



State of Louisiana Department of Health AmeriHealth Caritas Louisiana Annual External Quality Review Technical Report

FINAL REPORT

Review Period: July 1, 2019 – June 30, 2020

Report Issued: April 2021



**Better healthcare,
realized.**

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

ISO
9001:2015
CERTIFIED

Table of Contents

I. INTRODUCTION.....	4
II. MCO CORPORATE PROFILE.....	5
III. ENROLLMENT AND PROVIDER NETWORK	6
MEDICAID ENROLLMENT.....	6
PROVIDER NETWORK	6
IV. QUALITY INDICATORS	8
PERFORMANCE IMPROVEMENT PROJECTS	8
PERFORMANCE MEASURES: HEDIS 2020 (MEASUREMENT YEAR 2019)	22
MEMBER SATISFACTION: ADULT AND CHILD CAHPS 5.0H	27
HEALTH DISPARITIES	30
V. COMPLIANCE MONITORING	32
MEDICAID COMPLIANCE AUDIT FINDINGS FOR CONTRACT YEAR 2020	32
SUMMARY OF FINDINGS.....	33
VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS	35
STRENGTHS	35
OPPORTUNITIES FOR IMPROVEMENT	35
RECOMMENDATIONS.....	36
MCO’S RESPONSE TO PREVIOUS RECOMMENDATIONS (2018–2019 ATR).....	37

List of Tables

Table 1: Corporate Profile	5
Table 2: Medicaid Enrollment as of June 2020	6
Table 3: Primary Care and Ob/Gyn Counts by LDH Region.....	6
Table 4: GeoAccess Provider Network Accessibility (Distance) as of June 30, 2020	7
Table 5: GeoAccess Provider Network Accessibility (Time) as of June 30, 2020	7
Table 6: Performance Indicator Descriptions	10
Table 7: Baseline, Interim Results, Final Results and Target Rate	15
Table 8: Performance Indicator Descriptions	18
Table 9: Baseline, Interim Results, Final Results and Target Rate	21
Table 10: HEDIS Effectiveness of Care Measures – 2018–2020.....	24
Table 11: HEDIS Access to/Availability of Care Measures – 2018–2020	26
Table 12: Use of Services Measures – 2018–2020.....	27
Table 13: Adult CAHPS 5.0H – 2018–2020.....	29
Table 14: Child CAHPS 5.0H General Population – 2018–2020	30
Table 15: Child CAHPS 5.0H CCC Population – 2018–2020.....	30
Table 16: Review Determination Definitions.....	32
Table 17: Audit Results by Audit Domain	33

I. Introduction

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

In order to comply with these requirements, the Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid managed care program, the Healthy Louisiana Program, and each of the participating health plans on the accessibility, timeliness, and quality of services. Specifically, this report provides IPRO’s independent evaluation of the services provided by AmeriHealth Caritas Louisiana (AmeriHealth) for review period July 1, 2019–June 30, 2020.

The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as Louisiana state requirements. IPRO’s assessment included an evaluation of the mandatory activities, which encompass: performance measure (PM) validation, performance improvement project (PIP) validation, and compliance audits. Results of the most current Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys are presented and are evaluated in comparison to the National Committee for Quality Assurance (NCQA)’s *Quality Compass*® 2020 National – All Lines of Business ([LOBs] Excluding Preferred-Provider Organizations [PPOs] and Exclusive Provider Organizations [EPOs]) Medicaid benchmarks.

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

Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS Compliance Audit™ is a trademark of the NCQA. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

II. MCO Corporate Profile

Table 1: Corporate Profile

AmeriHealth Caritas Louisiana	
Type of organization	Health maintenance organization
Tax status	For profit
Year operational	02/01/2012
Product line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid enrollment (as of June 2020)	208,885

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2020, the MCO's Medicaid enrollment totaled 208,885, which represents 13.4% of Healthy Louisiana's active members. **Table 2** displays AmeriHealth's Medicaid enrollment for 2018 to 2020, as well as the 2020 statewide enrollment totals.

Table 1: Medicaid Enrollment as of June 2020

AmeriHealth ¹	June 2018	June 2019	June 2020	% Change 2019 to 2020	2020 Statewide Total ²
Total enrollment	206,667	194,944	208,885	7.2%	1,561,194

Data Source: Report No. 109-A.

¹This report shows all active members in Healthy Louisiana as of the effective date above. Members to be disenrolled at the end of the reporting month were not included. Enrollees who gained and lost eligibility during the reporting month were not included. Enrollees who opted out of Healthy Louisiana during the reporting month were not included.

²The statewide total includes membership of all plans.

Provider Network

Providers by Specialty

LDH requires each MCO to report on a quarterly basis the total number of network providers. **Table 3** shows the sum of AmeriHealth's primary care providers, ob/gyns, and other physicians with primary care responsibilities within each LDH region as of June 30, 2020.

Table 2: Primary Care and Ob/Gyn Counts by LDH Region

Specialty	AmeriHealth Caritas Louisiana									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Family practice/ general medicine	101	87	37	73	39	50	83	88	62	601
Pediatrics	134	65	33	48	15	15	47	14	61	418
Nurse practitioners	147	156	71	107	58	98	91	193	122	992
Internal medicine	130	66	24	31	16	13	48	31	39	392
RHC/FQHC	2	5	0	2	1	1	1	1	0	13
Ob/gyn ¹	27	30	24	35	21	35	31	49	33	285

Data source: Network Adequacy Review Report 220 2020 Jan 1 – June 30.

¹Count includes only those that accept full PCP responsibilities.

LDH: Louisiana Department of Health; MCO: managed care organization; LDH Region 1: New Orleans; Region 2: Baton Rouge; Region 3: Houma Thibodaux; Region 4: Lafayette; Region 5: Lake Charles; Region 6: Alexandria; Region 7: Shreveport; Region 8: West Monroe; Region 9: Hammond; MCO: managed care organization; RHC/FQHC: rural health clinic/ federally qualified health center; PCP: primary care provider.

Provider Network Accessibility

AmeriHealth monitors its provider network for accessibility and network capability using the GeoAccess software program. This program assigns geographic coordinates to addresses so that the distance and time between providers and members can be assessed to determine whether members have access to care within a reasonable distance or time from their homes. MCOs are required to meet the distance and/or time standards set by LDH. **Table 4** and **Table 5**, respectively, show the percentage of members for whom the distance and/or time standards were met.

Table 3: GeoAccess Provider Network Accessibility (Distance) as of June 30, 2020

Provider Type	Parish	Access Standard X Provider(s) within X Miles ¹	Percentage of Members for Whom Standard was Met
Adult PCP	Urban	1 within 10 miles	97.7%
	Rural	1 within 30 miles	100%
Pediatric PCP	Urban	1 within 10 miles	98.3%
	Rural	1 within 30 miles	100%
Ob/gyn	Urban	1 within 15 miles	94.8%
	Rural	1 within 30 miles	95.3%

Data Source: Network Adequacy Review Report 220 2020 Jan 1 – June 30.

