

Managed Care Program Annual Report (MCPAR) for Louisiana: Healthy Louisiana

| Due date | Last edited | Edited by | Status |
|------------|-------------|----------------|-----------|
| 06/28/2024 | 06/20/2024 | Cornelius Cole | Submitted |

| Indicator | Response |
|---|--------------|
| Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program. | Not Selected |

Section A: Program Information

Point of Contact

| Number | Indicator | Response |
|--------|---|------------------------|
| A1 | State name Auto-populated from your account profile. | Louisiana |
| A2a | Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers. | Cornelious Cole |
| A2b | Contact email address Enter email address. Department or program-wide email addresses ok. | Cornelious.Cole@la.gov |
| A3a | Submitter name CMS receives this data upon submission of this MCPAR report. | Brandon Bueche |
| A3b | Submitter email address CMS receives this data upon submission of this MCPAR report. | brandon.bueche@la.gov |
| A4 | Date of report submission CMS receives this date upon submission of this MCPAR report. | 06/27/2024 |

Reporting Period

| Number | Indicator | Response |
|--------|---|-------------------|
| A5a | Reporting period start date Auto-populated from report dashboard. | 01/01/2023 |
| A5b | Reporting period end date Auto-populated from report dashboard. | 12/31/2023 |
| A6 | Program name Auto-populated from report dashboard. | Healthy Louisiana |

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

| Indicator | Response |
|------------------|---|
| Plan name | Aetna Better Health of Louisiana AmeriHealth Caritas Louisiana Healthy Blue Louisiana Healthcare Connections UnitedHealthcare Community Plan Humana Healthy Horizons |

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

| Indicator | Response |
|-----------------|-------------------------|
| BSS entity name | Maximus Health Services |

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

| Number | Indicator | Response |
|--------|---|-----------|
| BI.1 | Statewide Medicaid enrollment Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled. | 1,999,639 |
| BI.2 | Statewide Medicaid managed care enrollment Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans. | 1,851,797 |

Topic III. Encounter Data Report

| Number | Indicator | Response |
|---------------|--|--------------------------|
| BIII.1 | <p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p> | Other third-party vendor |

Topic X: Program Integrity

| Number | Indicator | Response |
|-------------|---|--|
| BX.1 | <p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p> | <p>The State's Program Integrity (PI) team performs a number of data mining runs/algorithms that include providers in both the Fee-For-Service (FFS) and Managed Care programs. Some of the algorithms include date of death runs, excluded provider runs, spike/surge runs, procedure code outlier runs, etc. Some of the audits resulting from the algorithms mentioned above are conducted by PI's SURS or UPIC contractors; other audits/leads are sent to the Plans to review. In addition to data runs/algorithms, PI's SURS operates a complaint hotline. Both fee-for-service and managed care complaints are received via the hotline. The complaints are triaged and either is worked by the SURS unit or the complaints are referred to the Plans. The SURS unit also works closely with the Medicaid Fraud Control Unit (MFCU) in the Attorney General's office. Based on information discovered in audits and complaints, SURS sends notices and referrals to MFCU to investigate. MFCU works with SURS to initiate payment suspensions based on credible allegations of fraud. PI, SURS, MFCU and the Plan's Special Investigations Unit (SIU) have a monthly calls and quarterly meetings with the Plans.</p> |
| BX.2 | <p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p> | <p>State has established a hybrid system</p> |
| BX.3 | <p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p> | <p>MCO Contract, Attachment A: Statement of Work, Sections 2.20.6.2-2.20.6.3</p> |
| BX.4 | <p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard (for</p> | <p>All recoveries identified by the MCE are retained by the Plan. All recoveries identified by the State are retained by the State. If the MCE fails to collect at least a portion of the identified</p> |

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| | <p>example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p> | <p>overpayment after 365 days the State may step in and recover from the MCE and said funds would be retained by the State. If the MCE's recovery efforts are deemed sufficient then the State will not step in and recover the overpayment.</p> |
| BX.5 | <p>State overpayment reporting monitoring</p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting?</p> <p>The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p> | <p>All recoveries are reported by the MCEs on two quarterly reports. The PI Managed Care Oversight unit conducts review seeking compliance with reporting requirements.</p> |
| BX.6 | <p>Changes in beneficiary circumstances</p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p> | <p>The State and the MCEs have a monthly and quarterly reconciliation 834 file.</p> |
| BX.7a | <p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p> | <p>Yes</p> |
| BX.7b | <p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p> | <p>No</p> |
| BX.8a | <p>Federal database checks: Excluded person or entities</p> | <p>Yes</p> |

During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

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| BX.8b | Federal database checks: Summarize instances of exclusion Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions. | In March 2023 we got a hit on a particular provider. We had already excluded the provider in September of 2022 due to convictions in Federal court. The cancel code had not been inserted in March of 2023, so it was put in at that point. |
| BX.9a | Website posting of 5 percent or more ownership control Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3). | No |
| BX.10 | Periodic audits If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as your response. 'N/A' is not an acceptable response. | https://ldh.la.gov/page/eqr-health-plan-results-2023 |

Section C: Program-Level Indicators

Topic I: Program Characteristics

| Number | Indicator | Response |
|--------|--|---|
| C11.1 | Program contract Enter the title of the contract between the state and plans participating in the managed care program. | Louisiana Medicaid Managed Care Organization |
| N/A | Enter the date of the contract between the state and plans participating in the managed care program. | 1/1/2023 - Present |
| C11.2 | Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program. | https://ldh.la.gov/page/executed-contracts |
| C11.3 | Program type What is the type of MCPs that contract with the state to provide the services covered under the program? Select one. | Managed Care Organization (MCO) |
| C11.4a | Special program benefits Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here. | Behavioral health Dental Transportation |
| C11.4b | Variation in special benefits What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable. | N/A |
| C11.5 | Program enrollment Enter the average number of individuals enrolled in this managed care program per | 1,843,650 |

month during the reporting year (i.e., average member months).

C1I.6

Changes to enrollment or benefits

There were no major changes to the population or benefits during the reporting year.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

Topic III: Encounter Data Report

| Number | Indicator | Response |
|---------|---|--|
| C1III.1 | <p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p> | <p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> |
| C1III.2 | <p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p> | <p>Timeliness of initial data submissions</p> <p>Other, specify – Encounter submission completeness measured bimonthly as comparison of payments as reported in encounters vs payments reported in cash disbursement journals; encounter data completeness and accuracy also periodically evaluated via optional EQR Protocol 5.</p> |
| C1III.3 | <p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p> | Attachment A, Section 2.18.15.3 |
| C1III.4 | <p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality</p> | Attachment G, Table of Monetary Penalties |

standards. Use contract section references, not page numbers.

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|----------------|---|---|
| C1III.5 | Incentives for encounter data quality Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality. | N/A |
| C1III.6 | Barriers to collecting/validating encounter data Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response. | Systems performance issues with Fiscal Intermediary (FI)(Gainwell Technologies) make it difficult to assess MCO non-compliance versus FI failures/non-compliance. On occasion, the state system denied encounters and void encounter transactions that appear in different from their corresponding cash disbursement journal (CDJ) transactions. |

Topic IV. Appeals, State Fair Hearings & Grievances

| Number | Indicator | Response |
|--------|--|--|
| C1IV.1 | <p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p> | N/A |
| C1IV.2 | <p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p> | For standard resolution of an appeal and notice to the affected parties, the timeframe is established as thirty (30) calendar days from the day the MCO receives the appeal. This timeframe may be extended. |
| C1IV.3 | <p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p> | For expedited resolution of an appeal and notice to affected parties, the timeframe is established as seventy-two (72) hours after the MCO receives the appeal. This timeframe may be extended. |
| C1IV.4 | <p>State definition of "timely" resolution for grievances</p> <p>Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the</p> | For standard disposition of a grievance and notice to the affected parties, the timeframe is established as ninety (90) days from the day the MCO receives the grievance. |

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

| Number | Indicator | Response |
|--------|--|--|
| C1V.1 | <p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p> | <p>Many providers in the state do not want to credential with six different MCOs to administer their Medicaid line of business. Each MCO may have different policies and procedures, which increase the administrative burden on the provider and may necessitate additional staffing. The burden is due primarily to claims denial rates being higher with the MCOs compared to the rates for other lines of business. Provider rates are another hindrance, as they are lower compared to Medicare or commercial carriers.</p> |
| C1V.2 | <p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p> | <p>The contract with the MCOs requires payment to out of network providers if there are gaps. Louisiana Department of Health (LDH) also works with the MCO when complaints are made regarding the lack of a specialist in a certain area by looking at the market for the service area and requiring the MCO to outreach to those available providers that are not contracted with them.</p> |

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



C2.V.1 General category: General quantitative availability and accessibility standard

1 / 91

C2.V.2 Measure standard

Adult PCP - 1:1,000 adult enrollees

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Reporting, Geomapping

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

2 / 91

C2.V.2 Measure standard

Pediatric PCP - 1:1,000 child enrollees

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Reporting, Geomapping

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 91

C2.V.2 Measure standard

10 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 91

C2.V.2 Measure standard

10 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 91

C2.V.2 Measure standard

10 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Hospital

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Laboratory

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

10 / 91

C2.V.2 Measure standard

20 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Laboratory

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Radiology

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

12 / 91

C2.V.2 Measure standard

20 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Radiology

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

13 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

14 / 91

C2.V.2 Measure standard

10 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Pharmacy

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

15 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Hemodialysis
Centers

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

16 / 91

C2.V.2 Measure standard

10 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Hemodialysis
Centers

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

17 / 91

C2.V.2 Measure standard

30 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

18 / 91

C2.V.2 Measure standard

15 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

19 / 91

C2.V.2 Measure standard

Specialty Care - Allergy/Immunology - 1:100,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Allergy/Immunology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

20 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Allergy/Immunology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

21 / 91

C2.V.2 Measure standard

Specialty Care - Cardiology - 1:20,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Cardiology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

22 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Cardiology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

23 / 91

C2.V.2 Measure standard

Specialty Care - Dermatology - 1:40,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Dermatology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

24 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Dermatology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

25 / 91

C2.V.2 Measure standard

Specialty Care - Endocrinology and Metabolism - 1:25,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Endocrinology and
Metabolism

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

26 / 91

C2.V.2 Measure standard

Specialty Care - Gastroenterology - 1:30,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Gastroenterology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

27 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Gastroenterology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

28 / 91

C2.V.2 Measure standard

Specialty Care - Hematology/Oncology - 1:80,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Hematology/Oncology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

29 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Hematology/Oncology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

30 / 91

C2.V.2 Measure standard

Specialty Care - Nephrology 1:50,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Nephrology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

31 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Nephrology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

32 / 91

C2.V.2 Measure standard

Specialty Care - Neurology - 1:35,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Neurology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reports

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

33 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Neurology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

