State of Louisiana Department of Health & Hospitals

Healthy Blue (Previously Amerigroup)
Annual External Quality Review Technical Report

Review Period: July 1, 2016 – June 30, 2017
Report Issued: April 24, 2018

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TABLE OF CONTENTS

LIST OF TABLES

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 Bayou Health 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 Healthy Blue 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

Healthy Blue	
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 2016)	236,196

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2017, the MCO's Medicaid enrollment totaled 236,196, which represents 16% of Healthy Louisiana's active members. Table 2 displays Healthy Blue's Medicaid enrollment for 2016 to 2017, as well as the 2017 statewide enrollment total. Figure 1 displays Health Louisiana's membership distribution across all Medicaid MCOs.

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

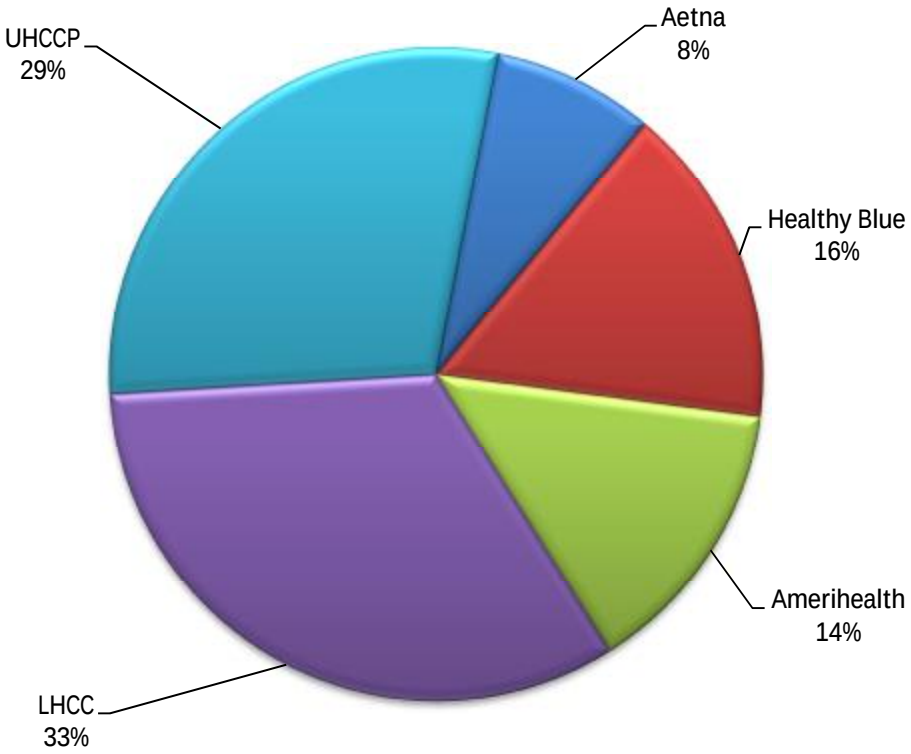
Healthy Blue	June 2015	June 2016	June 2017	% Change	June 2017 Statewide Total[2]
Total Enrollment	147,140	207,406	236,196	12%	1,464,516

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 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 Healthy Blue'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	Healthy Blue			MCO Statewide Unduplicated
	GSA A	GSA B	GSA C	
Family Practice/General Medicine	202	217	259	648
Pediatrics	271	222	170	606
Nurse Practitioners	222	287	331	768
Internal Medicine	248	154	104	489
RHC/FQHC	80	93	127	301
OB/GYN	224	235	179	591

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

Provider Network Accessibility

Healthy Blue 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 28, 2017

Provider Type		Access Standard[1] X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Family Practitioner/ General Medicine	Urban	1 within 10 miles	96.8%
	Rural	1 within 30 miles	100.0%
Internal Medicine	Urban	1 within 10 miles	92.6%
	Rural	1 within 30 miles	98.8%
Pediatrician	Urban	1 within 10 miles	93.7%
	Rural	1 within 30 miles	100%
Nurse Practitioner	Urban	1 within 10 miles	97.4%
	Rural	1 within 30 miles	100.0%
OB/GYN	Urban	1 within 10 miles	93.6%
	Rural	1 within 30 miles	95.3%
RHC/FQHC	Urban	1 within 10 miles	84.7%
	Rural	1 within 30 miles	100%