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

PCP: primary care provider.

Table 5: GeoAccess Provider Network Accessibility (Time) as of June 30, 2020

Provider Type	Parish	Access Standard X Provider(s) within X Minutes ¹	Percentage of Members for Whom Standard was Met
Adult PCP	Urban	1 in 20 minutes	99.8%
	Rural	1 in 60 minutes	100%
Pediatric PCP	Urban	1 in 20 minutes	99.8%
	Rural	1 in 60 minutes	100%
Ob/gyn	Urban	1 in 30 minutes	99.1%
	Rural	1 in 60 minutes	100%

Data Source: Network Adequacy Review Report 220 2020 Jan 1 – June 30.

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

PCP: primary care provider.

IV. Quality Indicators

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

Performance Improvement Projects

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

IPRO collects performance indicator data and ITM data reported by the plans in annual PIP reports, quarterly PIP reports, and monthly plan-do-study-act (PDSA) run chart presentations. The PIP validation procedure builds on the CMS PIP Validation Protocol by evaluating quantitative and qualitative data regarding each of the following PIP components:

1. Topic/Rationale
 - a. Impacts the maximum proportion of members that is feasible
 - b. Potential for meaningful impact on member health, functional status, or satisfaction
 - c. Reflects high-volume or high-risk conditions
 - d. Supported with MCO member data (baseline rates; e.g., disease prevalence)
2. Aim
 - a. Specifies performance indicators for improvement with corresponding goals
 - b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)
 - c. Objectives align aim and goals with interventions
3. Methodology
 - a. Annual PMs indicated
 - b. Specifies numerator and denominator criteria
 - c. Procedures indicate data source, hybrid versus administrative, reliability
 - d. Sampling method explained for each hybrid measure
4. Barrier analysis using one or more of the following:
 - a. Susceptible subpopulations identified using claims data on PMs stratified by demographic and clinical characteristics
 - b. Obtain direct member input from focus groups, quality meetings, surveys, and/or care management outreach
 - c. Obtain direct provider input from focus groups, quality meetings, surveys, and/or care management outreach
 - d. Quality improvement (QI) process data (e.g., fishbone diagram, process flow diagrams)
5. Robust interventions that are measureable using ITMs
 - a. Informed by barrier analysis
 - b. Actions that target member, provider, and MCO
 - c. New or enhanced, starting after baseline year
 - d. With corresponding monthly or quarterly ITMs to monitor progress of interventions.
6. Results table
 - a. Performance Indicator rates, numerators, and denominators
 - b. Target rate
7. Discussion
 - a. Interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement)
8. Next steps
 - a. Lessons learned
 - b. System-level changes made and/or planned
 - c. Next steps for each intervention

The following PIPs were active during the annual technical review (ATR) review period (July 1, 2019, - June 30, 2020):

- Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

The Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence PIP was implemented to improve treatment and engagement rates for Alcohol and Other Drug Abuse or Dependence (AOD) and follow up rates for AOD Emergency Department (ED) visits.

The baseline measurement period of the PIP was January 1, 2018, to December 31, 2018, with intervention period beginning January 1, 2019. The PIP was extended to December 31, 2020.

Performance Indicators: Table 6 describes each performance indicator and the technical methods used for calculation.

Table 6: Performance Indicator Descriptions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 1 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	HEDIS 2020, Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: • claims/encounter data • Pharmacy data	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the index episode start date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD	No exclusions	The percentage of members who initiate AOD treatment for alcohol abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY)
Indicator 2 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data sources include: • claims/encounter data • Pharmacy data	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency	No exclusions	The percentage of members who initiate AOD treatment for Opioid abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
			treatment medication dispensing event during the 60 days (2 months) before the IESD			MY)
Indicator 3 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data sources include: • claims/encounter data • Pharmacy data	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD	No exclusions	The percentage of members who initiate AOD treatment for Alcohol abuse or dependence, Opioid abuse or dependence, or Other drug abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY)
Indicator 4 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data sources include: • claims/encounter data • Pharmacy data	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence numerator whose: • Initiation of AOD treatment was a medication treatment event and had 2 or more engagement events, where only 1 can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days) Or	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY)

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
			event during the 60 days (2 months) before the IESD		<ul style="list-style-type: none"> Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: <ul style="list-style-type: none"> At least 1 engagement medication treatment event At least 2 engagement visits 	
Indicator 5 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data sources include: <ul style="list-style-type: none"> claims/encounter data Pharmacy data 	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Opioid abuse or dependence numerator whose: <ul style="list-style-type: none"> Initiation of AOD treatment was a medication treatment event and had 2 or more engagement events, where only 1 can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days) Or <ul style="list-style-type: none"> Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: <ul style="list-style-type: none"> At least 1 engagement medication treatment event At least 2 engagement visits 	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY)
Indicator 6 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and	Members 13 years and older as of December 31 of the MY meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD)	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence, Opioid abuse or	Members 13 years and older as of December 31 of the MY meeting the continuous

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
		Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data sources include: • claims/encounter data • Pharmacy data	through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the MY) Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD		dependence, or Other drug abuse or dependence numerator whose: • Initiation of AOD treatment was a medication treatment event and had 2 or more engagement events, where only 1 can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days) Or • Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: o At least 1 engagement medication treatment event o At least 2 engagement visits	enrollment criteria of 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the intake period (January 1–November 13 of the MY)
Indicator 7 (HEDIS FUA)	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 within 30 days of the ED visit	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Data sources include: • claims/encounter data	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days)	Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission If a member has more than 1 ED visit in a 31-day period,	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days)

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
				include only the first eligible ED visit and exclude the remaining eligible ED visits		
Indicator 8 (HEDIS FUA)	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 within 7 days of the ED visit	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</p> <p>Data sources include:</p> <ul style="list-style-type: none"> • claims/encounter data 	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days)	<p>Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission</p> <p>If a member has more than 1 ED visit in a 31-day period, include only the first eligible ED visit and exclude the remaining eligible ED visits</p>	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days)

HEDIS: Healthcare Effectiveness Data and Information Set; IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; AOD: Alcohol and Other Drug Abuse; MY: measurement year; IESD: index episode start date; ED: emergency department; FUA: Follow-up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence.

