State of Louisiana Department of Health & Hospitals

Aetna Better Health of Louisiana
Annual External Quality Review Technical Report

Review Period: July 1, 2016 – June 30, 2017
Report Issued: April 30, 2018

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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 Aetna Better Health of Louisiana (Aetna) 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 NCQA'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

Aetna Better Health of Louisiana	
Type of Organization	Health Maintenance Organization
Tax Status	For Profit
Year Operational	2015
Product Line(s)	Medicaid and LaCHIP
Total Medicaid Enrollment (as of June 2017)	111,631

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2017, the MCO's Medicaid enrollment totaled 111,631, which represents 8% of Healthy Louisiana's active members. Table 2 displays Aetna's Medicaid enrollment for 2016 to 2017, as well as the statewide enrollment total. Figure 1 displays Healthy Louisiana's membership distribution across all Medicaid MCOs.

Table 2: Medicaid Enrollment as of June 2017[1]

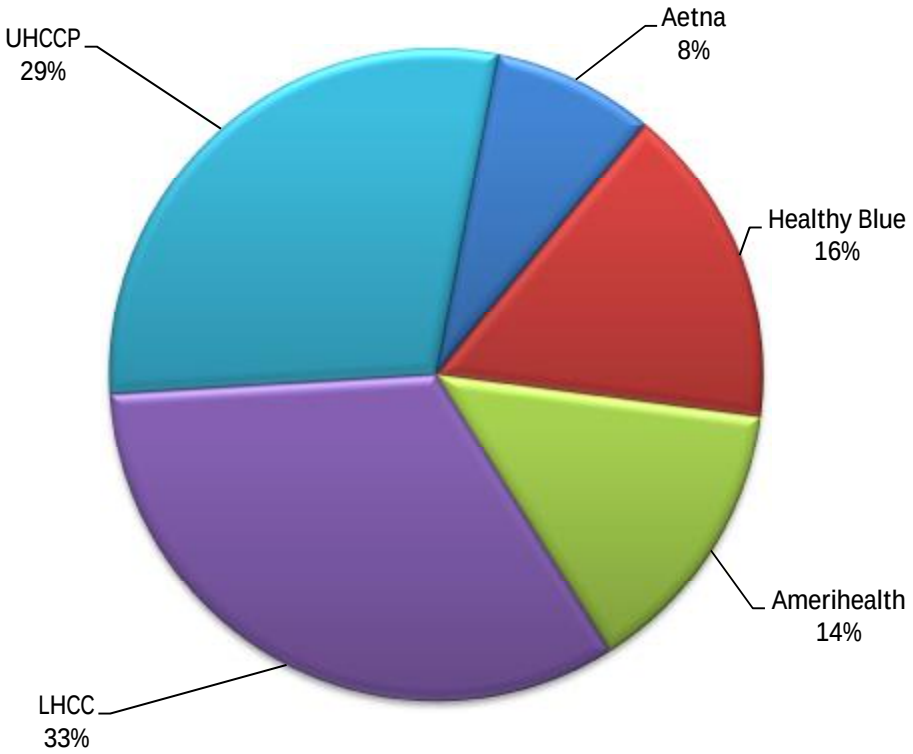
Aetna	June 2016	June 2017	% Change	June 2017 Statewide Total[2]
Total Enrollment	89,575	111,631	25%	1,464,516

Data Source: Report No. 125-A

[1] This 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.

[2] Note: The statewide total includes membership of all Medicaid MCOs.

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 Aetna's primary care providers, OB/GYNs and other physicians with primary care responsibilities within each geographic service area as of June 16, 2017.

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

Specialty	Aetna			MCO Statewide Unduplicated
	GSA A	GSA B	GSA C	
Family Practice/General Medicine	259	262	319	733
Pediatrics	221	185	151	495
Nurse Practitioners	152	326	262	652
Internal Medicine[1]	279	261	240	712
OB/GYN[1]	10	10	38	54
RHC/FQHC	0	5	6	9

Data source: Network Adequacy Review 2017 Q2

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

[1] Accepts full PCP responsibility.