[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 Healthy Blue 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 17.5% to 20%
- Use of most effective contraceptive methods: increase from 34.2% to 44%
- Chlamydia test during pregnancy: increase from 52.4% to 60%
- HIV test during pregnancy: increase from 31.7% to 42-50%
- Syphilis test during pregnancy: increase from 44.5% to 54-64%
- HEDIS® *Postpartum Care* measure: increase from 61.97% to 62.13%

Intervention Summary

- Provider
  - Notice of Pregnancy (NOP) form
  - Send NOP fax blast to all OB/GYNs
  - Medicaid 101 Roadshow
- MCO:
  - Notification of high-risk pregnant members to providers
- Member:
  - Care Management Outreach and Engagement Program
  - Home visits for women who fall in the "difficult to reach population" to help educate them about 17 Alpha-hydroxyprogesterone caproate-17P and postpartum health

Results

- From first to fourth quarter 2016, the number of NOP forms distributed to providers increased from 48 to 706.
- From first to fourth quarter 2016, the percentage of women who delivered a baby and had a postpartum visit scheduled by care management nurses increased from 41% to 47%.
- From first to fourth quarter 2016, the percentage of women who received incentive payments for completing screenings for sexually transmitted diseases increased from 6% to 8%, and the percentage who received incentive payments for completing the postpartum visit increased from 5% to 11%.
- From baseline to interim year, the percentage of pregnant women who were screened for chlamydia increased from 71% to 82%, the percentage screened for HIV increased from 72% to 79%, and the percentage screened for syphilis increased from 77% to 82%.
- From baseline to interim year, the percentage of women with a postpartum visit increased from 62% to 65%.

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

Strengths: Plan includes process measures that have the potential to monitor progress of robust interventions throughout the PIP.

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 each intervention in the intervention table, with corresponding intervention tracking measure data in the intervention tracking (process) measure table. Number intervention tracking measures to align with the interventions they are monitoring.
- Identify new barriers by conducting drill down analyses of those intervention tracking measures that show stagnant or declining performance, and modify interventions in response.
- Stratify performance measure data by demographic subsets to identify barriers and develop interventions to address newly identified barriers.
- Reconcile stratified with aggregate 17P rates.

Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents 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 22.7 % to 32.60%
- ADHD screening in multiple settings: increase from 28% to 38.0%
- Assessment of other behavioral health conditions/symptoms: increase from 57.3% to 67.33%
- Referral for evaluation of other behavioral health conditions: increase from 41.9% to 55.4%
- Referral to treat other behavioral health conditions: increase from 41.9% to 55.4%
- Primary care provider care coordination: increase from 29.3% to 40%
- MCO care coordination: increase from 62.7% to 75%
- MCO outreach with member contact: increase from 62.7% to 75%
- MCO outreach with member engagement: increase from 66.0% to 78.4%
- First line behavior therapy for children less than 6 years: increase from 81% to a targeted rate within the 95% interval
- 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 47.42% to 51.4%
- 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 60.21% to 69.0%
- Percentage of any ADHD cases, aged 0-20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), with behavioral therapy: increase from 34.5% to 45.0%
- Percentage of any ADHD cases, aged 0-20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), without behavioral therapy: increase from 50.0% to 40.0%

Intervention Summary:

- Partner with another MCO to provide training to contracted providers in the assessment and treatment of post-traumatic stress for children under age 6 years.
- Develop targeted provider outreach for children in foster care.
- Train PCPs on available behavioral health educational resources and online resources for assessment and treatment, tailored to the unique educational needs of pediatricians and family practitioners as identified by the ADHD provider survey findings.
- Quality Management outreach specialist to assist with scheduling 30-day follow-up appointment with members' prescribed ADHD medication.
- Use member gaps in care reports to target provider outreach for members not receiving follow up care post ADHD medication fill.