34 / 91

C2.V.2 Measure standard

Specialty Care - Ophthalmology - 1:20,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Ophthalmology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

35 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Ophthalmology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

36 / 91

C2.V.2 Measure standard

Specialty Care - Orthopedics - 1:15,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Orthopedics

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

37 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Orthopedics

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

38 / 91

C2.V.2 Measure standard

Specialty Care - Otorhinolaryngology/ Otolaryngology - 1:30,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Otorhinolaryngology/
Otolaryngology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

39 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider**C2.V.5 Region****C2.V.6 Population**

Otorhinolaryngology/
Otolaryngology

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

40 / 91

C2.V.2 Measure standard

Specialty Care - Urology - 1:30,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Urology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

41 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Urology

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

42 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Other Specialty Care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

43 / 91

C2.V.2 Measure standard

Adult PCP (Family/General Practice; Internal Medicine; FQHC; RHC) - 1:2,500

C2.V.3 Standard type

Linkage ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

44 / 91

C2.V.2 Measure standard

Adult Physician Extenders - 1:1,000

C2.V.3 Standard type

Linkage ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

45 / 91

C2.V.2 Measure standard

Pediatric PCP (Pediatrics; Family/General Practice; Internal Medicine; FQHC; RHC) - 1:2,500

C2.V.3 Standard type

Linkage ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

46 / 91

C2.V.2 Measure standard

C2.V.3 Standard type

Linkage ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

47 / 91

C2.V.2 Measure standard

Emergency care - 24 hours, 7 days/week within 1 hour of request

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Emergency Care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access, Enrollee surveys

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

48 / 91

C2.V.2 Measure standard

Urgent non-emergency care - 24 hours, 7 days/week within 24 hours of request

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Urgent non-emergency care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

49 / 91

C2.V.2 Measure standard

Non-urgent sick primary care - 72 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Non-urgent sick primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

50 / 91

C2.V.2 Measure standard

Non-urgent routine primary care - 6 weeks

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Non-urgent routine
primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

51 / 91

C2.V.2 Measure standard

After hours, by phone - Answer by live person or call-back from a designated medical practitioner within 30 minutes

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

52 / 91

C2.V.2 Measure standard

Ob/Gyn care for pregnant women - 1st Trimester - 14 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Ob/Gyn care for
pregnant women

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

53 / 91

C2.V.2 Measure standard

Ob/Gyn care for pregnant women - 2nd Trimester - 7 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Ob/Gyn care for
pregnant women

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

54 / 91

C2.V.2 Measure standard

Ob/Gyn care for pregnant women - 3rd Trimester - 3 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider
Ob/Gyn care for
pregnant women

C2.V.5 Region
Statewide

C2.V.6 Population
Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

55 / 91

C2.V.2 Measure standard

Ob/Gyn care for pregnant women - High risk pregnancy, any trimester - 3 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider
Ob/Gyn care for
pregnant women

C2.V.5 Region
Statewide

C2.V.6 Population
Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

56 / 91

C2.V.2 Measure standard

Family planning appointments - 1 week

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

C2.V.5 Region
Statewide

C2.V.6 Population
Adult and pediatric

Family planning
appointments

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

57 / 91

C2.V.2 Measure standard

Specialist appointments - 1 month

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Specialty care

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Enrollee surveys, Secret shopper calls, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

58 / 91

C2.V.2 Measure standard

Scheduled appointments - Less than a 45 minute wait in office

C2.V.3 Standard type

Waiting room time

C2.V.4 Provider

All providers

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

59 / 91

C2.V.2 Measure standard

Provider is listed in directory and/or registry file as open to new patients

C2.V.3 Standard type

Accepting new patients

C2.V.4 Provider

All providers

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access, Secret shopper calls, Enrollee surveys

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

60 / 91

C2.V.2 Measure standard

Non-Urgent Routine - 14 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Secret shopper calls, Review of grievances related to access

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

61 / 91

C2.V.2 Measure standard

Urgent Non-emergency Care - 48 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access, Secret shopper calls

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

62 / 91

C2.V.2 Measure standard

Psychiatric Inpatient Hospital (emergency involuntary) - 4 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



C2.V.1 General category: General quantitative availability and accessibility standard

63 / 91

C2.V.2 Measure standard

Psychiatric Inpatient Hospital (involuntary) - 24 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

64 / 91

C2.V.2 Measure standard

Psychiatric Inpatient Hospital (voluntary) - 24 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

65 / 91

C2.V.2 Measure standard

ASAM Level 3.3, 3.5 & 3.7 - 10 business days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

66 / 91

C2.V.2 Measure standard

Withdrawal Management - 24 hours

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

67 / 91

C2.V.2 Measure standard

Psychiatric Residential Treatment Facility (PRTF) - 20 days

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Review of grievances related to access

C2.V.8 Frequency of oversight methods

Continuous monitoring of complaints



C2.V.1 General category: General quantitative availability and accessibility standard

68 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatrist

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

69 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatrist

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

70 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Advanced
Practice Registered
Nurse (Behavioral
Health Specialty;
Nurse Practitioner or
Clinical Nurse
Specialist)

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

71 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Advanced
Practice Registered
Nurse (Behavioral
Health Specialty;
Nurse Practitioner or
Clinical Nurse
Specialist)

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

72 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Medical
or Licensed
Psychologist

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

73 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Medical
or Licensed
Psychologist

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

74 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Licensed
Clinical Social
Worker

C2.V.5 Region

Rural

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

75 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Licensed
Clinical Social
Worker

C2.V.5 Region

Urban

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

76 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Advanced
Practice Registered
Nurse (Behavioral
Health Specialty;
Nurse Practitioner or
Clinical Nurse
Specialist)

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



C2.V.1 General category: General quantitative availability and accessibility standard

77 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Advanced
Practice Registered
Nurse (Behavioral
Health Specialty;
Nurse Practitioner or
Clinical Nurse
Specialist)

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

78 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Medical
or Licensed
Psychologist

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

79 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Medical
or Licensed
Psychologist

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

80 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Licensed
Clinical Social
Worker

C2.V.5 Region

Rural

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

81 / 91

C2.V.2 Measure standard

15 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Behavioral Health
Specialist - Licensed
Clinical Social
Worker

C2.V.5 Region

Urban

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

82 / 91

C2.V.2 Measure standard

200 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatric
Residential
Treatment Facility

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

83 / 91

C2.V.2 Measure standard

200 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatric
Residential
Treatment Facility
Addiction (ASAM
Level 3.7)

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

84 / 91

C2.V.2 Measure standard

200 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatric
Residential
Treatment Facility
Other Specialization

C2.V.5 Region

Statewide

C2.V.6 Population

Pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

85 / 91

C2.V.2 Measure standard

30 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Substance Use
Residential
Treatment Facilities -
ASAM Levels 3.3/3.5

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

86 / 91

C2.V.2 Measure standard

60 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Substance Use
Residential
Treatment Facilities -
ASAM Levels 3.7

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

87 / 91

C2.V.2 Measure standard

60 miles for 90% of applicable enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Substance Use
Residential
Treatment Facilities -
ASAM Levels 3.7-WM

C2.V.5 Region

Statewide

C2.V.6 Population

Adult

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

88 / 91

C2.V.2 Measure standard

90 miles for 90% of enrollees

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Psychiatric Inpatient
Hospital - Free
Standing and
Distinct Part
Psychiatric Units

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

89 / 91

C2.V.2 Measure standard

1:10,000

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Statewide

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

90 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Home Health

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Geomapping

C2.V.8 Frequency of oversight methods

Monthly



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

91 / 91

C2.V.2 Measure standard

60 miles

C2.V.3 Standard type

Maximum distance to travel

C2.V.4 Provider

Home Health

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping, Reporting

C2.V.8 Frequency of oversight methods

Monthly

Topic IX: Beneficiary Support System (BSS)

| Number | Indicator | Response |
|--------|--|--|
| C1IX.1 | BSS website List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas. | myplan.healthy.la.gov, Healthy Louisiana mobile app (available in Google Play and Apple) |
| C1IX.2 | BSS auxiliary aids and services How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested. | All correspondence informs enrollees that they can request assistance or auxiliary aids. This information is also provided on the website and in the mobile app. |
| C1IX.3 | BSS LTSS program data How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4). | LTSS is not coordinated through the BSS. |
| C1IX.4 | State evaluation of BSS entity performance What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance? | Every interaction includes a customer satisfaction survey. There is also a complaint process through which enrollees can provide feedback. All complaints come directly to the State. The State also monitors performance of the BSS call center through tracking of routine KPIs. |

Topic X: Program Integrity

| Number | Indicator | Response |
|--------|---|----------|
| C1X.3 | Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d). | No |

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

| Number | Indicator | Response |
|--------|---|--|
| D1I.1 | Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months). | Aetna Better Health of Louisiana 172,131 |
| | | AmeriHealth Caritas Louisiana 226,014 |
| | | Healthy Blue 342,420 |
| | | Louisiana Healthcare Connections 508,810 |
| | | UnitedHealthcare Community Plan 453,279 |
| | | Humana Healthy Horizons 140,996 |
| D1I.2 | Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? <ul style="list-style-type: none"> • Numerator: Plan enrollment (D1.I.1) • Denominator: Statewide Medicaid enrollment (B.I.1) | Aetna Better Health of Louisiana 8.6% |
| | | AmeriHealth Caritas Louisiana 11.3% |
| | | Healthy Blue 17.1% |
| | | Louisiana Healthcare Connections 25.4% |
| | | UnitedHealthcare Community Plan 22.7% |
| | | Humana Healthy Horizons 7.1% |

D1I.3

Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Aetna Better Health of Louisiana

9.3%

AmeriHealth Caritas Louisiana

12.2%

Healthy Blue

18.5%

Louisiana Healthcare Connections

27.5%

UnitedHealthcare Community Plan

24.5%

Humana Healthy Horizons

7.6%

Topic II. Financial Performance

| Number | Indicator | Response |
|---------|--|---|
| D1II.1a | Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92. | Aetna Better Health of Louisiana |
| | | 93.7% |
| | | AmeriHealth Caritas Louisiana |
| | | 91.9% |
| | | Healthy Blue |
| | | 94.7% |
| | | Louisiana Healthcare Connections |
| | | 95.5% |
| | | UnitedHealthcare Community Plan |
| | | 94.3% |
| | | Humana Healthy Horizons |
| | | 0% |
| D1II.1b | Level of aggregation What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations. | Aetna Better Health of Louisiana |
| | | Program-specific statewide |
| | | AmeriHealth Caritas Louisiana |
| | | Program-specific statewide |
| | | Healthy Blue |
| | | Program-specific statewide |
| | | Louisiana Healthcare Connections |
| | | Program-specific statewide |
| | | UnitedHealthcare Community Plan |
| | | Program-specific statewide |
| | | Humana Healthy Horizons |
| | | Program-specific statewide |

D1II.2**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Aetna Better Health of Louisiana

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations. MLR ratio for Expansion is 94.4% and Non-Expansion is 92.9%.