Provider Network Accessibility

Aetna 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 June 16, 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	98.7%
	Rural	1 within 30 miles	97.8%
Pediatrician	Urban	1 within 20 miles	99.1%
	Rural	1 within 30 miles	97.5%
Nurse Practitioner	Urban	1 within 20 miles	99.7%
	Rural	1 within 30 miles	99.8%
OB/GYN	Urban	1 within 20 miles	88.4%
	Rural	1 within 30 miles	65.5%
RHC/FQHC	Urban	1 within 20 miles	44.5%
	Rural	1 within 30 miles	46.9%

[1] The 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 Aetna 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 9.2% to 20%
- Use of most effective contraceptive methods: increase from 7.7% to 15%
- Chlamydia test during pregnancy: increase from 72.4% to 76%
- HIV test during pregnancy: increase from 70.3% to 74%
- Syphilis test during pregnancy: increase from 73.6% to 76%
- HEDIS® *Postpartum Care* measure: increase from 58.28% to 63.12%

Intervention Summary:

- Member:
  - Care Managers will facilitate appointment scheduling, transportation, discuss 17 alpha-hydroxyprogesterone caproate (17P)
  - Care Managers will discuss importance of sexually transmitted infections (STIs) screening and postpartum visits
  - Care Managers will educate members on the Text4Baby Program
- Provider:
  - Implementation of high-risk registry communication from MCO to provider
  - Provide OB Toolkit for provider education regarding 17P, STI screenings, Notice of Pregnancy form and coding for contraception
  - Medicaid 101: collaborate with LDH and other Healthy Louisiana's MCOs to develop workshops for PCPs
- MCO:
  - Identify and track pregnant women who qualify as candidates for progesterone therapy and are part of the at-risk subpopulations through an internal registry, outreach questionnaires, and reports and referrals
  - Care Management Organization and Care Manager Director to stratify for care intervention based upon a review of LEERS/High-Risk Registry files for history of pre-term birth
  - Compare current pregnancy case management cases to claims data for members with positive pregnancy diagnosis to identify high-risk pregnant women for outreach

Results:

- The high-risk OB care management engagement rate showed a quarterly rate increase from less than 1% to 18%.
- The quarterly rate of pregnant member receipt of incentives to return for the postpartum visit increased from 21% to 59%.
- From baseline to interim year, the annual rate of members with a postpartum visit increased from 58% to 63%.

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

Strengths: Implementation and monitoring of interventions designed to improve MCO performance of measures related to reducing preterm births.

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.
- Report long acting reversible contraception (LARC) barrier analysis and the interventions informed by this analysis, as well as corresponding intervention tracking measures.

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 45.45% to 59%
- ADHD screening in multiple settings: increase from 27.27% to 59%
- Assessment of other behavioral health conditions/symptoms: increase from 45.45% to 59%
- Referral for evaluation of other behavioral health conditions: increase from 0% to 59%
- Referral to treat other behavioral health conditions: increase from 0% to 59%
- PCP care coordination: increase from 9.09% to 59%
- MCO care coordination: increase from 0% to 75%
- MCO outreach with member contact: increase from 0% to 75%
- First line behavioral therapy for children less than 6 years of age: increase from 0% to 50%
- 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 45.3% to 59%
- 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 calls with a practitioner within 270 days after the initiation phase ended: increase from 9.09% to 62.5%
- Percentage of any ADHD cases, aged 0-20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotics, and/or other psychotropics), with behavioral therapy: increase from 30.0% to 40.0%
- Percentage of any ADHD cases, aged 0-20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotics, and/or other psychotropics), without behavioral therapy: decrease from 56.3% to 47.0%

Intervention Summary:

- Utilize network adequacy reports to determine recruitment strategies by region. Recommend utilization of network adequacy report one time per year secondary to low denominator of 400. Identification of providers based on findings.
- Develop generic consent form parents can use to enhance care coordination between PCP and schools. Recommend State-approved form for PCP use to ensure consistency between MCOs.
- Target provider education outreach efforts as informed by ADHD provider survey findings.
- Utilize provider relations liaisons to coordinate resources and referrals between physicians and behavioral health resources.
- Educate providers on use of gaps in care reports for children missing follow-up appointments after a first fill of medication.

- Increase member referrals to telemedicine (i.e., Breakthrough Services)
- Utilize the ADHD medication first fill report four times per month to refer children to case management.
- Utilize the new member welcome call-based monthly report to identify members with ADHD who are not receiving behavioral therapy.
- Refer patients less than six years of age to child-parent psychotherapy, and refer patients' parents to PMT/PCIT when indicated.
- Educate members on availability of behavioral health therapists in their regions/parish.
- Case management initiates member care plans in collaboration with parents and providers.