- Implement a collaborative care model for a child that includes psychiatric consultation telemedicine and work towards incentivizing providers to co-locate in PCPs' offices.
- All requests for mental health rehabilitation for children under age 6 years with a diagnosis of ADHD are reviewed by the Medical Director. Partial authorizations issued with a request for the provider to connect the member to a child psychiatrist, psychologist or a skilled licensed professional.
- Connect families to non-pharmacologic interventions for a minimum of 6 months prior to initiating medication.

Results: Not yet available.

Strengths: The MCO established valid intervention tracking measures for interventions that include workforce capacity, provider education and enhanced case management.

Opportunities for Improvement:
- Add target rates indicated in the aim statement to the results table.
- Identify whether or not children younger than preschool age have been receiving behavioral health medications for behavioral health conditions without behavioral health counseling and, if yes, address with a specific intervention that targets appropriate care for very young children.
- Report barrier analysis/susceptible subgroup findings pertinent to children in foster care, and indicate interventions developed and implemented to address the barriers, with corresponding intervention tracking measures.
- Add an intervention tracking measure to track rates for successful outreach with care coordination, i.e., contact with referral mead, referral with appointment scheduled.
- Add a specific intervention tracking measure for the care coordination intervention to improve member receipt of behavioral health counseling prior to behavioral health medication for children less than 6 years of age.
- Add an intervention tracking measure to monitor receipt of Parent-Children Interaction Therapy (PCIT) among children with ADHD.
- 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 Healthy Blue by Attest Health Care Advisors indicates that the MCO demonstrated compliance with all areas of the Information Systems Capabilities Assessment (ISCA). However, the *Controlling High Blood Pressure (CBP)* rates were determined to be biased and therefore not reported.

HEDIS® Effectiveness of Care Measures

HEDIS® Effectiveness of Care measures evaluate how well a 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*® (QC) 2017 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

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

Measure	Healthy Blue			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2017 Average
	HEDIS® 2015	HEDIS®2016	HEDIS®2017		
Adult BMI Assessment	78.37%	77.67%	71.46%	10th	80.75%
Antidepressant Medication Management - Acute Phase	50.64%	52.16%	43.51%	25th	47.89%
Antidepressant Medication Management - Continuation Phase	33.21%	36.87%	28.93%	33.33rd	33.04%
Asthma Medication Ratio (5-64 Years)	49.16%	55.54%	58.72%	25th	57.25%
Breast Cancer Screening in Women	52.98%	54.56%	53.71%	33.33rd	55.84%
Cervical Cancer Screening	54.57%	54.89%	58.91%	50th	59.01%
Childhood Immunization Status - Combination 3	68.98%	71.53%	64.12%	10th	68.04%
Chlamydia Screening in Women (16-24 Years)	58.24%	59.97%	63.22%	90th	63.21%
Comprehensive Diabetes Care - HbA1c Testing	80.51%	77.86%	78.94%	10th	77.35%
Controlling High Blood Pressure	40.84%	41.22%	BR	-	37.07%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	56.71%	56.46%	60.21%	33.33rd	56.60%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	44.61%	41.71%	47.42%	50th	44.55%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	19.69%	17.82%	23.13%	33.33rd	24.10%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	44.08%	52.57%	38.43%	<10th	53.77%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	52.67%	36.21%	43.52%	<10th	54.90%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	32.02%	32.48%	33.56%	<10th	41.10%

BR: Biased Rate

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, 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	Healthy Blue			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	94.74%	94.30%	95.63%	33.33rd	96.17%
25 Months–6 Years	83.80%	82.06%	85.15%	25th	87.64%
7–11 Years	85.88%	84.78%	86.12%	10th	89.29%
12–19 Years	83.92%	83.26%	85.10%	10th	88.47%
	Adults' Access to Preventive/Ambulatory Services				
20–44 Years	78.11%	77.76%	81.33%	50th	82.22%
45–64 Years	86.80%	86.09%	88.00%	50th	88.56%
65+ Years	75.00%	79.43%	85.63%	33.33rd	87.23%
	Access to Other Services				
Timeliness of Prenatal Care	84.49%	82.16%	77.89%	33.33rd	80.77%
Postpartum Care	55.79%	61.97%	65.11%	66.67th	63.80%