AmeriHealth Caritas Louisiana

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations. MLR ratio for Expansion is 89.2% and Non-Expansion is 94.5%.

Healthy Blue

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations. MLR ratio for Expansion is 92.5% and Non-Expansion is 96.8%.

Louisiana Healthcare Connections

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations. MLR ratio for Expansion is 92.2% and Non-Expansion is 98.8%.

UnitedHealthcare Community Plan

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations. MLR ratio for Expansion is 90.5% and Non-Expansion is 98.1%.

Humana Healthy Horizons

Louisiana has a requirement to submit two separate MLRs, one for the expansion and non-expansion populations. D1.II.1a reflects an average of both populations, but the data reported covers a different time period than

the MCPAR report, and Humana did not start until 1/1/23. Will be reported moving forward.

| | | |
|---------------|---|---|
| D1II.3 | MLR reporting period discrepancies Does the data reported in item D1.II.1a cover a different time period than the MCPAR report? | Aetna Better Health of Louisiana Yes |
| | | AmeriHealth Caritas Louisiana Yes |
| | | Healthy Blue Yes |
| | | Louisiana Healthcare Connections Yes |
| | | UnitedHealthcare Community Plan Yes |
| | | Humana Healthy Horizons Yes |
| N/A | Enter the start date. | Aetna Better Health of Louisiana 01/01/2022 |
| | | AmeriHealth Caritas Louisiana 01/01/2022 |
| | | Healthy Blue 01/01/2022 |
| | | Louisiana Healthcare Connections 01/01/2022 |
| | | UnitedHealthcare Community Plan 01/01/2022 |
| | | Humana Healthy Horizons 01/01/2022 |

N/A

Enter the end date.

Aetna Better Health of Louisiana

12/31/2022

AmeriHealth Caritas Louisiana

12/31/2022

Healthy Blue

12/31/2022

Louisiana Healthcare Connections

12/31/2022

UnitedHealthcare Community Plan

12/31/2022

Humana Healthy Horizons

12/31/2022

Topic III. Encounter Data

| Number | Indicator | Response |
|---------|---|--|
| D1III.1 | <p>Definition of timely encounter data submissions</p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p> | <p>Aetna Better Health of Louisiana</p> <p>The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p>AmeriHealth Caritas Louisiana</p> <p>The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p>Healthy Blue</p> <p>The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p>Louisiana Healthcare Connections</p> <p>The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.</p> <p>UnitedHealthcare Community Plan</p> |

The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.

Humana Healthy Horizons

The MCO is responsible for ensuring accurate and complete encounter reporting from their providers. The MCO must evaluate the adequacy of, and revise if necessary, the encounter data collection instruments and processes being used by its providers; and ensure that provider identification (NPI, taxonomy, and 9-digit zip code) is appropriate and submitted correctly in each transaction.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Aetna Better Health of Louisiana

99%

AmeriHealth Caritas Louisiana

99%

Healthy Blue

98%

Louisiana Healthcare Connections

99%

UnitedHealthcare Community Plan

99%

Humana Healthy Horizons

100%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions

Aetna Better Health of Louisiana

100%

AmeriHealth Caritas Louisiana

(submitted during the reporting year) met state requirements for HIPAA compliance?

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

100%

Healthy Blue

99%

Louisiana Healthcare Connections

98%

UnitedHealthcare Community Plan

99%

Humana Healthy Horizons

88%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

| Number | Indicator | Response |
|--------|---|--|
| D1IV.1 | Appeals resolved (at the plan level) Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review. | Aetna Better Health of Louisiana 384 |
| | | AmeriHealth Caritas Louisiana 773 |
| | | Healthy Blue 1,579 |
| | | Louisiana Healthcare Connections 2,369 |
| | | UnitedHealthcare Community Plan 1,663 |
| | | Humana Healthy Horizons 41 |
| D1IV.2 | Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year. | Aetna Better Health of Louisiana 2 |
| | | AmeriHealth Caritas Louisiana 19 |
| | | Healthy Blue 80 |
| | | Louisiana Healthcare Connections 68 |
| | | UnitedHealthcare Community Plan 41 |
| | | Humana Healthy Horizons 4 |

| | | |
|---------------|--|---|
| D1IV.3 | Appeals filed on behalf of LTSS users | Aetna Better Health of Louisiana |
| | Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed). | N/A |
| | | AmeriHealth Caritas Louisiana |
| | | N/A |
| | | Healthy Blue |
| | | N/A |
| | | Louisiana Healthcare Connections |
| | | N/A |
| | | UnitedHealthcare Community Plan |
| | | N/A |
| | | Humana Healthy Horizons |
| | | N/A |

| | | |
|---------------|---|---|
| D1IV.4 | Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal | Aetna Better Health of Louisiana |
| | For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the | N/A |
| | | AmeriHealth Caritas Louisiana |
| | | N/A |
| | | Healthy Blue |
| | | N/A |
| | | Louisiana Healthcare Connections |
| | | N/A |
| | | UnitedHealthcare Community Plan |
| | | N/A |
| | | Humana Healthy Horizons |
| | | N/A |

same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

| | | |
|----------------|---|---|
| D1IV.5a | Standard appeals for which timely resolution was provided | Aetna Better Health of Louisiana |
| | | 232 |
| | Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals. | AmeriHealth Caritas Louisiana |
| | | 617 |
| | | Healthy Blue |
| | | 1,411 |
| | | Louisiana Healthcare Connections |
| | | 2,169 |
| | | UnitedHealthcare Community Plan |
| | | 928 |
| | | Humana Healthy Horizons |
| | | 28 |
| D1IV.5b | Expedited appeals for which timely resolution was provided | Aetna Better Health of Louisiana |
| | | 61 |
| | Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals. | AmeriHealth Caritas Louisiana |
| | | 158 |
| | | Healthy Blue |
| | | 163 |

Louisiana Healthcare Connections

199

UnitedHealthcare Community Plan

677

Humana Healthy Horizons

13

D1IV.6a

Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Aetna Better Health of Louisiana

384

AmeriHealth Caritas Louisiana

721

Healthy Blue

1,467

Louisiana Healthcare Connections

2,368

UnitedHealthcare Community Plan

1,599

Humana Healthy Horizons

34

D1IV.6b

Resolved appeals related to reduction, suspension, or termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

49

Healthy Blue

10

Louisiana Healthcare Connections

1

UnitedHealthcare Community Plan

12

Humana Healthy Horizons

1

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

3

Healthy Blue

102

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

51

Humana Healthy Horizons

6

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.6e

Resolved appeals related to lack of timely plan response to an appeal or grievance

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

1

Humana Healthy Horizons

0

D1IV.6f

Resolved appeals related to plan denial of an enrollee's right to request out-of-network care

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

| | | |
|----------------|--|---|
| D1IV.6g | Resolved appeals related to denial of an enrollee's request to dispute financial liability | Aetna Better Health of Louisiana |
| | | 0 |
| | Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability. | AmeriHealth Caritas Louisiana |
| | | 0 |
| | | Healthy Blue |
| | | 0 |
| | | Louisiana Healthcare Connections |
| | | 0 |
| | | UnitedHealthcare Community Plan |
| | | 0 |
| | | Humana Healthy Horizons |
| | | 0 |

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
 Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

| Number | Indicator | Response |
|---------|---|--|
| D1IV.7a | Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A". | Aetna Better Health of Louisiana 19 |
| | | AmeriHealth Caritas Louisiana 22 |
| | | Healthy Blue 65 |
| | | Louisiana Healthcare Connections 8 |
| | | UnitedHealthcare Community Plan 119 |
| | | Humana Healthy Horizons 4 |
| D1IV.7b | Resolved appeals related to general outpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A". | Aetna Better Health of Louisiana 47 |
| | | AmeriHealth Caritas Louisiana 104 |
| | | Healthy Blue 244 |
| | | Louisiana Healthcare Connections 836 |
| | | UnitedHealthcare Community Plan 114 |
| | | Humana Healthy Horizons 3 |

| | | |
|----------------|---|---|
| D1IV.7c | Resolved appeals related to inpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A". | Aetna Better Health of Louisiana 8 AmeriHealth Caritas Louisiana 58 Healthy Blue 166 Louisiana Healthcare Connections 104 UnitedHealthcare Community Plan 50 Humana Healthy Horizons 4 |
| D1IV.7d | Resolved appeals related to outpatient behavioral health services Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A". | Aetna Better Health of Louisiana 4 AmeriHealth Caritas Louisiana 56 Healthy Blue 37 Louisiana Healthcare Connections 34 UnitedHealthcare Community Plan 85 Humana Healthy Horizons 0 |
| D1IV.7e | Resolved appeals related to covered outpatient prescription drugs | Aetna Better Health of Louisiana 287 |

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

AmeriHealth Caritas Louisiana

530

Healthy Blue

1,097

Louisiana Healthcare Connections

1,949

UnitedHealthcare Community Plan

1,330

Humana Healthy Horizons

25

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Aetna Better Health of Louisiana

1

AmeriHealth Caritas Louisiana

1

Healthy Blue

5

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

15

Humana Healthy Horizons

0

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Aetna Better Health of Louisiana

1

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

1

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

8

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.7j

Resolved appeals related to other service types

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

Aetna Better Health of Louisiana

88

AmeriHealth Caritas Louisiana

77

Healthy Blue

336

Louisiana Healthcare Connections

625

UnitedHealthcare Community Plan

487

Humana Healthy Horizons

24

State Fair Hearings

| Number | Indicator | Response |
|---------|--|---|
| D1IV.8a | State Fair Hearing requests Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination. | Aetna Better Health of Louisiana |
| | | 14 |
| | | AmeriHealth Caritas Louisiana |
| | | 8 |
| | | Healthy Blue |
| | | 24 |
| | | Louisiana Healthcare Connections |
| | | 38 |
| | | UnitedHealthcare Community Plan |
| | | 21 |
| | | Humana Healthy Horizons |
| | | 2 |
| D1IV.8b | State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | Aetna Better Health of Louisiana |
| | | 0 |
| | | AmeriHealth Caritas Louisiana |
| | | 0 |
| | | Healthy Blue |
| | | 0 |
| | | Louisiana Healthcare Connections |
| | | 0 |
| | | UnitedHealthcare Community Plan |
| | | 0 |
| | | Humana Healthy Horizons |
| | | 0 |

| | | |
|----------------|--|---|
| D1IV.8c | State Fair Hearings resulting in an adverse decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee. | Aetna Better Health of Louisiana 10 AmeriHealth Caritas Louisiana 1 Healthy Blue 21 Louisiana Healthcare Connections 36 UnitedHealthcare Community Plan 19 Humana Healthy Horizons 0 |
| D1IV.8d | State Fair Hearings retracted prior to reaching a decision Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision. | Aetna Better Health of Louisiana 4 AmeriHealth Caritas Louisiana 2 Healthy Blue 0 Louisiana Healthcare Connections 1 UnitedHealthcare Community Plan 2 Humana Healthy Horizons 0 |
| D1IV.9a | External Medical Reviews resulting in a favorable decision for the enrollee | Aetna Better Health of Louisiana N/A |