Results:

- During the fourth quarter of 2017, of the 485 children identified by case management as having a diagnosis or medication for ADHD, 419 (86.39%) were outreached by MCO care coordinators; and
- Of the 419 outreached by MCO care coordinators, 26 (6.21%) children with ADHD had a care plan for ADHD.

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

Strengths:

- Member interventions are robust in that they actively outreach to members and are measurable as indicated by intervention tracking (process) measures.
- The Aetna Population Health/Care Unify Team will support PCP care coordination, communicate with teachers and facilitate referrals to behavioral health therapy.

Opportunities for improvement:

- Resolve possible data integrity issues regarding accuracy of the data fields that identify children in foster care and children less than 48 months of age. If subsequent findings confirm that these members represent susceptible subpopulations, the MCO should implement targeted interventions for these subpopulations.
- Collaborate with MCOs and LDH to distribute American Academy of Pediatrics (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 Aetna by Advent Advisory Group indicates that the MCO demonstrated compliance with all areas of Information Systems 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® 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 – 2016 and 2017

Measure	Aetna		QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Average
	HEDIS®2016	HEDIS®2017		
Adult BMI Assessment	SS	72.22%	10th	80.75%
Antidepressant Medication Management - Acute Phase	87.72%	81.63%	95th	47.89%
Antidepressant Medication Management - Continuation Phase	84.21%	73.78%	95th	33.04%
Asthma Medication Ratio (51-64 Years)	SS	52.25%	75th	57.25%
Breast Cancer Screening in Women	SS	57.14%	50th	55.84%
Cervical Cancer Screening	30.77%	49.18%	25th	59.01%
Childhood Immunization Status - Combination 3	42.86%	47.45%	<10th	68.04%
Chlamydia Screening in Women (16-24 Years)	62.73%	60.50%	75th	63.21%
Comprehensive Diabetes Care - HbA1c Testing	79.47%	78.81%	10th	77.35%
Controlling High Blood Pressure	33.80%	25.17%	<10th	37.07%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	SS	51.16%	10th	56.60%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	SS	44.81%	33.33rd	44.55%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	SS	51.25%	90th	24.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	41.18%	42.59%	<10th	53.77%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	39.53%	34.26%	<10th	54.90%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	27.76%	23.61%	<10th	41.10%

SS: Sample size too small to report (less than 30 members) but included in the statewide average.

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® 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 – 2016 and 2017

Measure	Aetna		QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Statewide Average
	HEDIS®2016	HEDIS®2017		
	Children and Adolescents' Access to PCPs			
12–24 Months	76.58%	92.45%	10th	96.17%
25 Months–6 Years	68.04%	75.26%	<10th	87.64%
7–11 Years	SS	76.22%	<10th	89.29%
12–19 Years	SS	75.28%	<10th	88.47%
	Adults' Access to Preventive/Ambulatory Services			
20–44 Years	68.22%	76.79%	33.33rd	82.22%
45–64 Years	81.17%	85.76%	33.33rd	88.56%
65+ Years	70.15%	77.57%	10th	87.23%
	Access to Other Services			
Timeliness of Prenatal Care	71.79%	75.70%	25th	80.77%
Postpartum Care	58.28%	63.08%	50th	63.80%

SS: Sample size too small to report (less than 30 members) but included in the statewide average.

HEDIS® Use of Services Measures

This section of the report explores utilization of Aetna'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® 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 – 2016 and 2017

Measure	Aetna		QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Average
	HEDIS®2016	HEDIS®2017		
Adolescent Well-Care Visit	31.71%	42.82%	10th	54.70%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	90.22	91.45	95th	73.88
Ambulatory Care Outpatient Visits/1000 Member Months	427.94	440.41	75th	400.17
Frequency of Ongoing Prenatal Care - ≥ 81%	63.17%	69.16%	66.67th	67.71%
Well-Child Visits in the First 15 Months of Life 6+ Visits	SS	53.94%	10th	56.06%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	41.94%	53.94%	<10th	65.68%

[1] A lower rate is desirable.

SS: Sample size too small to report (less than 30 members) but included in the statewide average.