HEDIS® Use of Services Measures

This section of the report explores utilization of Healthy Blue'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, 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	Healthy Blue			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	43.75%	41.20%	47.24%	33.33rd	54.70%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	78.21	78.69	78.65	75th	73.88
Ambulatory Care Outpatient Visits/1000 Member Months	394.16	412.98	408.60	75th	400.17
Frequency of Ongoing Prenatal Care - ≥ 81%	71.53%	73.71%	66.09%	50th	67.71%
Well-Child Visits in the First 15 Months of Life 6+ Visits	50.00%	57.87%	58.49%	33.33rd	56.06%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	64.81%	54.40%	63.49%	25th	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 with Chronic Care Conditions (CCC) was conducted on behalf of Healthy Blue by the NCQA-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 Healthy Blue's CAHPS® rates for 2015, 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 – 2015-2017

Measure[1]	Healthy Blue			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	82.44%	81.56%	75.35%	<10th
Getting Care Quickly	79.77%	83.46%	78.05%	<10th
How Well Doctors Communicate	87.66%	87.57%	87.06%	<10th
Customer Service	86.06%	90.67%	92.56%	95th
Shared Decision Making[2]	75.54%	80.38%	79.15%	33.33rd
Rating of All Health Care	72.47%	74.32%	73.50%	10th
Rating of Personal Doctor	78.09%	79.26%	80.20%	25th
Rating of Specialist	83.52%	85.19%	73.33%	<10th
Rating of Health Plan	76.49%	78.74%	75.43%	25th

[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 2016, NCQA revised measure specifications and response options.

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

Measure[1]	Healthy Blue			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	86.58%	84.40%	86.41%	33.33rd
Getting Care Quickly	91.77%	93.08%	91.00%	33.33rd
How Well Doctors Communicate	93.57%	93.26%	93.11%	33.33rd
Customer Service	93.76%	92.56%	90.15%	50th
Shared Decision Making[2]	79.52%	80.52%	78.83%	33.33rd
Rating of All Health Care	88.70%	85.39%	88.05%	33.33rd
Rating of Personal Doctor	89.11%	89.42%	90.34%	50th
Rating of Specialist	84.00%	86.90%	90.91%	50th
Rating of Health Plan	86.29%	82.70%	84.93%	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".
[2] In 2016, NCQA revised measure specifications and response options.

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

Measure[1]	Healthy Blue			QC 2017 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2015	CAHPS® 2016	CAHPS® 2017	
Getting Needed Care	88.82%	86.63%	86.20%	10th
Getting Care Quickly	93.60%	90.79%	92.08%	25th
How Well Doctors Communicate	92.15%	92.79%	95.00%	33.33rd
Customer Service	93.16%	89.51%	90.60%	33.33rd
Shared Decision Making[2]	88.16%	85.36%	85.79%	66.67th
Rating of All Health Care	85.45%	81.57%	85.37%	33.33rd
Rating of Personal Doctor	86.15%	86.45%	91.79%	75th
Rating of Specialist	86.73%	83.59%	88.03%	66.67th
Rating of Health Plan	83.00%	76.58%	84.31%	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".
[2] In 2016, NCQA revised measure specifications and response options.

Health Disparities

For this year's technical report, the 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.

Healthy Blue reported that the following activities and interventions took place in 2016 through 2017 to identify and/or address disparities in health outcomes and/or health care among its Medicaid population:

Claims data was periodically and systematically reviewed to identify member-subgroups with at-risk characteristics. Four major strategies were implemented:

- Predictive modeling utilizing the MCO's Chronic Illness Intensity Index.
- Ranking members from the member's with the highest utilization costs to the lowest utilization cost by product type and then identifying statistical outliers for administrative case management review.
- Identifying and analyzing trends related to emergency room utilization and hospital rapid readmissions.
- Evidenced based literature reviews to identify national, state (Louisiana) and parish trends.

Based upon these strategies key findings related to health disparities included but were not limited to the following subgroups: neonates with high-risk post-partum conditions, high utilizers and rapid re-admitters of inpatient care and emergency room visits, members with clinical features identified through the MCO's Chronic Illness Intensity Index measures, and children who may be subject to over-prescribing for behavioral health issues, particularly included attention deficit hyperactive disorder (ADHD) youth under the age of 6.