Interventions: As a collaborative, the five plans agreed upon the following intervention strategies:

- Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in the following training programs:
 - Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) - American Society of Addiction Medicine (ASAM); Targeted providers to include: PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
 - Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, licensed mental health professionals (LMHPs), PCPs, obstetricians, ER physicians, FQHC and urgent care providers
 - The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
 - ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
- Link PCPs for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT; <https://www.samhsa.gov/sbirt/resources>), and encourage primary care conduct of SBIRT for youth and adults; targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers
- Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
- Provide enhanced member care coordination (e.g., behavioral health integration, case management, improved communication between MCO utilization management [UM] and care management [CM] for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches)

Baseline, Goals, and Results: Table 7 reports the baseline, interim, and target rates for each performance indicator.

Table 7: Baseline, Interim Results, Final Results and Target Rate

Performance Indicator	Baseline Rate Measurement Period: 1/1/18– 12/31/18	Interim Rate Measurement Period: 1/1/19– 12/31/19	Final Interim Rate Measurement Period: 1/1/20– 11/30/20 ¹	Target Rate
Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1220 D: 2184 R: 55.86%	N: 1237 D: 2286 R: 54.11%	N: 1161 D: 2064 R: 56.25%	63.76%
Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 783 D: 1084 R: 72.23%	N: 828 D: 1244 R: 66.56%	N: 793 D: 1115 R: 71.12%	77.06%
Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 3977 D: 6460 R: 61.56%	N: 3859 D: 6955 R: 55.49%	N: 3647 D: 6203 R: 58.79%	65.64%
Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 387 D: 2184 R: 17.72%	N: 356 D: 2286 R: 15.57%	N: 351 D: 2064 R: 17.01%	23.89%
Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 337 D: 1084 R: 31.09%	N: 397 D: 1244 R: 31.91%	N: 409 D: 1115 R: 36.68%	40.83%

Performance Indicator	Baseline Rate Measurement Period: 1/1/18– 12/31/18	Interim Rate Measurement Period: 1/1/19– 12/31/19	Final Interim Rate Measurement Period: 1/1/20– 11/30/20 ¹	Target Rate
Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1432 D: 6460 R: 22.17%	N: 1295 D: 6955 R: 18.62%	N: 1247 D: 6203 R: 20.1%	27.14%
Indicator 7: 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 within 30 days of the ED visit	N: 130 D: 1318 R: 9.86%	N: 162 D: 1241 R: 13.05%	N: 155 D: 1134 R: 13.67%	26.55%
Indicator 8: 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 within 7 days of the ED visit	N: 72 D: 1318 R: 5.46%	N: 113 D: 1241 R: 9.11%	N: 1134 D: 94 R: 8.29%	16.97%

¹The final interim rates reported extend past the ATR review period (July 1, 2019–June 30, 2020). To date, this PIP has been conducted on an annual basis, with extensions to the subsequent year conducted per LDH direction.

AOD: Alcohol and Other Drug Abuse; N: numerator; D: denominator; R: rate; ED: emergency department; FUA: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome.

Strengths and Opportunities for Improvement

Strengths: The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points¹:

- Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 7: 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 within 30 days of the ED visit

Opportunities for Improvement: The following performance indicators represent opportunities for improvement because they did not show improvement from baseline to final remeasurement of at least 3 percentage points:

- Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 8: 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 within 7 days of the ED visit

¹ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

IPRO PIP validation review and LDH's subject matter expert review of the PIP Report submitted on 12/31/20 also identified the following opportunities for improvement, and shared this feedback with the plan:

- The MCO was advised to obtain direct member feedback from Care Management outreach in response to poorly performing ITMs.
- There is an opportunity to derive updated barrier analysis information by conducting focus groups with provider organizations.
- There is an opportunity to address geographic disparity areas identified in the driver diagram by implementing PIP interventions in those areas.
- ITMs indicate that members with co-morbid serious mental illness are more successfully outreached and receiving follow-up compared to those with SUD. There is an opportunity to add an intervention to improve member receipt of psychosocial SUD treatment.
- Indicator 8 did not have the correct denominator in the results table.

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the above noted data correction needed for Indicator 8.

Conclusion: One (1) of the 6 IET performance indicators and 1 of the 2 FUA performance indicators demonstrated that the plan achieved improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

The Hepatitis C Virus (HCV) PIP aimed to improve the Healthy Louisiana Screening Rate and Initiation of HCV pharmaceutical treatment rate. The PIP baseline measurement period was from January 1, 2019, to December 31, 2019, and the intervention period was from January 1, 2020, to December 31, 2020.

PDSA: The PIP validation process for the PIP to Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation also entailed PDSA data evaluation using the IHI Rules for interpreting run charts for each of the below required ITMs:

- ITM for Enhanced Case Management Outreach for HCV Treatment Initiation: Numerator: # members with appointment scheduled by MCO Case Manager/ Care Coordinator for HCV treatment assessment/initiation; Denominator: # members with confirmed or probable HCV per Office of Public Health listing
- ITM for sofosbuvir-velpatasvir 400-100 (AG Epclusa: Preferred): Numerator: # members who were dispensed sofosbuvir-velpatasvir 400-100 (AG Epclusa: Preferred); Denominator: # members with any DAA dispensed

Performance Indicators: Table 8 describes each performance indicator and the technical methods used for calculation.

Table 8: Performance Indicator Descriptions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator 1a (Universal Screening)	The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for hepatitis C virus (HCV) {numerator}	Administrative/ Claims/ Encounter data	All Healthy Louisiana enrollees ages 18-79 years	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator 1b (Birth Cohort Screening)	The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were screened for HCV {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana enrollees born between 1945 and 1965	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening-ever screened)	The percentage of Healthy Louisiana adults aged 18 and older for whom chronic HCV screening is indicated by any 1 or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet 1 or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
			diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)			
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Annual Screening)	The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any 1 or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the MY for HCV {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet 1 or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table D)	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	Number of Healthy Louisiana enrollees who were screened during the MY for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator 3a (HCV Treatment Initiation-Overall)	The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of chronic HCV per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the AG of Epclusa®) or other LDH-approved HCV direct-acting antiviral agent {DAA}	Number of members in the eligible population for Performance Indicator 3a
Performance Indicator 3b (HCV Treatment Initiation-Drug Users)	The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A) AND with a confirmed or	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the AG of Epclusa) or other LDH-approved HCV DAA	Number of members in the eligible population for Performance Indicator 3b

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	chronic HCV per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}		probable diagnosis of chronic HCV per the OPH listing			
Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV)	The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of chronic HCV per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults ever diagnosed with HIV (ICD-9 or ICD-10 codes in Appendix D) AND with a confirmed or probable diagnosis of chronic HCV per the OPH listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpativir (the AG of Eplusa) or other LDH-approved HCV DAA	Number of members in the eligible population for Performance Indicator 3c

HCV: hepatitis C virus; OPH: Office of Public Health; MY: measurement year; HIV: human immunodeficiency virus; AG: authorized generic; DAA: direct-acting antiviral agent.

