal business hours 9:00 am – 5:00 pm, no calls were made during the lunch hour, 12:00 – 2:00 pm (local time) during the time span of August 17 – 30, 2017.

Completion rate is 48% (935 Surveys Completed / 1196 Numbers Dialed). The following provider types were included in the survey: PCP & Pediatricians, High Volume Specialist, High Impact Specialist, Other Specialists, Behavioral Health Prescribers and Behavioral Health Non-Prescribers.

Provider Types		Number of Providers Surveyed
PCP's	PCP's	212
	Pediatricians	104
Specialists	High Impact Specialists	105
	High Volume Specialists (Non-OB / GYN)	100
	High Volume OB / GYN	105
	Other Specialists	105
Behavioral Health	Prescribers	101
	Non-Prescribers	103
Total		935

Open-end comments were taken into account. Questions that did not apply to the provider were excluded. Comments were reviewed by the quality leadership team to determine final pass/fail status.

Analysis:

PCP'S & Pediatrician	Pass	Fail	Compliant Rate
Urgent Care (24hrs)	280	23	92%
Symptomatic Acute Care (72hrs)	299	2	99%
Routine Care (14 days)	289	12	96%
Preventive Care (4 wks.)	293	4	99%
Emergent Care (SD or Referral)	300	3	99%
Specialty Care Consultation (All Specialties)	Pass	Fail	Compliant Rate
High Volume (includes OB/GYN's)	176	14	93%
High Impact	85	13	87%
Other Specialist	76	21	78%
OB/GYN	Pass	Fail	Compliant Rate
Prenatal Care 1st Trimester (14 days)	75	8	90%
Prenatal Care 2nd Trimester (7days)	49	33	60%
Prenatal 3rd Trimester (3days)	45	26	63%
Prenatal Care High-Risk (3 days)	52	16	76%
Prenatal Established (42 days)	86	0	100%

Behavioral Health	Pass	Fail	Compliant Rate
Initial Visit Routine Care (Prescriber)	64	35	65%
Initial Visit Routine Care (Non-Prescriber)	86	13	87%
Follow-up Routine Care (Prescriber 60 days)	100	0	100%
Follow-up Routine Care (Non-Prescriber 30 days)	100	0	100%
Urgent Care (Prescriber Within 48 Hours)	77	24	76%
Urgent Care (Non-Prescriber Within 48 Hours)	86	14	86%
Non-Life Threatening Emergency (Prescriber- 6 hrs.)	97	4	96%
Non-Life Threatening Emergency (Non-Prescriber- 6 hrs.)	89	11	89%
Life Threatening Emergency (Prescriber – 1 Hr.)	101	0	100%
Life Threatening Emergency (Non-Prescriber – 1 Hr.)	98	2	98%
INFORMATIONAL ONLY CATEGORIES	Pass	Fail	Compliant Rate
Office Wait Times for Appointments (45min)	556	97	85%
Wait Time Notification (Delay>90min)	637	34	95%
ED Follow Up (Schedule per D/C Instructions)	281	15	95%

9 of the 935 calls were resurveyed due to non-compliance in 2016. 7 of those resurveyed were compliant showing a 78% increase in compliance among the resurvey group.

Barriers:

The plan received responses from providers clarifying their compliance with the required standards.

Explanation received from providers included but not limited to:

- Talked with the wrong staff member
- Wrong location was called
- Questions not understood by those responding to surveyor

Provider responses were noted. The plan’s compliancy rate is higher than listed above due to the informal communication with providers

Action:

Providers who were found to be non-compliant received a Noncompliance Notice for Appointment Availability explaining the survey methodology and detailing their results for each appointment type. An action step form was included along with instructions to be completed within 30 business days. The letter also included referral to the UHC website to the Access Standards sections of the provider manual as well as the Provider Services telephone number.

Additionally, the plan conducts Geo Access Reports quarterly to demonstrate compliance with time and distance requirements for PCP coverage of actual members. The following table show the coverage for PCPs throughout the State both urban and rural areas.

Accessibility Overview Specifications						
Members	Access standard	Providers	Total number of members	Total number of providers	All Members (Percent)	
					With Access	Without Access
Urban Members	1 in 20 miles	General/Family Practice	326,340	1,179	99.80	0.20
Rural Members	1 in 30 miles	General/Family Practice	110,812	1,179	100.00	0.00
Urban Members	1 in 20 miles	Internal Medicine	326,340	946	99.20	0.80
Rural Members	1 in 30 miles	Internal Medicine	110,812	946	100.00	0.00
Urban Members	1 in 20 miles	Nurse Practitioner	326,340	1,230	99.70	0.30
Rural Members	1 in 30 miles	Nurse Practitioner	110,812	1,230	100.00	0.00
Urban Members	1 in 20 miles	OB/GYN (PCP)	326,340	153	93.70	6.30
Rural Members	1 in 30 miles	OB/GYN (PCP)	110,812	153	89.40	10.60
Urban Members	1 in 10 miles	PCPs	326,340	4,469	98.50	1.50
Rural Members	1 in 30 miles	PCPs	110,812	4,469	100.00	0.00
Urban Members	1 in 10 miles	PCPs - Physician Extenders	326,340	1,337	97.10	2.90
Rural Members	1 in 30 miles	PCPs - Physician Extenders	110,812	1,337	100.00	0.00
Urban Members	1 in 20 miles	Pediatrics	326,340	695	99.50	0.50
Rural Members	1 in 30 miles	Pediatrics	110,812	695	99.30	0.70

The plan continues to execute contracts with providers to ensure compliancy with the access standards. The table below shows the number of providers located in each area of the State.