Member Satisfaction: Adult and Child CAHPS® 5.0H

In 2017, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H surveys of Adult Medicaid members and Child Medicaid with Chronic Care Conditions (CCC) was conducted on behalf of Aetna by the NCQA-certified survey vendor, Center for the Study of Service (CSS). Table 8, Table 9 and Table 10 show Aetna's CAHPS® rates for 2016 and 2017, as well as *Quality Compass*® 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 8: Adult CAHPS® 5.0H – 2016 and 2017

Measure[1]	Aetna CAHPS® 2016	Aetna CAHPS® 2017	QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
Getting Needed Care	79.72%	75.56%	<10th
Getting Care Quickly	81.09%	77.89%	<10th
How Well Doctors Communicate	87.25%	90.49%	33.33rd
Customer Service	83.18%	84.50%	<10th
Shared Decision Making	80.17%	79.50%	50th
Rating of All Health Care	74.34%	69.88%	<10th
Rating of Personal Doctor	77.11%	80.85%	33.33rd
Rating of Specialist	81.08%	79.81%	10th
Rating of Health Plan	72.47%	72.19%	<10th

[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".

Table 9: Child CAHPS® 5.0H General Population – 2016 and 2017

Measure[1]	Aetna CAHPS® 2016	Aetna CAHPS® 2017	QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
Getting Needed Care	86.14%	90.86%	90th
Getting Care Quickly	88.97%	94.03%	90th
How Well Doctors Communicate	94.78%	93.80%	50th
Customer Service	SS	88.33%	25th
Shared Decision Making	SS	SS	-
Rating of All Health Care	80.32%	89.20%	75th
Rating of Personal Doctor	87.23%	90.37%	50th
Rating of Specialist	SS	SS	-
Rating of Health Plan	78.77%	85.96%	10th

[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".

SS: Small sample (less than 100 responses).

Table 10: Child CAHPS® 5.0H CCC Population – 2016 and 2017

Measure[1]	Aetna CAHPS® 2016	Aetna CAHPS® 2017	QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
Getting Needed Care	87.88%	87.69%	33.33rd
Getting Care Quickly	92.95%	93.11%	33.33rd
How Well Doctors Communicate	94.91%	93.57%	10th
Customer Service	87.46%	88.79%	10th
Shared Decision Making	85.95%	84.52%	50th
Rating of All Health Care	82.76%	83.66%	<10th
Rating of Personal Doctor	89.12%	91.35%	66.67th
Rating of Specialist	84.33%	86.81%	33.33rd
Rating of Health Plan	79.54%	81.10%	10th

[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".

Health Disparities

For this year's technical report, the LA EQRO 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.

Aetna 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:

- Care management program
- Maternal child program
- Maternal health presentations
- Neonatal intensive care unit (NICU) care management program
- NICU care management presentations
- Care management collaboration with maternal, infant and early childhood home visiting program (MIECHV) and a memorandum of understanding (MOU)
- Care management and department of corrections population
- Integrating rounding process
- Member restriction program
- Emergency department utilization program
- Over the counter benefit
- Promise program & rewards
- Notification of pregnancy (NOP)
- 17P administration
- Lifeline smartphone
- Diabetes initiative: Care4Life self-management program
- Care management and quality management collaboration
- Provider webinars
- Health care equity and community initiatives (community events)
- Collaboration with the Louisiana Adverse Childhood Experiences Educator Program
- Poverty simulation
- Unnatural causes presentation
- Advocacy advisory council
- Cultural competency learning and performance

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 Aetna'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 Aetna'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 Aetna'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 Aetna'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	114	8	1	0	0	93%
Provider Network	163	145	16	1	1	0	89%
Utilization Management	92	39	52	0	0	1	43%
Eligibility, Enrollment and Disenrollment	13	12	1	0	0	0	92%
Marketing and Member Education	77	74	2	0	1	0	96%
Member Grievances and Appeals	62	52	10	0	0	0	84%
Quality Management	86	81	3	0	0	2	96%
Reporting	1	1	0	0	0	0	100%
Fraud Waste and Abuse	105	105	0	0	0	0	100%
Total	722	623	92	2	2	3	87%

It is IPRO's and the LDH's expectation that Aetna submit a corrective action plan for each of the 96 elements determined to be less than fully compliant along with a timeframe for completion. It should be noted that Aetna 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. Eighteen (18) of the 96 elements rated less than fully complaint 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 Aetna.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by Aetna 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.
  - Aetna met or exceeded the 75th percentile for the following HEDIS® measures:
    - *Antidepressant Medication Management – Acute Phase*
    - *Antidepressant Medication Management – Continuation Phase*
    - *Asthma Medication Ratio (51-64 Years)*
    - *Chlamydia Screening in Women (16-24 Years)*
    - *Medication Management for People with Asthma Total – Medication Compliance 75% (5-64 Years)*
- CAHPS® (Member Satisfaction) – Aetna met or exceeded the 75th percentile for the following CAHPS® measures:
  - Child CAHPS® General Population
    - *Getting Needed Care*
    - *Getting Care Quickly*
    - *Rating of All Health Care*
- Compliance – The MCO achieved "full" compliance in two (2) of the nine (9) domains reviewed.