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

| Number | Indicator | Response |
|---------|--|---|
| D1IV.10 | Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan. | Aetna Better Health of Louisiana |
| | | 365 |
| | | AmeriHealth Caritas Louisiana |
| | | 347 |
| | | Healthy Blue |
| | | 915 |
| | | Louisiana Healthcare Connections |
| | | 1,689 |
| | | UnitedHealthcare Community Plan |
| | | 1,764 |
| | | Humana Healthy Horizons |
| | | 524 |
| D1IV.11 | Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year. | Aetna Better Health of Louisiana |
| | | 24 |
| | | AmeriHealth Caritas Louisiana |
| | | 30 |
| | | Healthy Blue |
| | | 142 |
| | | Louisiana Healthcare Connections |
| | | 37 |
| | | UnitedHealthcare Community Plan |
| | | 262 |
| | | Humana Healthy Horizons |
| | | 8 |

| | | |
|----------------|---|--|
| D1IV.12 | Grievances filed on behalf of LTSS users | Aetna Better Health of Louisiana N/A |
| | Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. | AmeriHealth Caritas Louisiana N/A |
| | An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A. | Healthy Blue N/A |
| | | Louisiana Healthcare Connections N/A |
| | | UnitedHealthcare Community Plan N/A |
| | | Humana Healthy Horizons N/A |
| D1IV.13 | Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance | Aetna Better Health of Louisiana N/A |
| | For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. | AmeriHealth Caritas Louisiana N/A |
| | | Healthy Blue N/A |
| | | Louisiana Healthcare Connections N/A |
| | | UnitedHealthcare Community Plan N/A |
| | | Humana Healthy Horizons N/A |
| | If the managed care plan does not cover LTSS, the state should | |

enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

| | | |
|----------------|--|---|
| D1IV.14 | Number of grievances for which timely resolution was provided | Aetna Better Health of Louisiana |
| | Enter the number of grievances for which timely resolution was provided by plan during the reporting year. | 365 |
| | See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances. | AmeriHealth Caritas Louisiana |
| | | 340 |
| | | Healthy Blue |
| | | 911 |
| | | Louisiana Healthcare Connections |
| | | 1,689 |
| | | UnitedHealthcare Community Plan |
| | | 1,763 |
| | | Humana Healthy Horizons |
| | | 521 |

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

| Number | Indicator | Response |
|----------|---|---|
| D1IV.15a | Resolved grievances related to general inpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A". | Aetna Better Health of Louisiana 3 |
| | | AmeriHealth Caritas Louisiana 2 |
| | | Healthy Blue 2 |
| | | Louisiana Healthcare Connections 1 |
| | | UnitedHealthcare Community Plan 11 |
| | | Humana Healthy Horizons 0 |
| D1IV.15b | Resolved grievances related to general outpatient services Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A". | Aetna Better Health of Louisiana 23 |
| | | AmeriHealth Caritas Louisiana 1 |
| | | Healthy Blue 4 |
| | | Louisiana Healthcare Connections 29 |
| | | UnitedHealthcare Community Plan 172 |
| | | Humana Healthy Horizons 3 |

| | | |
|-----------------|--|---|
| D1IV.15c | Resolved grievances related to inpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A". | Aetna Better Health of Louisiana |
| | | 4 |
| | | AmeriHealth Caritas Louisiana |
| | | 5 |
| | | Healthy Blue |
| | | 4 |
| | | Louisiana Healthcare Connections |
| | | 5 |
| | | UnitedHealthcare Community Plan |
| | | 10 |
| | | Humana Healthy Horizons |
| | | 0 |
| D1IV.15d | Resolved grievances related to outpatient behavioral health services Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A". | Aetna Better Health of Louisiana |
| | | 0 |
| | | AmeriHealth Caritas Louisiana |
| | | 14 |
| | | Healthy Blue |
| | | 23 |
| | | Louisiana Healthcare Connections |
| | | 32 |
| | | UnitedHealthcare Community Plan |
| | | 35 |
| | | Humana Healthy Horizons |
| | | 0 |
| D1IV.15e | Resolved grievances related to coverage of outpatient prescription drugs | Aetna Better Health of Louisiana |
| | | 8 |

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

AmeriHealth Caritas Louisiana

40

Healthy Blue

129

Louisiana Healthcare Connections

13

UnitedHealthcare Community Plan

19

Humana Healthy Horizons

7

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

1

AmeriHealth Caritas Louisiana

0

Healthy Blue

1

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

2

Humana Healthy Horizons

0

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional

Aetna Better Health of Louisiana

N/A

AmeriHealth Caritas Louisiana

LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

N/A

Healthy Blue

N/A

Louisiana Healthcare Connections

N/A

UnitedHealthcare Community Plan

N/A

Humana Healthy Horizons

N/A

D1IV.15h

Resolved grievances related to dental services

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Aetna Better Health of Louisiana

56

AmeriHealth Caritas Louisiana

0

Healthy Blue

3

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

| | | |
|-----------------|--|---|
| D1IV.15i | Resolved grievances related to non-emergency medical transportation (NEMT) Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A". | Aetna Better Health of Louisiana |
| | | 127 |
| | | AmeriHealth Caritas Louisiana |
| | | 58 |
| | | Healthy Blue |
| | | 82 |
| | | Louisiana Healthcare Connections |
| | | 1,495 |
| | | UnitedHealthcare Community Plan |
| | | 740 |
| | | Humana Healthy Horizons |
| | | 186 |

| | | |
|-----------------|---|---|
| D1IV.15j | Resolved grievances related to other service types Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A". | Aetna Better Health of Louisiana |
| | | 174 |
| | | AmeriHealth Caritas Louisiana |
| | | 178 |
| | | Healthy Blue |
| | | 413 |
| | | Louisiana Healthcare Connections |
| | | 159 |
| | | UnitedHealthcare Community Plan |
| | | 738 |
| | | Humana Healthy Horizons |
| | | 245 |

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

| Number | Indicator | Response |
|----------|--|---|
| D1IV.16a | Resolved grievances related to plan or provider customer service Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives. | Aetna Better Health of Louisiana 30 |
| | | AmeriHealth Caritas Louisiana 16 |
| | | Healthy Blue 51 |
| | | Louisiana Healthcare Connections 24 |
| | | UnitedHealthcare Community Plan 48 |
| | | Humana Healthy Horizons 15 |
| D1IV.16b | Resolved grievances related to plan or provider care management/case management Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process. | Aetna Better Health of Louisiana 2 |
| | | AmeriHealth Caritas Louisiana 1 |
| | | Healthy Blue 0 |
| | | Louisiana Healthcare Connections 3 |
| | | UnitedHealthcare Community Plan 0 |
| | | Humana Healthy Horizons 0 |

| | | |
|-----------------|--|--|
| D1IV.16c | <p>Resolved grievances related to access to care/services from plan or provider</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.</p> | <p>Aetna Better Health of Louisiana 105</p> <p>AmeriHealth Caritas Louisiana 78</p> <p>Healthy Blue 292</p> <p>Louisiana Healthcare Connections 86</p> <p>UnitedHealthcare Community Plan 426</p> <p>Humana Healthy Horizons 103</p> |
| D1IV.16d | <p>Resolved grievances related to quality of care</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.</p> | <p>Aetna Better Health of Louisiana 24</p> <p>AmeriHealth Caritas Louisiana 16</p> <p>Healthy Blue 63</p> <p>Louisiana Healthcare Connections 21</p> <p>UnitedHealthcare Community Plan 280</p> <p>Humana Healthy Horizons 16</p> |
| D1IV.16e | <p>Resolved grievances related to plan communications</p> | <p>Aetna Better Health of Louisiana 0</p> |

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.
Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

1

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Aetna Better Health of Louisiana

11

AmeriHealth Caritas Louisiana

39

Healthy Blue

69

Louisiana Healthcare Connections

1

UnitedHealthcare Community Plan

48

Humana Healthy Horizons

1

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

were related to suspected fraud.

Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

5

Humana Healthy Horizons

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Aetna Better Health of Louisiana

45

AmeriHealth Caritas Louisiana

33

Healthy Blue

28

Louisiana Healthcare Connections

69

UnitedHealthcare Community Plan

37

Humana Healthy Horizons

7

D1IV.16i

Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Aetna Better Health of Louisiana

0

AmeriHealth Caritas Louisiana

0

Healthy Blue

0

Louisiana Healthcare Connections

0

UnitedHealthcare Community Plan

0

Humana Healthy Horizons

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Aetna Better Health of Louisiana

157

AmeriHealth Caritas Louisiana

168

Healthy Blue

375

Louisiana Healthcare Connections

UnitedHealthcare Community Plan

698

Humana Healthy Horizons327

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits: 3-11 years, 12-17 years, 18-21 years, Total

1 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1516

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Measure results**Aetna Better Health of Louisiana**

3-11 years - 50.72%, 12-17 years- 43.09%, 18-21 years - 22.79% &
Total - 43.80%

AmeriHealth Caritas Louisiana

3-11 years - 54.64%, 12-17 years- 52.08%, 18-21 years - 26.97% &
Total - 48.50%

Healthy Blue

3-11 years - 51.96%, 12-17 years- 47.63%, 18-21 years - 24.80% &
Total - 45.52%

Louisiana Healthcare Connections

3-11 years - 55.24%, 12-17 years- 52.49%, 18-21 years - 27.83% &
Total - 49.12%

UnitedHealthcare Community Plan

3-11 years - 56.29%, 12-17 years- 52.84%, 18-21 years - 28.28% &
Total - 49.99%



Complete

D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life: 2 / 90 First 15 Months 15 Months - 30 Months

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

Measure results

Aetna Better Health of Louisiana

First 15 Months: 58.55% & 15 Months-30 Months: 61.09%

AmeriHealth Caritas Louisiana

First 15 Months: 58.63% & 15 Months-30 Months: 63.54%

Healthy Blue

First 15 Months: 58.59% & 15 Months-30 Months: 62.53%

Louisiana Healthcare Connections

First 15 Months: 58.57% & 15 Months-30 Months: 63.41%

UnitedHealthcare Community Plan

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Adults' Access to Preventive/Ambulatory Health Services

3 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years, • 45-64 years, • 65 years and older, • Total