Interventions: As a collaborative, the five plans agreed upon the following intervention strategies:

Member Interventions: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):

- Beneficiaries born between the years 1945 and 1965
- Current or past injection drug use
- Persons ever on long-term hemodialysis
- Persons who were ever incarcerated
- Persons with HIV infection

Provider Interventions: Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment.

Baseline, Goals, and Results: Table 9 reports the baseline, interim and target rates for each performance indicator.

Table 9: Baseline, Interim Results, Final Results and Target Rate

Performance Indicator	Baseline Period 1/1/2019–12/31/2019	Preliminary Measure period: 1/1/2020–6/30/2020 ¹	Final Period Measure period: 1/1/2020–11/30/2020 ²	Target Rate
Performance Indicator 1a (Universal Screening)	N: 14,224 D: 91,922 R: 15.47%	N: 16,579 D: 91,922 R: 18.04%	N: 18,182 D: 95,637 R: 19.01%	30.47%
Performance Indicator 1b (Birth Cohort Screening)	N: 1,190 D: 13,956 R: 8.53%	N: 3,722 D: 14,541 R: 25.94%	N: 3,679 D: 14,231 R: 25.85%	23.53%
Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	N: 1,137 D: 10,348 R: 10.99%	N: 3,507 D: 11,717 R: 25.94%	N: 3,755 D: 12,438 R: 30.19%	25.99%
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)	N: 1,215 D: 11,717 R: 10.37%	N: 727 D: 11,717 R: 6.2%	N: 1,271 D: 12,438 R: 10.22%	25.37%
Performance Indicator 3a (HCV Treatment Initiation- Overall)	N: 495 D: 3,558 R: 13.91%	N: 515 D: 3,559 R: 14.47%	N: 686 D: 3,793 R: 18.09%	28.91%
Performance Indicator 3b (HCV Treatment Initiation- Drug Users)	N: 256 D: 1,981 R: 12.92%	N: 274 D: 2,065 R: 13.27%	N: 393 D: 2,227 R: 17.65%	27.92%

Performance Indicator	Baseline Period 1/1/2019–12/31/2019	Preliminary Measure period: 1/1/2020–6/30/2020 ¹	Final Period Measure period: 1/1/2020–11/30/2020 ²	Target Rate
Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV)	N: 39 D: 226 R: 17.26%	N: 44 D: 231 R: 19.05%	N: 56 D: 212 R: 26.41%	32.26%

¹The period from 1/1/2020 to 6/30/20 was a preliminary measurement period to evaluate the period prior to the Louisiana Department of Health's implementation of the policy for reimbursement of the authorized generic of Epclusa.

²The final measurement period rates reported extend past the ATR review period (July 1, 2019–June 30, 2020). To date, this PIP has been conducted on an annual basis, with extensions to the subsequent year conducted per LDH direction.

N: numerator; D: denominator; R: rate; HCV: Hepatitis C virus; HIV: human immunodeficiency virus; ATR: annual technical review; PIP: performance improvement project; LDH: Louisiana Department of Health.

Strengths and Opportunities for Improvement

Strengths: The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement²:

- Performance Indicator 1a (Universal Screening)
- Performance Indicator 1b (Birth Cohort Screening)
- Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)
- Performance Indicator 3a (HCV Treatment Initiation-Overall)
- Performance Indicator 3b (HCV Treatment Initiation-Drug Users)
- Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV)

Opportunities for improvement: The following performance indicators did not demonstrate improvement of at least 3 percentage points from baseline to final remeasurement:

- Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)

IPRO PIP validation review and LDH's subject matter expert review of the PIP Report submitted on 12/31/20 also identified the following opportunities for improvement, and shared this feedback with the plan:

- There was an opportunity to conduct a systematic barrier analysis to identify susceptible subpopulations.
- There was an opportunity to stratify performance indicators by member characteristics such as geographic area.
- An ITM for Intervention 2a was incorrectly calculated.
- There were discrepancies in the denominator of performance indicator 3 (OPH).

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the OPH denominator data discrepancy issues identified.

Conclusion: Three (3) of the 4 screening performance indicators and each of the 3 treatment indicators demonstrate that the plan achieved improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Performance Measures: HEDIS 2020 (Measurement Year 2019)

Objective: The objective of PM validation is to assess whether the PMs reported by the MCOs are accurate.

Technical Methods of Data Collection and Analysis: MCO-reported PMs were validated as per HEDIS 2020 compliance audit specifications developed by the NCQA. The NCQA HEDIS compliance audit for ACLA was conducted by HealthcareData Company. The results of each MCO's HEDIS 2020 compliance audit are reported in its Final Audit Report (FAR).

² The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

A description of each PM can be found below. The full specifications for each HEDIS measure are described in HEDIS 2020 Volume 2 Technical Specifications for Health Plans and for CAHPS measures in HEDIS 2020 Volume 3 Specifications for Survey Measures.

Validation Conclusions: ACLA followed the HEDIS 2020 specifications and produced a reportable rate for all measures and submeasures included in the scope of the audit. ACLA's data systems and processes met all the Information Systems (IS) standards, as required. All supplemental databases (SDs) used were approved, including passing primary source verification for all non-standard SDs. No measures or submeasures received a biased rate (BR) audit designation. In spite of pushback from providers due to the 2019 Novel Coronavirus (COVID-19) pandemic related to medical record collection, all hybrid measures selected for validation passed. Due to COVID-19, NCQA allowed the plan the option to rotate any hybrid measures where HEDIS 2019 rates were higher than HEDIS 2020 rates.

- All measures required for reporting received an audit result of Reportable (R). Starting with HEDIS 2020, NCQA no longer required audit review tables (ARTs) from the NCQA Interactive Data Submission System (IDSS) to be published in the FARs. The following submeasures were received audit designations of N/A in the IDSS workbooks:
 - For age ranges of 65+ years in Appropriate Testing for Pharyngitis (CWP), Follow-Up After Hospitalization for Mental Illness (FUH), Follow-Up After Emergency Department Visit for Mental Illness (FUM), Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), Pharmacotherapy for Opioid Use Disorder (POD), Appropriate Treatment for Upper Respiratory Infection (URI), Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB), and Risk of Continued Opioid Use (COU)
 - For age range 13–17 years in Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), and Initiation and Engagement of AOD Abuse of Dependence Treatment (IET).

Performance Measure Results

The following sections provide descriptions of the PMs and report the results. Conclusions drawn from the data can be found in the **Strengths and Opportunities for Improvement** section of this report.

HEDIS Effectiveness of Care Measures

HEDIS Effectiveness of Care measures evaluate how well an MCO provides preventive screenings and care for members with acute and chronic illnesses. **Table 10** displays MCO performance rates for select HEDIS Effectiveness of Care measures for HEDIS 2018, HEDIS 2019, HEDIS 2020, Healthy Louisiana HEDIS 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOB]s Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Effectiveness of Care measures.