During 2018, Healthy Blue shall further identify specific social determinants for targeting through its array of health delivery interventions that are related to member subpopulations. Subpopulation interventions can then also be linked to specific HEDIS measures. In particular, permanent supportive housing will be a focus for Health Blue in 2018 to develop a comprehensive plan to address the issue of homelessness through community development with healthcare systems and financial key stakeholders. In addition, HEDIS measures will be paired with social determinants to minimize adverse impacts using targeted interventions.

Healthy Blue has developed the following specific interventions to address member subgroups with specific at-risk health challenges and it is various stages of implementation of the following initiatives:

- Navigation Program: "Navigators" and "Community Peer Navigators" are evidence-based practices in their use in the reduction of high emergency room utilizers and hospital re-admitters through offering constant comprehensive support with the end result of modifying behaviors so that members understand and seek appropriate levels of care. Navigators will connect members to appropriate providers and community resources while reinforcing positive health-seeking behavior in order to reduce unnecessary ER visits and hospital readmissions.

- 7-30 Day Follow-up Program: Healthy Blue has engaged a statewide provider to conduct 7-day and 30-day HEDIS® follow up with its members who are discharged from inpatient behavioral health facilities.
- 0-5 Year Old with PTSD: Tracking Evidence Based Practices (Go-Live 2/2018): This advisory provides notification of required changes to claims system for the purpose of tracking utilization of therapeutic evidence-based practices (EBPs).
- HIV Program/Taskforce: Using a targeted care management approach, we assist members in coordinating their care with medical and other needed services including housing, food, legal, and support groups to promote good health outcomes and adherence to their plan of care. They consult and collaborate with providers and community-based organizations keeping the member at the center of the integrated case management process.
- Louisiana Native American Population: *A Working Partnership:* Healthy Blue and Louisiana Native American Tribal groups partner to lesson Native American health disparities. Healthy Blue staffs a Tribal Liaison for building and maintaining strategic relations with Native Tribes through outreach and retention activities.
- Mental Health Advisory Group – Members Participating In Planning Health Care Delivery: Healthy Blue's behavioral health member liaison is responsible for hosting member-involved activities, including arrange quarterly meetings for members to share their experiences and concerns with plan, in particular the integration process progression; held in different areas of the state to obtain a diverse voice of members.
- Appropriate Emergency Room Utilization (AERU) Project: This initiative is designed to help members with 2-20 emergency room visits within a calendar year enter the health care system at the appropriate level of care. It includes 2500 members in Orleans, Jefferson, Ouchita, and Lafayette parishes. Through scheduled mailers, telephone outreach, primary care provider engagement, and nurse practitioner home visits, these members will be given tools and information to maintain a connection to quality health care.
- High Intensity Integrated Team (HIIT) Program: The HIIT program is an engagement and behavioral change program that uses the approach of population health management and an integrated team. The overall goals are improved quality of care, reduced potential admissions, reduced readmissions, reduced emergency room visits, and decreased health care costs.
- Healthy Blue Perinatal Program; Neonatal Programs; Maternal Child Health Services: This program addresses maternal and newborn health risks by ensuring members have access to the information, care, and support needed to stay healthy before, during, and after pregnancy.
- ABCD Community Health Worker Program: ABCD Community Health Worker program is a pilot modeled after a similar, successful project by Morehouse Medical School. Using the community health worker model, Healthy Blue will engage, in a culturally effective way, MCO members with diabetes, hypertension, hyperlipidemia and depression to improve their health metrics (i.e. HbA1c, blood pressure readings, cholesterol and PHQ-9 for depression) and subsequently, improve their general health to significantly impact cost of care. For this integrated health initiative, Case Management has been be directly involved for program implementation.