Measure results

Aetna Better Health of Louisiana

20-44 years: 62.73%, 45-64 years: 75.53%, 65 years and older: 71.82% & Total: 67.43%

AmeriHealth Caritas Louisiana

20-44 years: 68.28%, 45-64 years: 78.39%, 65 years and older: 73.00% & Total: 71.44%

Healthy Blue

20-44 years: 69.98%, 45-64 years: 79.52%, 65 years and older: 75.56% & Total: 72.84%

Louisiana Healthcare Connections

20-44 years: 72.25%, 45-64 years: 81.11%, 65 years and older:
78.18% & Total: 74.69%

UnitedHealthcare Community Plan

20-44 years: 73.82%, 45-64 years: 82.51%, 65 years and older:
75.65% & Total: 76.47%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents

4 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

24

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity

Measure results

Aetna Better Health of Louisiana

BMI percentile documentation: 77.62%, Counseling for nutrition: 66.67%, & Counseling for physical activity: 62.29%

AmeriHealth Caritas Louisiana

BMI percentile documentation: 73.20%, Counseling for nutrition: 62.28% & Counseling for physical activity: 53.35%

Healthy Blue

BMI percentile documentation: 77.13%, Counseling for nutrition: 62.53%, & Counseling for physical activity: 55.96%

Louisiana Healthcare Connections

BMI percentile documentation: 60.58%, Counseling for nutrition: 57.18%, & Counseling for physical activity: 51.58%

UnitedHealthcare Community Plan

BMI percentile documentation: 83.21%, Counseling for nutrition: 68.86% & Counseling for physical activity: 60.10%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Chlamydia Screening in Women

5 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

33

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

Measure results

Aetna Better Health of Louisiana

59.22%

AmeriHealth Caritas Louisiana

64.40%

Healthy Blue

60.72%

Louisiana Healthcare Connections

63.84%

UnitedHealthcare Community Plan

64.02%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Childhood Immunization Status

6 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

38

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. (Combo 3)

Measure results**Aetna Better Health of Louisiana**

57.66%

AmeriHealth Caritas Louisiana

63.50%

Healthy Blue

64.72%

Louisiana Healthcare Connections

61.80%

UnitedHealthcare Community Plan

62.04%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Immunization Status for Adolescents

7 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations. (Combo 2)

Measure results

Aetna Better Health of Louisiana

29.68%

AmeriHealth Caritas Louisiana

40.39%

Healthy Blue

39.90%

Louisiana Healthcare Connections

37.27%

UnitedHealthcare Community Plan

40.39%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

8 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

32

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of women 21–64 years of age who were screened for cervical cancer:

- Women 21-64 who had cervical cytology performed every 3 years.
- Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years.

Measure results**Aetna Better Health of Louisiana**

52.07%

AmeriHealth Caritas Louisiana

55.36%

Healthy Blue

53.37%

Louisiana Healthcare Connections

56.69%

UnitedHealthcare Community Plan

61.07%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Breast Cancer Screening

9 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

**D2.VII.3 National Quality
Forum (NQF) number**

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Measure results

Aetna Better Health of Louisiana

54.72%

AmeriHealth Caritas Louisiana

55.54%

Healthy Blue

55.07%

Louisiana Healthcare Connections

55.74%

UnitedHealthcare Community Plan

57.11%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Flu Vaccinations for Adults Ages 18 to 64

10 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

39

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.

Measure results

Aetna Better Health of Louisiana

33.33%

AmeriHealth Caritas Louisiana

40.86%

Healthy Blue

35.98%

Louisiana Healthcare Connections

35.14%

UnitedHealthcare Community Plan

37.77%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Hepatitis C Virus Screening

11 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of eligible individuals screened for hepatitis C virus infection.

Measure results

Aetna Better Health of Louisiana

31.65%

AmeriHealth Caritas Louisiana

33.50%

Healthy Blue

34.86%

Louisiana Healthcare Connections

30.85%

UnitedHealthcare Community Plan

35.62%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Developmental Screening in the First Three Years of Life 12 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measure results

Aetna Better Health of Louisiana

32.83%

AmeriHealth Caritas Louisiana

36.67%

Healthy Blue

37.46%

Louisiana Healthcare Connections

36.85%

UnitedHealthcare Community Plan

37.36%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening

13 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0034

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer

Measure results

Aetna Better Health of Louisiana

31.85%

AmeriHealth Caritas Louisiana

35.17%

Healthy Blue

32.94%

Louisiana Healthcare Connections

34.06%

UnitedHealthcare Community Plan

34.48%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, LARC , 3 day rate 4 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

3.21%

AmeriHealth Caritas Louisiana

3.15%

Healthy Blue

2.82%

Louisiana Healthcare Connections

2.33%

UnitedHealthcare Community Plan

2.91%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, LARC , 90 day rate 5 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

14.81%

AmeriHealth Caritas Louisiana

12.92%

Healthy Blue

13.34%

Louisiana Healthcare Connections

12.91%

UnitedHealthcare Community Plan

13.05%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, most or moderately effective, 3 day rate 6 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

10.23%

AmeriHealth Caritas Louisiana

11.79%

Healthy Blue

10.84%

Louisiana Healthcare Connections

11.20%

UnitedHealthcare Community Plan

12.16%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 21–44, most or moderately effective, 90 day rate 17 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported.

Measure results

Aetna Better Health of Louisiana

48.02%

AmeriHealth Caritas Louisiana

49.73%

Healthy Blue

48.16%

Louisiana Healthcare Connections

52.30%

UnitedHealthcare Community Plan

51.05%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 21–44, LARC 18 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.

Measure results

Aetna Better Health of Louisiana

3.22%

AmeriHealth Caritas Louisiana

3.11%

Healthy Blue

3.16%

Louisiana Healthcare Connections

2.64%

UnitedHealthcare Community Plan

3.13%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 21–44, most or moderately effective 19 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 21-44 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported.

Measure results

Aetna Better Health of Louisiana

22.58%

AmeriHealth Caritas Louisiana

24.52%

Healthy Blue

24.98%

Louisiana Healthcare Connections

24.65%

UnitedHealthcare Community Plan

25.72%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Timeliness of Prenatal Care 20 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Measure results

Aetna Better Health of Louisiana

76.40%

AmeriHealth Caritas Louisiana

85.67%

Healthy Blue

85.07%

Louisiana Healthcare Connections

81.51%

UnitedHealthcare Community Plan

82.97%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care 21 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1717

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.

Measure results

Aetna Better Health of Louisiana

80.05%

AmeriHealth Caritas Louisiana

76.83%

Healthy Blue

78.47%

Louisiana Healthcare Connections

75.18%

UnitedHealthcare Community Plan

77.37%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Cesarean Rate for Low-Risk First Birth Women22 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).

Measure results

Aetna Better Health of Louisiana

26.67%

AmeriHealth Caritas Louisiana

23.59%

Healthy Blue

26.97%

Louisiana Healthcare Connections

27.47%

UnitedHealthcare Community Plan

26.47%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Percentage of Low Birth Weight Births

23 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1382

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.

Measure results

Aetna Better Health of Louisiana

12.60%

AmeriHealth Caritas Louisiana

12.73%

Healthy Blue

12.31%

Louisiana Healthcare Connections

12.89%

UnitedHealthcare Community Plan

12.48%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Asthma in Younger Adults Admission Rate

24 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

283

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39.

Measure results

Aetna Better Health of Louisiana

1.42

AmeriHealth Caritas Louisiana

1.48

Healthy Blue

1.85

Louisiana Healthcare Connections

1.53

UnitedHealthcare Community Plan

1.52

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Chronic Obstructive Pulmonary Disease or Asthma in Older Adults Admission Rate

25 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

275

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.

Measure results

Aetna Better Health of Louisiana

15.27

AmeriHealth Caritas Louisiana

22.14

Healthy Blue

14.90

Louisiana Healthcare Connections

25.26

UnitedHealthcare Community Plan

14.94

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: HIV Viral Load Suppression

26 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2082/3210e

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.

Measure results

Aetna Better Health of Louisiana

80.62%

AmeriHealth Caritas Louisiana

75.50%

Healthy Blue

80.86%

Louisiana Healthcare Connections

79.78%

UnitedHealthcare Community Plan

77.60%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Heart Failure Admission Rate

27 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0277

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).

Measure results

Aetna Better Health of Louisiana

30.67

AmeriHealth Caritas Louisiana

32.41

Healthy Blue

23.75

Louisiana Healthcare Connections

27.07

UnitedHealthcare Community Plan

26.86

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

28 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Measure results

Aetna Better Health of Louisiana

59.85%

AmeriHealth Caritas Louisiana

59.90%

Healthy Blue

53.77%

Louisiana Healthcare Connections

55.23%

UnitedHealthcare Community Plan

61.31%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Diabetes Short-Term Complications Admission Rate 29 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0272

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older.

Measure results

Aetna Better Health of Louisiana

16.99

AmeriHealth Caritas Louisiana

18.09

Healthy Blue

13.71

Louisiana Healthcare Connections

17.21

UnitedHealthcare Community Plan

18.85

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Ambulatory Care: Emergency Department Visits

30 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure summarizes utilization of ambulatory care ED Visits per 1,000 member years.

Measure results

Aetna Better Health of Louisiana

745.11

AmeriHealth Caritas Louisiana

764.19

Healthy Blue

742.68

Louisiana Healthcare Connections

736.87

UnitedHealthcare Community Plan

753.17

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care: HbA1c control 31 / 90
($\leq 8.0\%$)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following: •HbA1c control ($\leq 8.0\%$)

Measure results

Aetna Better Health of Louisiana

56.20%

AmeriHealth Caritas Louisiana

53.04%

Healthy Blue

53.77%

Louisiana Healthcare Connections

44.77%

UnitedHealthcare Community Plan

57.91%



Complete

D2.VII.1 Measure Name: Eye Exam for Patients With Diabetes

32 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam

Measure results

Aetna Better Health of Louisiana

52.31%

AmeriHealth Caritas Louisiana

50.36%

Healthy Blue

55.23%

Louisiana Healthcare Connections

53.04%

UnitedHealthcare Community Plan

55.72%



Complete

D2.VII.1 Measure Name: Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)

33 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) with BP control (<140/90 mm Hg)

Measure results

Aetna Better Health of Louisiana

61.31%

AmeriHealth Caritas Louisiana

56.20%

Healthy Blue

64.48%

Louisiana Healthcare Connections

50.61%

UnitedHealthcare Community Plan

67.15%

Humana Healthy Horizons



Complete

D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients With Diabetes: HbA1c poor control (>9.0%)

34 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year: • HbA1c poor control (>9.0%)

Measure results**Aetna Better Health of Louisiana**

33.09%

AmeriHealth Caritas Louisiana

39.66%

Healthy Blue

37.47%

Louisiana Healthcare Connections

45.99%

UnitedHealthcare Community Plan

34.55%



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy: Total

35 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.)