Adult BMI Assessment: The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Antidepressant Medication Management: The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Asthma Medication Ratio (5–64 Years): The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.

Breast Cancer Screening in Women: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Cervical Cancer Screening: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21–64 years of age who had cervical cytology performed every 3 years.
- Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Childhood Immunization Status – Combination 3: 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.

Chlamydia Screening in Women (16–24 Years): 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 MY.

Controlling High Blood Pressure: 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 MY.

Follow-Up Care for Children Prescribed ADHD Medication: 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 index prescription state date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- 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.

Medication Management for People With Asthma Total – Medication Compliance 75% (5–64 Years): The percentage of members 5–64 years of age during the MY who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. The percentage of members who remained on an asthma controller medication is at least 75% of their treatment period.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: 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 MY.

- BMI percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

Table 10: HEDIS Effectiveness of Care Measures – 2018–2020

Measure	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
Adult BMI Assessment	80.29%	87.04%	87.04%	25th	82.90%
Antidepressant Medication Management	78.30%	49.32%	50.14%	10th	48.98%

Measure	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
- Acute Phase					
Antidepressant Medication Management - Continuation Phase	65.99%	34.28%	33.83%	10th	33.25%
Asthma Medication Ratio (564 Years)	56.15%	63.26%	57.48%	10th	64.50%
Breast Cancer Screening in Women	58.88%	61.95%	61.65%	50th	58.13%
Cervical Cancer Screening	52.55%	56.34%	59.61%	33.33rd	57.49%
Childhood Immunization Status – Combination 3	68.37%	65.45%	68.37%	33.33rd	69.99%
Chlamydia Screening in Women (16–24 Years)	66.96%	66.90%	67.83%	75th	66.88%
Comprehensive Diabetes Care - HbA1c Testing	85.16%	88.08%	88.08%	33.33rd	86.28%
Controlling High Blood Pressure	30.17%	51.58%	51.58%	10th	49.98%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	64.98%	49.17%	53.26%	75th	45.42%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	53.19%	65.53%	70.25%	95th	60.24%
Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)	59.68%	34.20%	33.87%	25th	32.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	56.20%	75.18%	77.64%	33.33rd	68.57%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	51.58%	66.18%	68.06%	33.33rd	56.89%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	43.07%	55.96%	63.14%	33.33rd	48.23%

HEDIS: Healthcare Effectiveness Data and Information Set; RY: reporting year; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; BMI: body mass index; ADHD: attention deficit/hyperactivity disorder.

HEDIS Access to/Availability of Care Measures

The HEDIS Access to/Availability of Care measures examine the percentages of Medicaid children/adolescents, child-bearing women, and adults who receive PCP/preventive care services, ambulatory care (adults only), or receive timely prenatal and postpartum services. **Table 11** displays MCO rates for select HEDIS Access to/Availability of Care measure rates for HEDIS 2018, HEDIS 2019, HEDIS 2020, Healthy Louisiana HEDIS 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Access to/Availability of Care measures.

Children and Adolescents' Access to PCPs: The percentage of members 12 months–19 years of age who had a visit with a PCP. The organization reports four separate percentages for each product line.

- Children 12–24 months and 25 months–6 years who had a visit with a PCP during the MY.
- Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the MY or the year prior to the MY.

Adults' Access to Preventive/Ambulatory Services: The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the MY.
- Commercial members who had an ambulatory or preventive care visit during the MY or the 2 years prior to the MY.

Access to Other Services: 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. For these women, the measure assesses the following facets of prenatal and postpartum care:

- Timeliness of Prenatal Care. The percentage of deliveries 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.
- Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Table 11: HEDIS Access to/Availability of Care Measures – 2018–2020

Measure	AmeriHealth			Quality Compass 2020 National–All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
Children and Adolescents’ Access to PCPs					
12–24 Months	96.14%	96.02%	96.60%	50th	96.51%
25 Months–6 Years	88.29%	88.27%	89.40%	50th	88.84%
7–11 Years	89.38%	90.75%	91.73%	50th	91.27%
12–19 Years	88.77%	90.25%	90.71%	50th	90.38%
Adults’ Access to Preventive/Ambulatory Services					
20–44 Years	75.57%	75.56%	74.73%	25th	76.19%
45–64 Years	84.43%	84.54%	84.12%	33.33rd	84.49%
65+ Years	84.82%	85.96%	77.69%	5th	84.71%
Access to Other Services					
Prenatal Care	72.21%	76.82%	87.59%	33.33rd	85.85%
Postpartum Care	63.28%	66.15%	76.64%	50th	75.38%

HEDIS: Healthcare Effectiveness Data and Information Set; lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; PCPs: primary care providers.

HEDIS Use of Services Measures

This section of the report details utilization of AmeriHealth's services by examining selected HEDIS Use of Services rates.

Table 12 displays MCO rates for select HEDIS Use of Services measure rates for HEDIS RY 2018, HEDIS RY 2019, HEDIS RY 2020, Healthy Louisiana HEDIS RY 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Use of Services measures.

Adolescent Well-Care Visit: The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an ob/gyn practitioner during the MY.

Ambulatory Care: This measure summarizes utilization of ambulatory care in the following categories:

- Outpatient Visits including telehealth.
- ED Visits.

Well-Child Visits in the First 15 Months of Life: The percentage of members who turned 15 months old during the MY and who had the following number of well-child visits with a PCP during their first 15 months of life:

- No well-child visits.
- One well-child visit.
- Two well-child visits.
- Three well-child visits.
- Four well-child visits.
- Five well-child visits.
- Six or more well-child visits.

Table 12: Use of Services Measures – 2018–2020

Measure	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
Adolescent Well-Care Visit	50.73%	62.53%	62.53%	66.67th	58.97%
Ambulatory Care Emergency Department Visits/1,000 Member Months ¹	86.46	81.49	81.06	90th	74.57
Ambulatory Care Outpatient Visits/1,000 Member Months	448.57	413.44	409.04	66.67th	433.98
Well-Child Visits in the First 15 Months of Life 6+ Visits	56.91%	65.58%	68.09%	50th	64.72%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	68.30%	71.39%	73.98%	33.33rd	71.86%

¹A lower rate is desirable.

HEDIS: Healthcare Effectiveness Data and Information Set; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations.