Opportunities for Improvement

- HEDIS® (Quality of Care) – Aetna demonstrates an opportunity for improvement in the following areas of care:
  - *Adult BMI Assessment*
  - *Cervical Cancer Screening*
  - *Childhood Immunization Status – Combination 3*
  - *Comprehensive Diabetes Care – HbA1c Testing*
  - *Controlling High Blood Pressure*
  - *Follow-up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase*
  - *Follow-up Care for Children Prescribed ADHD Medication – Initiation Phase*
  - *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*
  - *Children and Adolescents' Access to PCPs*
    - *12-24 Months*
    - *25 Months-6 Years*
    - *7-11 Years*
    - *12-19 Years*

- *Adults' Access to Preventive/Ambulatory Services*
  - *20-44 Years*
  - *45-64 Years*
  - *65+ Years*
- *Timeliness of Prenatal Care*
- *Adolescent Well Care*
- *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) – Aetna 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*
  - *How Well Doctors Communicate*
  - *Customer Service*
  - *Rating of All Health Care*
  - *Rating of Personal Doctor*
  - *Rating of Specialist*
  - *Rating of Health Plan*
- Child CAHPS® General Population
  - *Customer Service*
  - *Rating of Health Plan*
- Child CAHPS® CCC Population
  - *Getting Needed Care*
  - *Getting Care Quickly*
  - *How Well Doctors Communicate*
  - *Customer Service*
  - *Rating of All Health Care*
  - *Rating of Specialist*
  - *Rating of Health Plan*

Recommendations

§ The MCO should continue to work to improve all HEDIS® measures that performed below the 50th percentile. The MCO should continue with the quality improvement strategy outlined in its response to the previous year's recommendation as interventions were developed based on root cause analysis and include a multifaceted approach that addresses member, provider and operational barriers to care. The interventions should be monitored for effectiveness and modified as needed. *[Repeat recommendation.]*

§ As access to primary care rates have trended upward, the MCO should continue with the interventions outlined in the MCO's response to the previous year's recommendation. Interventions should be monitored for effectiveness and modified as needed. The MCO should also leverage its corporate structure to identify best practices implemented by other Aetna Medicaid MCOs. *[Repeat recommendation.]*

§ In regard to member satisfaction, the MCO should continue with its quality improvement strategy for improving Child CAHPS® as scores are trending upward; however, the effectiveness of the quality improvement strategy for Adult CAHPS® should be assessed and modified as most scores have declined. *[Repeat recommendation.]*

Response to Previous Year's Recommendations

- 2015-2016 Recommendation: The Health Plan should conduct root cause analysis for all HEDIS® Effectiveness of Care and Use of Services measures that performed below the 50th percentile and develop interventions to address identified barriers to care. The Health Plan should also routinely monitor HEDIS® performance to assess the effectiveness of its improvement strategy.

  MCO Response: Aetna submitted the 2017 Aetna Better Health of Louisiana HEDIS Analysis-Quality Management Report that identified root cause analyses for all HEDIS® Effectiveness of Care and Use of Services measures that performed below the 50th percentile and developed corresponding interventions to address all identified barriers to care. Aetna also submitted evidence in this report that showed their routine monitoring of HEDIS® performance to assess the effectiveness of its improvement strategies.

- 2015-2016 Recommendation: As Health Plan members demonstrates lower than average access to primary care, a root cause analysis should be conducted to identify barriers to care for all age groups and to drive the development of targeted interventions that will address these barriers.

  MCO Response: Aetna submitted the 2017 Aetna Better Health of Louisiana HEDIS Analysis-Quality Management Report (Pages 27-33; Attachment A) that identified root cause analyses that were conducted to identify barriers to care for all age groups and initiated the development of targeted interventions that will address these barriers.

- 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.

  MCO Response: Aetna submitted the 2017 Annual Analysis of Member Experience-CAHPs Surveys (Pages 35-65; Attachment B) that conducted root cause analyses for CAHPs measures performing below the 50th percentile and implemented interventions that addressed these measures.