Measure results

Aetna Better Health of Louisiana

81.37%

AmeriHealth Caritas Louisiana

81.14%

Healthy Blue

80.54%

Louisiana Healthcare Connections

80.41%

UnitedHealthcare Community Plan

80.50%



Complete

D2.VII.1 Measure Name: Statin Therapy for Patients with Cardiovascular Disease: Statin Adherence 80%: Total

36 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)

Measure results

Aetna Better Health of Louisiana

73.65%

AmeriHealth Caritas Louisiana

67.81%

Healthy Blue

63.87%

Louisiana Healthcare Connections

73.30%

UnitedHealthcare Community Plan

63.81%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Observed Admission

37 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results**Aetna Better Health of Louisiana**

10.37%

AmeriHealth Caritas Louisiana

10.21%

Healthy Blue

9.76%

Louisiana Healthcare Connections

9.52%

UnitedHealthcare Community Plan

11.14%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Expected Readmissions Rate

38 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results

Aetna Better Health of Louisiana

9.79%

AmeriHealth Caritas Louisiana

9.65%

Healthy Blue

9.56%

Louisiana Healthcare Connections

9.40%

UnitedHealthcare Community Plan

9.65%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions: Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)

39 / 90

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.

Measure results**Aetna Better Health of Louisiana**

1.0594

AmeriHealth Caritas Louisiana

1.0574

Healthy Blue

1.0214

Louisiana Healthcare Connections

1.0122

UnitedHealthcare Community Plan

1.1540



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Initiation of SUD Treatment. 40 / 90**D2.VII.2 Measure Domain**

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement: Two rates are reported: • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Measure results**Aetna Better Health of Louisiana**

60.02%

AmeriHealth Caritas Louisiana

64.68%

Healthy Blue

65.35%

Louisiana Healthcare Connections

55.86%

UnitedHealthcare Community Plan

58.78%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Initiation and Engagement of Substance Use Disorder Treatment: Engagement of SUD 41 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement: Two rates are reported: • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Measure results

Aetna Better Health of Louisiana

25.54%

AmeriHealth Caritas Louisiana

28.33%

Healthy Blue

28.52%

Louisiana Healthcare Connections

21.55%

UnitedHealthcare Community Plan

25.97%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Medical Assistance with Smoking and Tobacco Use Cessation: Advising Smokers and Tobacco Users to Quit 42 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Advising Smokers and Tobacco Users to Quit

Measure results

Aetna Better Health of Louisiana

71.93%

AmeriHealth Caritas Louisiana

78.40%

Healthy Blue

74.55%

Louisiana Healthcare Connections

72.73%

UnitedHealthcare Community Plan

67.65%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Cessation Medications 43 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Discussing Cessation Medications

Measure results

Aetna Better Health of Louisiana

46.49%

AmeriHealth Caritas Louisiana

53.62%

Healthy Blue

50.91%

Louisiana Healthcare Connections

45.16%

UnitedHealthcare Community Plan

48.00%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Medical Assistance With Smoking and Tobacco Use Cessation: Discussing Cessation Strategies 44 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0027

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Discussing Cessation Strategies

Measure results

Aetna Better Health of Louisiana

46.43%

AmeriHealth Caritas Louisiana

50.74%

Healthy Blue

50.00%

Louisiana Healthcare Connections

39.52%

UnitedHealthcare Community Plan

48.51%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Antidepressant Medication Management: Effective Acute Phase Treatment

45 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. Effective Acute Phase Treatment

Measure results

Aetna Better Health of Louisiana

60.92%

AmeriHealth Caritas Louisiana

54.72%

Healthy Blue

55.41%

Louisiana Healthcare Connections

56.85%

UnitedHealthcare Community Plan

53.91%

Humana Healthy Horizons

N/A



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management :
Effective Continuation Phase Treatment**

46 / 90

D2.VII.2 Measure Domain

Behavioral health care

**D2.VII.3 National Quality
Forum (NQF) number**

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported. Effective Continuation Phase Treatment

Measure results

Aetna Better Health of Louisiana

45.35%

AmeriHealth Caritas Louisiana

36.31%

Healthy Blue

37.51%

Louisiana Healthcare Connections

39.76%

UnitedHealthcare Community Plan

35.51%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness:

47 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 30 days after discharge.

Measure results

Aetna Better Health of Louisiana

35.27%

AmeriHealth Caritas Louisiana

36.26%

Healthy Blue

39.26%

Louisiana Healthcare Connections

39.48%

UnitedHealthcare Community Plan

38.41%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness

48 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported: • The percentage of discharges for which the member received follow-up within 7 days after discharge.

Measure results

Aetna Better Health of Louisiana

17.29%

AmeriHealth Caritas Louisiana

18.77%

Healthy Blue

20.35%

Louisiana Healthcare Connections

18.74%

UnitedHealthcare Community Plan

20.90%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

49 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Measure results

Aetna Better Health of Louisiana

83.33%

AmeriHealth Caritas Louisiana

84.13%

Healthy Blue

82.84%

Louisiana Healthcare Connections

82.52%

UnitedHealthcare Community Plan

82.08%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Pharmacotherapy for Opioid Use Disorder

50 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of new opioid use disorder (OUD) pharmacotherapy episodes that resulted in 180 or more covered treatment days among members 16 years of age and older with a diagnosis of OUD

Measure results

Aetna Better Health of Louisiana

34.26%

AmeriHealth Caritas Louisiana

29.55%

Healthy Blue

22.62%

Louisiana Healthcare Connections

34.90%

UnitedHealthcare Community Plan

21.84%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication

51 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. - Initiation Phase. The percentage of members 6–12 years of age as of the 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. - Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age 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 (9 months) after the Initiation Phase ended.

Measure results

Aetna Better Health of Louisiana

43.29%

AmeriHealth Caritas Louisiana

40.70%

Healthy Blue

40.71%

Louisiana Healthcare Connections

42.92%

UnitedHealthcare Community Plan

44.13%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication

52 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported. - Initiation Phase. The percentage of members 6–12 years of age as of the 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. - Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age 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 (9 months) after the Initiation Phase ended

Measure results

Aetna Better Health of Louisiana

60.00%

AmeriHealth Caritas Louisiana

51.99%

Healthy Blue

53.59%

Louisiana Healthcare Connections

54.84%

UnitedHealthcare Community Plan

58.40%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

53 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2801

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation

of psychosocial care as first-line treatment.

Measure results

Aetna Better Health of Louisiana

67.24%

AmeriHealth Caritas Louisiana

60.06%

Healthy Blue

65.71%

Louisiana Healthcare Connections

60.10%

UnitedHealthcare Community Plan

67.86%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness 54 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: • The

percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results

Aetna Better Health of Louisiana

33.57%

AmeriHealth Caritas Louisiana

35.30%

Healthy Blue

36.44%

Louisiana Healthcare Connections

37.76%

UnitedHealthcare Community Plan

36.83%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit 55 / 90
for Mental Illness

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality
Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a diagnosis of mental illness or intentional self-harm,

who had a follow-up visit for mental illness. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Measure results

Aetna Better Health of Louisiana

20.18%

AmeriHealth Caritas Louisiana

22.93%

Healthy Blue

21.35%

Louisiana Healthcare Connections

22.54%

UnitedHealthcare Community Plan

23.89%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit 56 / 90
for Substance Use

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality
Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

Measure results

Aetna Better Health of Louisiana

33.81%

AmeriHealth Caritas Louisiana

28.94%

Healthy Blue

27.70%

Louisiana Healthcare Connections

26.05%

UnitedHealthcare Community Plan

25.98%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit 57 / 90
for Substance Use

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality
Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range

Yes

D2.VII.8 Measure Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported: • The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Measure results

Aetna Better Health of Louisiana

22.24%

AmeriHealth Caritas Louisiana

17.38%

Healthy Blue

16.87%

Louisiana Healthcare Connections

15.88%

UnitedHealthcare Community Plan

16.39%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia 58 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Measure results

Aetna Better Health of Louisiana

55.81%

AmeriHealth Caritas Louisiana

55.42%

Healthy Blue

47.03%

Louisiana Healthcare Connections

59.14%

UnitedHealthcare Community Plan

48.69%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Diabetes Monitoring for People with Diabetes and Schizophrenia 59 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Measure results

Aetna Better Health of Louisiana

63.26%

AmeriHealth Caritas Louisiana

69.07%

Healthy Blue

66.89%

Louisiana Healthcare Connections

67.44%

UnitedHealthcare Community Plan

68.64%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

60 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

Measure results

Aetna Better Health of Louisiana

67.65%

AmeriHealth Caritas Louisiana

75.81%

Healthy Blue

73.42%

Louisiana Healthcare Connections

76.84%

UnitedHealthcare Community Plan

81.71%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics

61 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Blood Glucose Testing

Measure results

Aetna Better Health of Louisiana

56.23%

AmeriHealth Caritas Louisiana

54.74%

Healthy Blue

57.32%

Louisiana Healthcare Connections

52.04%

UnitedHealthcare Community Plan

55.99%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics

62 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Cholesterol Testing

Measure results

Aetna Better Health of Louisiana

30.70%

AmeriHealth Caritas Louisiana

29.05%

Healthy Blue

33.38%

Louisiana Healthcare Connections

25.42%

UnitedHealthcare Community Plan

30.63%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics

63 / 90

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Blood Glucose and Cholesterol Testing

Measure results

Aetna Better Health of Louisiana

30.70%

AmeriHealth Caritas Louisiana

28.09%

Healthy Blue

32.61%

Louisiana Healthcare Connections

24.73%

UnitedHealthcare Community Plan

29.76%

Humana Healthy Horizons

N/A



D2.VII.1 Measure Name: Appropriate Treatment for Children with Upper Respiratory Infection

64 / 90

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0069

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Measure results

Aetna Better Health of Louisiana

79.17%

AmeriHealth Caritas Louisiana

78.87%

Healthy Blue

79.93%

Louisiana Healthcare Connections

79.95%

UnitedHealthcare Community Plan

79.48%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis 65 / 90

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0058

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Measure results

Aetna Better Health of Louisiana

51.77%

AmeriHealth Caritas Louisiana

53.82%

Healthy Blue

52.80%

Louisiana Healthcare Connections

52.58%

UnitedHealthcare Community Plan

49.60%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Non-recommended Cervical Screening in Adolescent Females

66 / 90

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer. Note: A lower rate indicates

better performance.