PCP Provider Type	Number of Providers with EXECUTED CONTRACTS			
	Located in GSA - A	Located in GSA - B	Located in GSA - C	STATEWIDE (unduplicated)
Family/General Practice	930	907	1203	1179
Pediatrics	758	511	430	695
Nurse Practitioners	1012	1095	934	1230
Internal Medicine (Full PCP responsibilities)	983	754	544	946
OB/GYN (Full PCP responsibilities)	92	77	91	153
RHCs/FQHCs	104	98	160	164

§ 2015-2016 Recommendation: The Health Plan should conduct root cause analysis for CAHPS® measures performing below the 50th percentile and implement interventions to address these measures. *[Repeated recommendation.]*

MCO Response: Results are calculated by DSS Research following the NCOA guidelines published in *HEDIS 2017, Volume 3: Specifications for Survey Measures*.

Measure	Goal		2015		2016		2017		Increase/Decrease 2016 to 2017	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Getting Needed Care	81.35	84.96	80.31	86.24	77.78	89.64	79.83	87.85	Increase	Decrease
Getting Care Quickly	81.55	89.54	80.5	94.62	82.74	94.56	79.30	89.46	Decrease	Decrease
How Well Doctors Communicate	90.7	93.5	90.65	93.75	90.30	94.10	91.49	93.42	Increase	Decrease
Customer Service	87.34	87.67	87.35	87.67	89.97	92.38	87.95	85.53	Decrease	Decrease
Rating of Personal Doctor	80.02	88.32	80.61	89.23	81	88.76	83.80	88.71	Increase	Decrease
Rating of Specialist Seen Most Often	80.67	84.81	84.62	NA	81.13	88.07	85.16	92.98	Increase	Increase
Rating of All Health Care	72.82	85.33	73.52	88.08	74.85	88.04	78.17	87.45	Increase	Decrease
Rating of Health Plan	76.14	84.78	77.49	86.14	76.4	87.7	78.82	90.07	Increase	Increase

Analysis/Limitations/Barriers:

- Lack of provider availability, especially in rural areas.
- Limitations related to member preference.
- Lack of evening and weekend appointments offered by providers.
- Some providers not accepting new referrals.
- Lack of awareness by enrollees of resources that are available to manage mental health and substance abuse conditions.
- Practitioners may not use language that is easily understandable to enrollees.
- Lack of awareness by practitioners of co-existing medical conditions that may require coordination of care with other practitioners.
- Lack of knowledge by practitioners of community resources that could assist/support member with mental health and substance abuse conditions.
- Limited oversight of customer service performance results at the market level.
- Limited monitoring of customer service staff on soft skill items, such as courtesy, good listening skills, etc. at the market level.
- Limited monitoring of customer service staff on skills needed to resolve enrollee concerns in a timely manner at the market level.

Overall the plan met the goal in 6 out of 7 categories for the Adult CAHPS survey and met 5 out of 8 in all categories for the Child CAHPS survey.

Actions and Interventions:

Advocate4Me:

- One of the many services provided through the Advocate4Me delivery model is connecting members with clinicians for ongoing support. The services provided by Advocate4Me that would most impact Getting Needed Care Quickly issues are:
 - Health education and referrals
 - Clinical gap closure
 - Addressing complex and recurring conditions
 - Addressing immediate triage needs
 - Readmission issues
 - Decision support and shared decision making
 - Addressing pre-authorization denials
 - Second opinion for diagnose
- Working with corporate partners to bring attention to our members needs in perspective.

Reduce the Impact of Provider Data Issues:

This initiative is designed to decrease the member's frustration when errors are found in our provider search tools and misinformation provide by customer representatives using the same tool. This creates the need for repeat calls to call the customer service center. The initiative includes the following:

- Provider Verification Organization team verifies basic provider demographic data when providers call regarding benefits, eligibility and claims
- Screen pop up to gather frequency, type and state of origin around provider data issues.
- Corrections to provider data inaccuracies identified in customer service result in system updates.
- Partnering with Provider Network teams to identify opportunities for data improvement
- Inform practitioners of the availability of patient educational materials on liveandworkwell.com via behavioral health provider newsletters.
- Encourage practitioners to coordinate care with other involved providers through fax blasts and behavioral health provider newsletters.

- Perceived helpfulness of health plan customer service staff:
- Customer service staff may not understand how to work with members who have a mental illness or substance abuse disorder or how to overcome the stigma of these conditions in order to provide information and services in an appropriate manner. The initiative includes training for the health plan's Member Services staff to increase understanding of behavioral health/mental illness and stigma.