Member Satisfaction: Adult and Child CAHPS 5.0H

In 2020, the CAHPS 5.0H survey of adult Medicaid members and child Medicaid with chronic care conditions (CCCs) was conducted on behalf of AmeriHealth by the NCQA-certified survey vendor, SPH Analytics. For purposes of reporting the child Medicaid with CCC survey results, the results are divided into two groups: general population and CCC population. The general population consists of all child members who were randomly selected for the CAHPS 5.0H Child survey during sampling. The CCC population consists of all children (either from the CAHPS 5.0H child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

For the rating measures, members responded to these survey questions on an 11-point scale from 0 (worst) to 10 (best). The ratings are calculated based on the percentage of 8, 9, or 10. As for the other measures, members responded to the questions with four options about the frequency. The ratings are calculated based on the percentage of Always or Usually.

The following describes the Adult CAHPS 5.0H.

Getting Needed Care: The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q9. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q20. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Getting Care Quickly: The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

How Well Doctors Communicate: The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q12. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q13. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q14. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

Customer Service: The Customer Service composite score is calculated by taking the average of two questions:

- Q24. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q25. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Coordination of Care: Q17. In the last 6 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?

Rating of All Health Care: Q8. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Rating of Personal Doctor: Q18. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Rating of Specialist: Q22. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Rating of Health Plan: Q28. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

The following describes the Child CAHPS 5.0H.

Getting Needed Care: The Getting Needed Care composite score is calculated by taking the average of two questions:

- Q10. In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- Q41. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

Getting Care Quickly: The Getting Care Quickly composite score is calculated by taking the average of two questions:

- Q4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- Q6. In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

How Well Doctors Communicate: The How Well Doctors Communicate composite score is calculated by taking the average of four questions:

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?

- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

Customer Service: The Customer Service composite score is calculated by taking the average of two questions:

- Q45. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
- Q46. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Coordination of Care: Q35. In the last 6 months, how often did your child's personal doctor seem informed and up to date about the care your child got from these doctors or other health providers?

Rating of All Health Care: Q9. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

Rating of Personal Doctor: Q36. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

Rating of Specialist: Q43. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Rating of Health Plan: Q49. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

Table 13, Table 14, and Table 15 show AmeriHealth's CAHPS rates for 2018, 2019, and 2020, as well as Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 13: Adult CAHPS 5.0H – 2018–2020

Measure ¹	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	79.59%	82.77%	81.37%	25th
Getting Care Quickly	80.36%	85.73%	78.53%	10th
How Well Doctors Communicate	92.19%	92.91%	91.58%	10th
Customer Service	90.87%	92.79%	90.98%	66.67th
Coordination of Care	84.31%	82.73%	Small sample	N/A
Rating of All Health Care	79.62%	72.14%	77.35%	50th
Rating of Personal Doctor	80.54%	83.08%	83.33%	33.33rd
Rating of Specialist	83.80%	84.95%	87.13%	75th
Rating of Health Plan	75.86%	79.19%	78.30%	33.33rd

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

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not applicable.

Table 14: Child CAHPS 5.0H General Population – 2018–2020

Measure ¹	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	93.26%	87.93%	86.71%	50th
Getting Care Quickly	92.60%	91.54%	91.25%	33.33rd
How Well Doctors Communicate	95.06%	94.18%	94.17%	10th
Customer Service	92.10%	95.02%	Small sample	N/A
Coordination of Care	89.29%	78.57%	Small sample	N/A
Rating of All Health Care	87.61%	87.21%	90.21%	66.67th
Rating of Personal Doctor	88.40%	91.58%	92.79%	75th
Rating of Specialist	92.77%	91.04%	Small sample	N/A
Rating of Health Plan	92.76%	88.89%	89.09%	66.67th

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

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not applicable.

Table 15: Child CAHPS 5.0H CCC Population – 2018–2020

Measure ¹	AmeriHealth			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	90.19%	89.11%	88.88%	50th
Getting Care Quickly	91.99%	96.31%	92.06%	33.33rd
How Well Doctors Communicate	94.23%	93.64%	95.62%	33.33rd
Customer Service	91.54%	90.59%	Small sample	N/A
Coordination of Care	79.82%	73.65%	Small sample	N/A
Rating of All Health Care	87.76%	86.24%	93.03%	95th
Rating of Personal Doctor	90.61%	87.45%	94.17%	95th
Rating of Specialist	89.66%	84.38%	Small sample	N/A
Rating of Health Plan	87.58%	86.22%	87.97%	75th

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

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not applicable.

Health Disparities

For this year’s technical report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. MCOs were asked to respond to the following questions for the period July 1, 2019–June 30, 2020:

Did the MCE conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCE’s Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?

MCO Response: AmeriHealth develops and implements quality improvement activities guided by the monitoring of key performance indicators, focusing on areas of concern or low performance, both clinical and service-related, identified through internal analysis and external recommendations. Internal performance targets, standards and external benchmarks are incorporated into internal key indicator monitoring and reporting to identify areas for additional analysis and, as necessary, implementation of performance improvement projects and corrective actions.

Topics are chosen based on significance to the member population. Activities focus on improving rates for select HEDIS® measures integrated with health education programs, and completed on an annual basis. Interventions are based on the reporting year result, and the impact of the interventions is monitored in the subsequent year.

The following project(s) were targeted in 2020:

Comprehensive Diabetes Care Intervention – Control Your Diabetes. Control Your Destiny.
CDC HEDIS INTERVENTION

- Focus: Improvement of access to care for African-American members diagnosed with Type 2 Diabetes Mellitus
- Goal: Continue member programming while observing safety precautions against the spread of COVID-19.
- Interventions: Develop internal processes that increase access to care through root cause analysis and implementation of evidence-based programs to meet targeted population needs. In addition, online reiteration of wellness center in-person programming that addresses education and access to care for members living with diabetes. Webinars will be made available through the Plan website and social media.

Addressing Social Determinants of Health and Health Equity in COVID-19
HEALTH EQUITY DASHBOARD

AmeriHealth Caritas Louisiana's COVID-19 Community Impact Dashboard includes current data detailing outcomes of our Emergency Response COVID-19 outreach, including:

- Confirmed cases stratified by race, ethnicity, and language (REL)
- Outreach prioritized by COVID-19 risk, race, social determinant of health needs, geographic location
- Contact Rates by REL, disease, and social determinant of health need
- Outreach results stratified by REL and disease state
- Social Determinants of Health results

Addressing Health Equity through Data Collection
SEXUAL ORIENTATION / GENDER IDENTITY

AmeriHealth Caritas Louisiana Associated completed training on the collection of sexual orientation and gender identity data from members and related privacy practices. We will collect Sexual Orientation (SO) and Gender Identity (GI), data to:

- Help our providers and internal associates provide effective, patient-centered care.
- Encourage associates to provide more culturally responsive care and services to LGBTQ members.
- Ensure we are providing remarkable customer service to members that is sensitive and respectful.
- Facilitate the measurement of quality of care to LGBTQ members.
- Reduce health care disparities experienced by LGBTQ members.