Measure results

Aetna Better Health of Louisiana

0.58%

AmeriHealth Caritas Louisiana

2.08%

Healthy Blue

0.58%

Louisiana Healthcare Connections

2.07%

UnitedHealthcare Community Plan

2.37%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Use of Imaging Studies for Low Back Pain

67 / 90

D2.VII.2 Measure Domain

Low Value Care

D2.VII.3 National Quality Forum (NQF) number

0052

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Measure results

Aetna Better Health of Louisiana

69.73%

AmeriHealth Caritas Louisiana

72.61%

Healthy Blue

71.66%

Louisiana Healthcare Connections

71.47%

UnitedHealthcare Community Plan

70.81%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid)

68 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations.

Measure results

Aetna Better Health of Louisiana

76.09%

AmeriHealth Caritas Louisiana

81.21%

Healthy Blue

87.63%

Louisiana Healthcare Connections

77.08%

UnitedHealthcare Community Plan

82.05%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version (Medicaid)

69 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

6

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

This measure provides information on parents' experience with their child's Medicaid organization.

Measure results

Aetna Better Health of Louisiana

86.45%

AmeriHealth Caritas Louisiana

86.33%

Healthy Blue

83.17%

Louisiana Healthcare Connections

86.26%

UnitedHealthcare Community Plan

89.86%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

70 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Adult- Very Good

Measure results

Aetna Better Health of Louisiana

22.70%

AmeriHealth Caritas Louisiana

17.52%

Healthy Blue

18.46%

Louisiana Healthcare Connections

18.67%

UnitedHealthcare Community Plan

18.69%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data. 71 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Adult - Excellent

Measure results

Aetna Better Health of Louisiana

11.89%

AmeriHealth Caritas Louisiana

8.28%

Healthy Blue

6.15%

Louisiana Healthcare Connections

8.30%

UnitedHealthcare Community Plan

9.09%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

72 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child General - Very Good

Measure results

Aetna Better Health of Louisiana

35.48%

AmeriHealth Caritas Louisiana

37.83%

Healthy Blue

35.89%

Louisiana Healthcare Connections

39.04%

UnitedHealthcare Community Plan

32.37%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

73 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child General - Excellent

Measure results

Aetna Better Health of Louisiana

44.09%

AmeriHealth Caritas Louisiana

32.24%

Healthy Blue

36.84%

Louisiana Healthcare Connections

33.16%

UnitedHealthcare Community Plan

38.65%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data"

74 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child CCC - Very Good

Measure results

Aetna Better Health of Louisiana

38.10%

AmeriHealth Caritas Louisiana

33.09%

Healthy Blue

39.18%

Louisiana Healthcare Connections

34.54%

UnitedHealthcare Community Plan

38.13%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data

75 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good health.
Child CCC - Excellent

Measure results

Aetna Better Health of Louisiana

23.81%

AmeriHealth Caritas Louisiana

19.49%

Healthy Blue

25.00%

Louisiana Healthcare Connections

20.10%

UnitedHealthcare Community Plan

23.35%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 76 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Adult - Very Good

Measure results

Aetna Better Health of Louisiana

25.00%

AmeriHealth Caritas Louisiana

24.44%

Healthy Blue

23.47%

Louisiana Healthcare Connections

24.28%

UnitedHealthcare Community Plan

13.20%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 77 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Adult - Excellent

Measure results

Aetna Better Health of Louisiana

20.65%

AmeriHealth Caritas Louisiana

15.76%

Healthy Blue

13.78%

Louisiana Healthcare Connections

16.05%

UnitedHealthcare Community Plan

15.74%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 78 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child General - Very Good

Measure results

Aetna Better Health of Louisiana

32.13%

AmeriHealth Caritas Louisiana

28.38%

Healthy Blue

28.85%

Louisiana Healthcare Connections

22.04%

UnitedHealthcare Community Plan

28.37%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 79 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child General - Excellent

Measure results

Aetna Better Health of Louisiana

40.79%

AmeriHealth Caritas Louisiana

34.98%

Healthy Blue

36.54%

Louisiana Healthcare Connections

37.10%

UnitedHealthcare Community Plan

37.02%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 80 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child CCC - Very Good

Measure results

Aetna Better Health of Louisiana

22.49%

AmeriHealth Caritas Louisiana

24.26%

Healthy Blue

27.61%

Louisiana Healthcare Connections

18.23%

UnitedHealthcare Community Plan

25.88%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: "Self-Reported Overall Mental or Emotional Health (Adult and Child) Note: This measure is from the CAHPS survey. Reporting will be dependent on availability and validity of data." 81 / 90

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of members reporting overall excellent or very good mental or emotional health. Child CCC - Excellent

Measure results

Aetna Better Health of Louisiana

19.14%

AmeriHealth Caritas Louisiana

14.34%

Healthy Blue

17.54%

Louisiana Healthcare Connections

17.19%

UnitedHealthcare Community Plan

16.86%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Lead Screening in Children

82 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Measure results

Aetna Better Health of Louisiana

62.04%

AmeriHealth Caritas Louisiana

66.91%

Healthy Blue

62.86%

Louisiana Healthcare Connections

61.64%

UnitedHealthcare Community Plan

65.45%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Immunizations Status for Adolescents

83 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations. -Combo 1: Meningococcal, Tdap -Combo 2: Meningococcal, Tdap, and at least 2 -HPV - HPV

Measure results

Aetna Better Health of Louisiana

-Combo 1: 75.91%, -Combo 2: 29.68%, & HPV: 30.17%

AmeriHealth Caritas Louisiana

-Combo 1: 82.97%, -Combo 2: 40.39%, & HPV: 40.39%

Healthy Blue

Combo 1: 82.24%, -Combo 2: 39.90%, & HPV: 40.15%

Louisiana Healthcare Connections

Combo 1: 83.59%, -Combo 2: 37.27%, & HPV: 37.60%

UnitedHealthcare Community Plan

Combo 1: 84.67%, -Combo 2: 40.39%, & HPV: 41.12%%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Childhood Immunization Status

84 / 90

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

0038

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

Measure results

Aetna Better Health of Louisiana

57.66%

AmeriHealth Caritas Louisiana

63.50%

Healthy Blue

64.72%

Louisiana Healthcare Connections

61.80%

UnitedHealthcare Community Plan

62.04%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 15 - 20: 85 / 90 LARC

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

#2903/2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported. -

Contraceptive Care-All Women Ages 15–20, LARC -Contraceptive Care-All Women Ages 15–20, most or moderately effective

Measure results

Aetna Better Health of Louisiana

2.75%

AmeriHealth Caritas Louisiana

2.66%

Healthy Blue

2.70%

Louisiana Healthcare Connections

2.76%

UnitedHealthcare Community Plan

2.69%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – All Women Ages 15 - 20: 86 / 90 Most or moderately effective

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

#2903 / 2904

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who are at risk of unintended pregnancy and were provided a most or moderately effective method of contraception or were provided a LARC. Two rates are reported. - Contraceptive Care-All Women Ages 15–20, LARC - Contraceptive Care-All Women Ages 15–20, most or moderately effective

Measure results

Aetna Better Health of Louisiana

26.80%

AmeriHealth Caritas Louisiana

27.75%

Healthy Blue

28.47%

Louisiana Healthcare Connections

29.03%

UnitedHealthcare Community Plan

29.06%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Women Ages 15-20: LARC, 3 day rate 87 / 90

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. -Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20,

LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

4.42%

AmeriHealth Caritas Louisiana

2.53%

Healthy Blue

4.19%

Louisiana Healthcare Connections

3.09%

UnitedHealthcare Community Plan

5.02%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, 88 / 90 LARC, 90 day rate

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

15.93%

AmeriHealth Caritas Louisiana

11.08%

Healthy Blue

16.30%

Louisiana Healthcare Connections

13.73%

UnitedHealthcare Community Plan

18.17%

Humana Healthy Horizons

N/A



Complete

D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, 89 / 90
most or moderately effective, 3 day rate

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality
Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results

Aetna Better Health of Louisiana

7.96%

AmeriHealth Caritas Louisiana

5.06%

Healthy Blue

5.07%

Louisiana Healthcare Connections

4.69%

UnitedHealthcare Community Plan

6.50%

Humana Healthy Horizons

N/A



D2.VII.1 Measure Name: Contraceptive Care – Postpartum Ages 15–20, 90 / 90 most or moderately effective, 90 day rate

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

2902

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 90 days of delivery or were provided a LARC within 3 and 90 days of delivery. Four rates are reported. - Contraceptive Care – Postpartum Ages 15–20, LARC, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, LARC, 90 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 3 day rate -Contraceptive Care – Postpartum Ages 15–20, most or moderately effective, 90 day rate

Measure results**Aetna Better Health of Louisiana**

54.87%

AmeriHealth Caritas Louisiana

50.95%

Healthy Blue

53.52%

Louisiana Healthcare Connections

53.66%

UnitedHealthcare Community Plan

58.05%

Humana Healthy Horizons

N/A

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: Liquidated damages

1 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

03/01/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

2 / 109

D3.VIII.2 Intervention topic

Service and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

04/25/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

3 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

06/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

4 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

07/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

5 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

08/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

6 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide medically necessary NEMT

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

09/28/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

7 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$500

D3.VIII.7 Date assessed

04/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

8 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$500

D3.VIII.7 Date assessed

06/23/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

9 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$1,000

D3.VIII.7 Date assessed

08/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

10 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Update Provider Directory

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/01/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

11 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Update Provider Directory

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/09/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/01/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

12 / 109

D3.VIII.2 Intervention topic

Claims and Encounter
Management

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Process Post-Payment Recoveries for Third Party Liability Properly

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/06/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

13 / 109

D3.VIII.2 Intervention topic

Claims and Encounters

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

14 / 109

D3.VIII.2 Intervention topic

Administrative

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to respond timely to request for information

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/05/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

15 / 109

D3.VIII.2 Intervention topic

Survives and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Meet Case Management Requirements for DOJ Agreement Target Population

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

16 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Meet Training Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

11/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

17 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Aetna Better Health of Louisiana

D3.VIII.4 Reason for intervention

Failure to Provide Enrollees with Digital Access to Member ID Cards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/16/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/07/2024

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

18 / 109

D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$1,000

D3.VIII.7 Date assessed

04/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

19 / 109

D3.VIII.2 Intervention topic

[Enrollee Services

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$500

D3.VIII.7 Date assessed

06/23/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$3,500

D3.VIII.7 Date assessed

08/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

21 / 109

D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$500

D3.VIII.7 Date assessed

02/01/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

22 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/09/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/13/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

23 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

05/30/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

24 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to Respond Timely to Request for Information

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/07/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

25 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

07/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

26 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

27 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/07/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

28 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

09/20/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

29 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

10/16/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

30 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

11/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

31 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

02/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

32 / 109

D3.VIII.2 Intervention topic

Claims and Encounter
Management

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to Adhere to LDH Directives on Pharmacy Co-Pays and Supply Limits

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$30,000

D3.VIII.7 Date assessed

07/31/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

33 / 109

D3.VIII.2 Intervention topic

Claims and Encounters

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to meet prompt pay performance standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