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 Healthy Blue'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 Healthy Blue'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 Healthy Blue'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 Healthy Blue'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	121	2	0	0	0	98%
Provider Network	163	155	5	3	0	0	95%
Utilization Management	92	90	1	0	0	1	99%
Eligibility, Enrollment and Disenrollment	13	13	0	0	0	0	100%
Marketing and Member Education	77	76	0	0	0	1	100%
Member Grievances and Appeals	62	55	4	3	0	0	89%
Quality Management	86	85	0	0	0	1	100%
Reporting	1	1	0	0	0	0	100%
Fraud Waste and Abuse	105	104	1	0	0	0	99%
Total	722	700	13	6	0	3	97%

It is IPRO's and the LDH's expectation that Healthy Blue submit a corrective action plan for each of the 19 elements determined to be less than fully compliant along with a timeframe for completion. It should be noted that, in response to the compliance audit draft findings, Healthy Blue 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. Eight (8) of the 19 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 Healthy Blue.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by Healthy Blue 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) – Healthy Blue met or exceeded the 75th percentile for the following HEDIS® measure:
  - *Chlamydia Screening in Women (16-24 Years)*
- CAHPS® (Member Satisfaction) – Healthy Blue met or exceeded the 75th percentile for the following CAHPS® measures:
  - Adult CAHPS®
    - *Customer Service*
  - Child CAHPS® CCC Population
    - *Rating of Personal Doctor*
- Compliance – The MCO achieved "full" compliance in four (4) of the nine (9) domains reviewed.

Opportunities for Improvement

- HEDIS® (Quality of Care) – Healthy Blue demonstrates an opportunity for improvement in the following areas of care as it did not meet the 50th percentile for the following HEDIS® measures:
  - *Adult BMI Assessment*
  - *Antidepressant Medication Management – Acute Phase*
  - *Antidepressant Medication Management – Continuation Phase*
  - *Asthma Medication Ratio (5-64 Years)*
  - *Breast Cancer Screening in Women*
  - *Childhood Immunization Status – Combination 3*
  - *Comprehensive Diabetes Care – HbA1c Testing*
  - *Follow-up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase*
  - *Medication Management for People with Asthma Total – Medication Compliance 75%*
  - *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*
    - *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) – Healthy Blue 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*
    - *Shared Decision Making*
    - *Rating of All Health Care*
    - *Rating of Personal Doctor*
    - *Rating of Specialist*
    - *Rating of Health Plan*
  - Child CAHPS® General Population
    - *Getting Needed Care*
    - *Getting Care Quickly*
    - *How Well Doctors Communicate*
    - *Shared Decision Making*
    - *Rating of All Health Care*
    - *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 Health Plan*

Recommendations

- The MCO continues to demonstrate opportunities for improvement in regard to the quality of, access to and timeliness of care. The MCO should continue to work to improve HEDIS® measures that perform below the 50th percentile. The effectiveness of the overall strategy should be evaluated often and routinely, and modified as needed. *[Repeated recommendation.]*
- Although access to primary care rates for all age groups have trended upward, the MCO continues to demonstrate an opportunity for improvement. The MCO should identify a multitude of data sources, in addition to CAHPS, to support its intervention strategy. All interventions should target barriers that have been identified through thorough root cause analyses and should be continuously monitored for effectiveness. *[Repeated recommendation.]*
- The MCO should continue to work to improve CAHPS® measures that perform below the 50th percentile. In addition to the data analysis strategy described in the MCO's response to the previous year's recommendation, the MCO should develop specific interventions that target members' perceived issues with network providers and MCO operations. *[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. In addition to the activities described in the Health Plan's response to the previous year's recommendation, the Health Plan should expand its provider intervention strategy to include all network providers, not only those who are considered high-volume. The effectiveness of the overall strategy should be evaluated routinely and modified as needed. *[Repeated recommendation.]*

MCO Response:

- Develop a weekly HEDIS Taskforce to address all identified measures prioritizing those impacted by state performance requirements and Top 5 plan concerns.
- Broadening the scope outreach to providers large and small and not just the top 75 by reviewing of ALL provider scorecards and providing education and outreach to providers based on their identified areas of deficits
- Measures identified with most need: BMI – AMG QM has reached out to Healthy Blue's New Jersey health plan that attained the 90th percentile in this measure, to assess the use of a tool provided to providers by the plan that guided the entry of the Nutritional Assessment, BMI (Percentile) and Physical Activity. Both BMI and Nutritional Assessment also have billing codes to accompany their services rendered but Physical Activity is absent and requires prompting and proper documentation on the part of the provider. This tool would benefit those providers who are not on Electronic Medical Records which is a large percentage of our providers. Controlled Blood Pressure - a systemic problem that will require the input from our Medical Directors and CM team. Health Promotions staff and our HEDIS Outreach Specialist will be concentrating on more provider facing outreach and performing outreach calls in-house, as well as, in provider offices (stats show an average of a 5% increase in a measure nearly each month by performing outreach calls)
- Develop a comprehensive in-home visit protocol to address member issues and close gaps on multiple measures including ED utilization, Re-admissions and Preventative Care
- Utilize three (3) contracted providers MedEx, Altegra and a Nurse Practitioner (NP) Organization to serve members through home visits
- The NP Organization, led by Dr. Leah Cullins has completed the credentialing process and workflows for referrals have been established and this process has begun
- The group has agreed to perform home visits as the health plan identifies identify low level ED users that have never seen their PCP to address gaps in care
- Additionally, this provider organization has experience in managing members with HIV, holds a seat within a state HIV panel and will be key to assisting in improvement of our HIV strategies. Med EX and Altegra will be utilized in our strategies to increase our access scores and member satisfaction regarding transportation and member access related concerns.

§ 2015-2016 Recommendation: As Health Plan members continue to demonstrate lower than average access to primary care, it is important that the Health Plan conduct root cause analysis to identify barriers to care that may not be directly related to network size and address these barriers using a multi-tiered approach that considers members, providers and Health Plan operations. *[Repeated recommendation.]*

MCO Response: A root cause analysis was conducted which included an in depth analysis of CAHPs scores. Based upon most recent CAHPs scores, the adult satisfaction data revealed that members are dissatisfied with providers. Satisfaction rates were below NCQA's 50th percentile. We identified areas of opportunity based off the below areas of dissatisfaction:

- Doctor listened carefully
- Doctor showed respect
- Doctor spend enough time
- Personal doctor overall
- Health care overall
- Doctor explained things
- Got urgent care
- Got care/tests/treatment
- Doctor had scarce appointments

Currently, we are partnering with providers/vendors to conduct home visits, provider education and re-connect our members with their PCP. We can also engage members through outreach to encourage them to make appointments with their PCP and provide support to providers through clinic outreach days to engage those members as well. Additionally, Quality is working in collaboration with the Provider Relations Department to engage providers in 2018 to offer education on "how to deal with difficult patients" as well as offer cultural sensitivity training. The goal is to increase our CAHPS scores regarding member satisfaction with providers which in turn we hope to increase PCP access for our members. We will be implementing a text messaging program to our members which will incorporate key questions relating to satisfaction and access to care. This allows us to keep a real time pulse on member feedback on access and satisfaction to identify areas of opportunity. Additionally, we track satisfaction via the annual CAHPS survey.

§ 2015-2016 Recommendation: The Health Plan should continue to work to improve CAHPS® measures that perform below the 50th percentile by continuing the intervention strategy described in the Plan's response to the previous year's recommendation. The effectiveness of each intervention should be monitored and modified as needed. *[Repeated recommendation.]*

MCO Response: Continue to execute on 2017 Medicaid Quality Management Work Plan items specific to CAHPS improvement including but not limited to the following:

- Measure and improve member satisfaction with providers, health care services and health plan operations
- Analyze results of surveys to identify negative trends, perform root cause/barrier analysis, and develop appropriate interventions to improve Member satisfaction
- Monitor and measure Member dissatisfaction with providers, health care services and health plan operations for early intervention of potential problem areas
- Analyze member complaints/grievances and appeals in at least the following categories to identify negative trends, perform root cause/barrier analysis, and develop appropriate interventions to decrease member complaints/grievances
    - Quality of Care
    - Access
    - Attitude and Service
    - Billing and Financial Issues
    - Quality of Practitioner Office Site
- Create a CAHP's Workgroup that utilizes a tool that show the CAHP's opportunities (identifying each of the measures scoring lower than the 50th percentile) and execute on initiatives around those identified areas
- Provider education by targeting regions that have poor provider ratings, becoming more visible in those communities and building on relationships with those area providers; finding out their challenges, needs and opportunities and supporting their practices