V. Compliance Monitoring

Medicaid Compliance Audit Findings for Contract Year 2020

Objective: The objective of the compliance review is to determine the extent to which the MCO is compliant with federal standards and LDH's contractual requirements.

Technical Methods of Data Collection and Analysis: IPRO conducted the 2020 Compliance Audit on behalf of the LDH. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The 2020 annual compliance audit was a partial review of the MCO's compliance with contractual requirements during the period of April 1, 2019, through March 31, 2020.

The 2020 partial audit included an evaluation of AmeriHealth's policies, procedures, files, and other materials corresponding to the following five contractual domains:

1. Marketing and Member Education
2. Provider Network Requirements
3. Quality Management
4. Core Benefits and Services
5. Reporting

AmeriHealth's partial review did not include file review.

For this audit, compliance determinations of "full," "substantial," "minimal," "non-compliance," and "not applicable" were used for each element under review. The definition of each of the review determinations is presented in **Table 16**.

Table 16: Review Determination Definitions

Review Determination	Definition
Full	The MCO is compliant with the standard.
Substantial	The MCO is compliant with most of the requirements of the standard, but has minor deficiencies.
Minimal	The MCO is compliant with some of the requirements of the standard, but has significant deficiencies that require corrective action.
Non-compliance	The MCO is not in compliance with the standard.
Not applicable	The requirement was not applicable to the MCO.

MCO: managed care organization.

Summary of Findings

Findings from AmeriHealth's 2020 Compliance Review follow. **Table 17** displays the total number of requirements reviewed for each domain, as well as compliance determination counts for each domain.

Table 17: Audit Results by Audit Domain

Audit Domain	CFR 438 Crosswalk	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full ¹
Eligibility and Enrollment	No crosswalk	NR	NR	NR	NR	NR	NR	NR
Marketing and Member Education	No crosswalk	2	2	0	0	0	0	100%
Member Grievances and Appeals	438.210 Coverage and authorization of services	NR	NR	NR	NR	NR	NR	NR
Provider Network Requirements	438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection 438.230 Subcontractual relationships and delegation 438.224 Confidentiality	21	10	10	1	0	0	48%
Utilization Management	438.210 Coverage and authorization of services 438.236 Practice guidelines	NR	NR	NR	NR	NR	NR	NR
Quality Management	438.224 Confidentiality 438.330 Quality assessment and performance improvement program	1	1	0	0	0	0	100%
Fraud, Waste and Abuse	438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection	NR	NR	NR	NR	NR	NR	NR
Core Benefits and Services	438.208 Coordination and continuity of care	6	5	1	0	0	0	83%
Reporting	438.242 Health information systems	1	1	0	0	0	0	100%
Total		31	19	11	1	0	0	61%

¹N/As are not included in the calculation.

NR: not reviewed during partial compliance review.

As presented in **Table 17**, 31 elements were reviewed for compliance. Of the 31 elements, 19 were determined to fully meet the regulations, while 11 substantially met the regulations, 1 minimally met the regulations, and 0 were determined to be non-compliant. Zero (0) elements were “not applicable.” The overall compliance score indicates that 61% of regulations not fully compliant in the prior review have been addressed by the MCO and are now fully compliant.

It is the expectation of LDH that AmeriHealth submits a corrective action plan for new elements determined to be less than fully compliant.

VI. Strengths, Opportunities for Improvement & Recommendations

This section reports the conclusions drawn as to the quality, timeliness, and access to care provided by AmeriHealth to Medicaid recipients, based on data and analysis presented in the previous sections of this report (42 CFR 438.364(a)(1)). The MCO's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided, based on the opportunities for improvement noted.

Strengths

- **HEDIS (Quality of Care)** – AmeriHealth met or exceeded the 75th percentile for the following HEDIS measures:
 - Chlamydia Screening in Women (16–24 Years)
 - Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
 - Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
- **CAHPS (Member Satisfaction)** – AmeriHealth met or exceeded the 75th percentile for the following CAHPS measures:
 - Adult Population
 - Rating of Specialist
 - Child General Population
 - Rating of Personal Doctor
 - Child CCC Population
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
- **Compliance Monitoring**
 - For the review domains Marketing and Member Education, Quality Management, and Reporting 100% of requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Opportunities for Improvement

- **HEDIS (Quality of Care)** – AmeriHealth demonstrates an opportunity for improvement in the following areas of care, as performance was below the 50th percentile:
 - Adult BMI Assessment
 - Antidepressant Medication Management - Acute Phase
 - Antidepressant Medication Management - Continuation Phase
 - Asthma Medication Ratio (5–64 Years)
 - Cervical Cancer Screening
 - Childhood Immunization Status – Combination 3
 - Comprehensive Diabetes Care - HbA1c Testing
 - Controlling High Blood Pressure
 - Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
 - Adults' Access to Preventive/Ambulatory Services
 - 0–44 Years
 - 45–64 Years
 - 65+ Years

- Access to Other Services
 - Prenatal Care
- Ambulatory Care Emergency Department Visits/1,000 Member Months
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- **CAHPS (Member Satisfaction)** – AmeriHealth demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
 - Adult Population
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Rating of Personal Doctor
 - Rating of Health Plan
 - Child General
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Child CCC Population
 - Getting Care Quickly
 - How Well Doctors Communicate
- **Compliance Monitoring**
 - Only 10 of 21 (48%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Recommendations

Recommendation: For the Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence PIP, it was found that the results must be interpreted with some caution due data correction required for one of the performance indicators. Also, for the Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that the results must be interpreted with some caution due discrepancies in the denominator of a performance indicator.

The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.

Recommendation: Seventeen (18) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low-performing HEDIS measures have shown little improvement from prior year with the exception of:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
- Access to other services
 - Prenatal care
 - Postpartum care

The MCO should develop specific interventions to address the worst performing HEDIS measures:

- Antidepressant Medication Management - Acute Phase (< 25th percentile)
- Antidepressant Medication Management - Continuation Phase (< 25th percentile)
- Asthma Medication Ratio (5–64 Years) (< 25th percentile)
- Controlling High Blood Pressure (< 25th percentile)
- Adults' Access to Preventive/Ambulatory Services 65+ years (< 10th percentile)
- Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile; a lower rate is desirable)

Recommendation: Nine (9) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.

- The MCO should develop specific interventions to address the worst performing CAHPS measures:
 - Adult population:
 - Getting Care Quickly (< 25th percentile)
 - How Well Doctors Communicate (< 25th percentile)
 - Child General population:
 - How Well Doctors Communicate (< 25th percentile)

Recommendation: Compliance Monitoring

- Only 10 of 21 (48%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their federal and state Provider Network access requirements.