34 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

10/24/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

35 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$30,000

D3.VIII.7 Date assessed

12/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

36 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

AmeriHealth Caritas Louisiana

D3.VIII.4 Reason for intervention

Failure to Meet Case Management

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

37 / 109

D3.VIII.2 Intervention topic

Claims and Encounters

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Pharmacy benefit manager's improper retaining of pharmacy rebates

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

03/02/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

38 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

03/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

07/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollee

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/10/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollee

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

09/13/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

10/02/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

10/31/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

11/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

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D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

46 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/09/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/13/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

47 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees timely

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/02/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

48 / 109

D3.VIII.2 Intervention topic**D3.VIII.3 Plan name**

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

49 / 109

D3.VIII.2 Intervention topic

Administrative

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to Implement LDH Policies

Sanction details**D3.VIII.5 Instances of non-compliance**

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/02/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

50 / 109

D3.VIII.2 Intervention topic**D3.VIII.3 Plan name**

D3.VIII.4 Reason for intervention

Failure to Meet Case Management Requirements for DOJ Agreement Target Population

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

51 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

Healthy Blue

D3.VIII.4 Reason for intervention

Failure to Meet Training Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

11/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

52 / 109

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Provider Network Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/09/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/13/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

53 / 109

D3.VIII.2 Intervention topic **D3.VIII.3 Plan name**
Provider Network Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

54 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Provide Covered Services

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

55 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Claims and Encounter Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

56 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Meet Training Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

11/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

57 / 109

D3.VIII.2 Intervention topic

Claims and Encounters

D3.VIII.3 Plan name

Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to Meet Encounter Data Submission Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

11/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

58 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Humana Healthy Horizons

D3.VIII.4 Reason for intervention

Failure to provide nonemergency medical transportation to eligible enrollees.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

12/11/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

59 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

03/30/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

60 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to maintain adequate staff

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

02/24/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 05/16/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

61 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

04/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

62 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

07/10/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

63 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

07/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

64 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

07/17/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

65 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/10/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

66 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

67 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

09/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

68 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

4

D3.VIII.6 Sanction amount

\$60,000

D3.VIII.7 Date assessed

12/12/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

69 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$105,000

D3.VIII.7 Date assessed

12/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

70 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

12/20/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

71 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

03/30/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

72 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

04/06/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

73 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

04/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

74 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

07/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

75 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

07/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

76 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$30,000

D3.VIII.7 Date assessed

07/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

77 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/01/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

78 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

08/10/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

79 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to provide NEMT timely

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

80 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/09/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/13/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

81 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

82 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Claims and Encounter Management Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Improper PBM Payment

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 11/27/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

83 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Provider Network Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to Meet Call Center Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

84 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to Meet Case Management Requirements for DOJ Agreement Target Population

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

85 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Administration Louisiana Healthcare Connections

D3.VIII.4 Reason for intervention

Failure to Meet Training Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

12/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

86 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

03/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

87 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

04/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

88 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

06/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

89 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees timely

Sanction details

D3.VIII.5 Instances of non-compliance

3

D3.VIII.6 Sanction amount

\$15,000

D3.VIII.7 Date assessed

03/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

90 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

04/06/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

91 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$10,000

D3.VIII.7 Date assessed

04/25/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

92 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

06/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

93 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

8

D3.VIII.6 Sanction amount

\$120,000

D3.VIII.7 Date assessed

07/06/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

94 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$25,000

D3.VIII.7 Date assessed

08/02/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

95 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$105,000

D3.VIII.7 Date assessed

08/03/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

96 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

7

D3.VIII.6 Sanction amount

\$105,000

D3.VIII.7 Date assessed

08/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

97 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollees

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$5,000

D3.VIII.7 Date assessed

12/18/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

98 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollee

Sanction details

D3.VIII.5 Instances of non-compliance

6

D3.VIII.6 Sanction amount

\$30,000

D3.VIII.7 Date assessed

12/20/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

99 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Services and Benefits UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide non-emergency medical transportation to eligible enrollee

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

\$75,000

D3.VIII.7 Date assessed

12/29/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

100 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Claims and Encounters UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Improper Reimbursement of Pharmacy Claims

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/19/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

101 / 109

D3.VIII.2 Intervention topic D3.VIII.3 Plan name

Provider Network UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

102 / 109

D3.VIII.2 Intervention topic

Provider Network

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to validate provider directory data and maintain an accuracy rate of at least 75% or 50% with 2% improvement

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$50,000

D3.VIII.7 Date assessed

12/21/2023

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/13/2023

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

103 / 109

D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

23

D3.VIII.6 Sanction amount

\$11,500

D3.VIII.7 Date assessed

06/23/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

104 / 109

D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

33

D3.VIII.6 Sanction amount

\$16,500

D3.VIII.7 Date assessed

08/08/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

105 / 109

D3.VIII.2 Intervention topic

Enrollee Services

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to provide MCO Member ID cards timely

Sanction details

D3.VIII.5 Instances of non-compliance

2

D3.VIII.6 Sanction amount

\$1,000

D3.VIII.7 Date assessed

11/30/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

106 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Respond Timely to Request for Information

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

07/27/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

107 / 109

D3.VIII.2 Intervention topic

Claims and Encounters

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Meet Prompt Pay Performance Standards

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/22/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Compliance letter

108 / 109

D3.VIII.2 Intervention topic

Services and Benefits

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Meet Case Management Requirements for DOJ Agreement Target Population

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

11/14/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No



Complete

D3.VIII.1 Intervention type: Liquidated damages

109 / 109

D3.VIII.2 Intervention topic

Administration

D3.VIII.3 Plan name

UnitedHealthcare Community Plan

D3.VIII.4 Reason for intervention

Failure to Meet Training Requirements

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

\$100,000

D3.VIII.7 Date assessed

11/15/2023

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

| Number | Indicator | Response |
|--------|---|--|
| D1X.1 | Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii). | Aetna Better Health of Louisiana 4 |
| | | AmeriHealth Caritas Louisiana 6 |
| | | Healthy Blue 8 |
| | | Louisiana Healthcare Connections 11 |
| | | UnitedHealthcare Community Plan 9 |
| | | Humana Healthy Horizons 4 |
| D1X.2 | Count of opened program integrity investigations How many program integrity investigations were opened by the plan during the reporting year? | Aetna Better Health of Louisiana 117 |
| | | AmeriHealth Caritas Louisiana 198 |
| | | Healthy Blue 188 |
| | | Louisiana Healthcare Connections 297 |
| | | UnitedHealthcare Community Plan 241 |
| | | Humana Healthy Horizons 80 |

| | | |
|--------------|---|---|
| D1X.3 | Ratio of opened program integrity investigations to enrollees What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries. | Aetna Better Health of Louisiana 0.68:1,000 |
| | | AmeriHealth Caritas Louisiana 0.88:1,000 |
| | | Healthy Blue 0.55:1,000 |
| | | Louisiana Healthcare Connections 0.58:1,000 |
| | | UnitedHealthcare Community Plan 0.53:1,000 |
| | | Humana Healthy Horizons 0.57:1,000 |
| D1X.4 | Count of resolved program integrity investigations How many program integrity investigations were resolved by the plan during the reporting year? | Aetna Better Health of Louisiana 100 |
| | | AmeriHealth Caritas Louisiana 151 |
| | | Healthy Blue 128 |
| | | Louisiana Healthcare Connections 307 |
| | | UnitedHealthcare Community Plan 389 |
| | | Humana Healthy Horizons 33 |
| D1X.5 | Ratio of resolved program integrity investigations to enrollees | Aetna Better Health of Louisiana 0.58:1,000 |

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

AmeriHealth Caritas Louisiana

0.67:1,000

Healthy Blue

0.37:1,000

Louisiana Healthcare Connections

0.6:1,000

UnitedHealthcare Community Plan

0.86:1,000

Humana Healthy Horizons

0.23:1,000

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Aetna Better Health of Louisiana

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

AmeriHealth Caritas Louisiana

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Healthy Blue

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Louisiana Healthcare Connections

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

UnitedHealthcare Community Plan

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

Humana Healthy Horizons

Makes referrals to the State Medicaid Agency (SMA) and MFCU concurrently

| | | |
|--------------|---|---|
| D1X.7 | Count of program integrity referrals to the state Enter the total number of program integrity referrals made during the reporting year. | Aetna Better Health of Louisiana |
| | | 112 |
| | | AmeriHealth Caritas Louisiana |
| | | 19 |
| | | Healthy Blue |
| | | 286 |
| | | Louisiana Healthcare Connections |
| | | 169 |
| | | UnitedHealthcare Community Plan |
| | | 112 |
| | | Humana Healthy Horizons |
| | | 8 |
| D1X.8 | Ratio of program integrity referral to the state What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries. | Aetna Better Health of Louisiana |
| | | 0.65:1,000 |
| | | AmeriHealth Caritas Louisiana |
| | | 0.08:1,000 |
| | | Healthy Blue |
| | | 0.84:1,000 |
| | | Louisiana Healthcare Connections |
| | | 0.33:1,000 |
| | | UnitedHealthcare Community Plan |
| | | 0.25:1,000 |
| | | Humana Healthy Horizons |
| | | 0.06:1,000 |
| D1X.9 | Plan overpayment reporting to the state | Aetna Better Health of Louisiana |

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3).

Include, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

Date of Report: 1/31/24 Overpayments
Recovered: \$2,562,172 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

AmeriHealth Caritas Louisiana

Date of Report: 1/31/24 Overpayments
Recovered: \$1,612,258 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

Healthy Blue

Date of Report: 1/31/24 Overpayments
Recovered: \$1,994,973 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

Louisiana Healthcare Connections

Date of Report: 1/31/24 Overpayments
Recovered: \$2,004,331 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

UnitedHealthcare Community Plan

Date of Report: 1/31/24 Overpayments
Recovered: \$4,257,344 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

Humana Healthy Horizons

Date of Report: 1/31/24 Overpayments
Recovered: \$1,587,703 LDH PI does not have information on the MCE's premium revenue as defined in MLR reporting under 438.8(f)(2).

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Aetna Better Health of Louisiana

Promptly when plan receives information about the change

AmeriHealth Caritas Louisiana

Promptly when plan receives information about the change

Healthy Blue

Promptly when plan receives information about the change

Louisiana Healthcare Connections

Promptly when plan receives information about the change

UnitedHealthcare Community Plan

Promptly when plan receives information about the change

Humana Healthy Horizons

Promptly when plan receives information about the change

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

| Number | Indicator | Response |
|--------------|---|---|
| EIX.1 | BSS entity type What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b). | Maximus Health Services Enrollment Broker |
| EIX.2 | BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b). | Maximus Health Services Enrollment Broker/Choice Counseling Beneficiary Outreach |