MCO's Response to Previous Recommendations (2018–2019 ATR)

Recommendation: Nineteen (19) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low performing HEDIS measures have generally seen improvement from the prior year indicating some success of MCO interventions.

MCO Response: AmeriHealth Caritas Louisiana is committed to improving the quality of care and health outcomes for our members. The plan strives to exceed the NCQA Quality Compass 50th percentile in HEDIS metrics and performs month-over-month trending and benchmarking against Quality Compass to drive root cause analyses for successes and opportunities for improvement. AmeriHealth Caritas Louisiana's bi-weekly Health Outcomes Workgroup consists of our leadership team that includes our CEO, CMO, COO, Quality Director, Population Health Director, Member Services Director, and Provider Supports Director, among other key topic participants. The Health Outcomes Workgroup provides a forum to review interim HEDIS rates, trends, and intervention effectiveness. Monthly interdepartmental workgroups are held with department subject matter experts to communicate barriers, modify/develop interventions, and evaluate intervention effectiveness. Priority HEDIS metrics are shared with the plan's Quality of Clinical Care Committee and the Quality Assessment and Performance Improvement Committee for discussion and feedback. Additionally, AmeriHealth Caritas Louisiana conducts an annual evaluation of the QM/QI program.

The following activities were continued, enhanced or initiated to address low performing HEDIS metrics:

- Performed monthly HEDIS data trending and analysis.
- Performed segmentation analysis by diagnosis, age, race, ethnicity, parish and provider/ facility access and availability.
- Analyzed utilization patterns detect potential areas to improve over- and underutilization rates and barriers to receiving the right care.
- Initiated Quality Improvement Activities on all priority measures.
- Developed a comprehensive provider support strategy to include training, technology, data and alternative payment methods.
- Performed targeted provider education through a multidisciplinary team approach.
- Provided provider care gap reports and performance report cards.
- Provided resources to assist practices in following evidenced-based practice guidelines and optimizing quality enhancement program payments.
- Promoted telemedicine services and billing
- Conducted member outreach via face to face encounters, texting campaigns, telephonic, mailings, social media and community events.
- Promoted wellness and prevention by engaging and empowering members to seek preventive care, complete age-appropriate screenings, and make healthy choices.
- Collaborated with the School Based Health Centers to promote well visits.
- Partnered with Feist Weiller for cancer prevention events.
- Partnered with the American Academy of Pediatrics (AAP) on the following:

- Improve the treatment and health outcomes of children with Attention Deficit Hyperactivity Disorder (ADHD).
- Back to the Office Campaign
- Equipped members with tools, education, and care coordination to effectively self-manage chronic conditions.
- Offered a variety of community-focused activities such as *Control Your Diabetes*. *Control Your Destiny* classes and baby showers at our Community Wellness Centers.
- Partnered with American Society of Addiction Medicine (ASAM) for Medication-Assisted-Training (MAT).
- Executed plan-wide quality activities and communications, including all-employee trainings.

Recommendation: The MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.

- The MCO should develop specific interventions to address the worst performing CAHPS measures:
 - Child General population: Shared Decision Making (< 10th percentile)
 - Child CCC population:
 - Shared Decision Making (< 10th percentile)
 - Rating of Specialist (< 10th percentile)

MCO Response: AmeriHealth consistently works to improve CAHPS scores for both the Adult and Children surveys by identifying opportunities where the Plan performs below the NCQA 50th percentile. AmeriHealth continued its CAHPS workgroup of multidisciplinary internal departments.

Through this collaboration, we have addressed several priority CAHPS Work Plan items. We have improved our internal associates' CAHPS awareness through enterprise-wide presentations of general CAHPS information, specifics of the Adult and Children surveys, and a detailed breakdown of the Final Results Report. Further, we have presented a more comprehensive analysis to all member-facing associates and/or departments with an emphasis on CAHPS-centered initiatives, such as end-of-call scripting. In addition to increasing our associates and members awareness of CAHPS, we developed provider education / newsletters to be sent to all providers. Similar to our associate-directed CAHPS education goals, these provider newsletters were developed to provide a generalized overview of the Adult and Child CAHPS surveys, as well as a detailed breakdown of the provider-driven elements of the Final Results Report.

The Adult CAHPS survey results reflect an overall increase in scores: with only 1 measure's score decreasing from the prior year. Further, 7 of the 10 components either met or exceeded the 2019 National Quality Compass 50th Percentile. It is also important to highlight the Child CAHPS General Population also saw 7 of the 10 components met or exceed the 2019 National Quality Compass 50th Percentile; however, 7 of the 10 also saw decreases in scores when compared to the previous year.

Lastly, NCQA Announcements regarding survey changes for 2020 CAHPS indicated the intent to shorten the HEDIS CAHPS surveys to reduce response burden for members. Due to this, Shared Decision Making was removed from the survey. Also for 2020 CAHPS, NCQA no longer produced General Population results for the CCC Population and no longer produced CCC results for the General Population. With these changes, there will no longer be an opportunity to measure effectiveness on our ongoing interventions regarding our lower scores for General Child Shared Decision Making and Child with CCC Shared Decision Making and Rating of Specialist.

Recommendations for LDH

According to **42 CFR 438.364(a)(4)**, this section of the annual external quality review report provides a summary analysis of how the state can target goals and objectives in the Quality Strategy, under [§ 438.340](#), to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

- Louisiana's 2019 Quality Strategy goals address the following areas: access to care to meet enrollee needs, improvement in coordination and transitions of care, and facilitation of patient-centered, whole-person care; promotion of wellness and prevention, improvement of chronic disease management and encouragement for partnering with communities to improve population health and address health disparities; and payment for value and incentives for innovation and minimizes wasteful spending. Based on results presented in AmeriHealth Caritas's EQR findings from HEDIS and CAHPS analyses, opportunities for improvement for this MCO are particularly evident in the areas of behavioral health, chronic disease management, and access to care. In addition to the MCO

continuing to evaluate the effectiveness of their current interventions in these areas, LDH, in collaboration with the EQRO, and partnering with other state agencies such as Public Health and Behavioral Health can help structure effective initiatives not only on an MCO basis, but also statewide in order to address common areas needing improvement.

- Provider Network access requirements assessed during the annual compliance review and evident in HEDIS and CAHPS results for this MCO indicate potential focus areas for intervention statewide in the form of PIPs and/or access and availability surveys. LDH could consider strengthening enforcement of Provider Network contractual requirements with MCOs or revising contractual standards to provide a more attainable level of compliance for Louisiana MCOs.
- With each annual EQR report, the state is encouraged to review the Quality Strategy's goals and objectives in light of the compliance review findings, aggregation and analysis of quality and access/timeliness data, validation of PIPs, and make adjustments and updates to the strategy as needed.