



State of Louisiana Department of Health Aetna Better Health of Louisiana Annual External Quality Review Technical Report

FINAL REPORT

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

Report Issued: April 2021



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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).....	25
	Member Satisfaction: Adult and Child CAHPS 5.0H.....	30
	Health Disparities.....	33
V.	Compliance Monitoring	36
	Medicaid Compliance Audit Findings for Contract Year 2020	36
	Summary of Findings.....	37
VI.	Strengths, Opportunities for Improvement & Recommendations	39
	Strengths	39
	Opportunities for Improvement	39
	Recommendations	40
	MCO's Response to Prior Recommendations (2018–2019 ATR)	41

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	18
Table 8: Performance Indicator Descriptions	21
Table 9: Baseline, Interim Results, Final Results and Target Rate	24
Table 10: HEDIS Effectiveness of Care Measures – 2018–2020.....	28
Table 11: HEDIS Access to/Availability of Care Measures – 2018–2020	29
Table 12: Use of Services Measures – 2018–2020.....	30
Table 13: Adult CAHPS 5.0H – 2018-2020.....	32
Table 14: Child CAHPS 5.0H General Population – 2018–2020	33
Table 15: Child CAHPS 5.0H CCC Population – 2018–2020.....	33
Table 16: File Review Sample Sizes	36
Table 17: Review Determination Definitions	36
Table 18: Audit Results by Audit Domain	37

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).

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 Aetna Better Health of Louisiana (Aetna) for review period July 1, 2018–June 30, 2019.

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 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.

II. MCO Corporate Profile

Table 1: Corporate Profile

Aetna Better Health of Louisiana	
Type of organization	Health maintenance organization
Tax status	For profit
Year operational	2015
Product line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid enrollment (as of June 2020)	129,527

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2020, the MCO's Medicaid enrollment totaled 129,527, which represents 8% of Healthy Louisiana's active members. **Table 2** displays Aetna's Medicaid enrollment for 2018 to 2020, as well as the 2020 statewide enrollment totals.

Table 1: Medicaid Enrollment as of June 2020

Aetna ¹	June 2018	June 2019	June 2020	% Change	2020 Statewide Total ²
Total enrollment	114,377	112,513	129,527	15.1%	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 Aetna'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	Aetna									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Family practice/ general medicine	246	147	42	126	88	70	180	102	81	824
Pediatrics	169	104	25	75	11	25	108	23	38	499
Nurse practitioners	800	645	228	435	225	269	399	311	421	2987
Internal medicine ¹	254	160	31	75	54	30	134	41	64	718
Ob/gyn ¹	13	7	2	6	5	2	32	7	4	64
RHC/FQHC	69	32	30	32	21	42	44	45	39	354

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

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

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 in 10 miles	97.3%
	Rural	1 in 30 miles	100%
Pediatric PCP	Urban	1 in 10 miles	91.2%
	Rural	1 in 30 miles	98.3%
Ob/gyn	Urban	1 in 15 miles	95.2%
	Rural	1 in 30 miles	96.7%

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	98.7%
	Rural	1 in 60 minutes	100%
Ob/gyn	Urban	1 in 30 minutes	99.3%
	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	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members with detoxification-only chemical dependency benefits do not meet these criteria</p>	Initiation of AOD treatment: Alcohol abuse or dependence diagnosis with 14 days of the IESD (see HEDIS specs)	<p>New episode of AOD abuse or dependence during the intake period: Step 1: Identify the index episode: Identify all member in the specified age range who, during the intake period, had 1e of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the 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 during the 60 days before the IESD (see specs); Step 4: Calculate continuous enrollment. Members must be</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
Indicator 2 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020, Volume 2	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members with detoxification-only chemical dependency benefits do not meet these criteria</p>	Initiation of AOD treatment: Opioid Abuse or dependence diagnosis with 14 days of the IESD (see HEDIS specs)	<p>New episode of AOD abuse or dependence during the intake period: Step 1: Identify the index episode: Identify all member in the specified age range who, during the intake period, had 1 of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the 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 during the 60 days before the IESD (see specs); Step 4: Calculate continuous</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						enrollment: Members must be continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
Indicator 3 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020, Volume 2	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members with detoxification-only chemical dependency benefits do not meet these criteria</p>	Initiation of AOD treatment: Total diagnosis cohort with 14 days of the IESD (see HEDIS specs)	<p>New episode of AOD abuse or dependence during the Intake Period: Step 1: Identify the index episode: Identify all member in the specified age range who, during the intake period, had 1 of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the 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 during the 60 days before the IESD (see specs);</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						Step 4: Calculate continuous enrollment: Members must be continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
Indicator 4(HEDIS IET)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	HEDIS 2020, Volume 2	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members in hospice</p>	<p>Step 1: Identify all members compliant for the initiation of AOD treatment numerator; Step 2: Identify members whose initiation of AOD treatment was a medication treatment (Alcohol Use Disorder Treatment Medication List); Step 3: Identify the remaining members whose initiation of AOD treatment was not a medication treatment event (members not identified in step 2)</p> <p>Members are numerator-compliant if they meet either of the following:</p> <ul style="list-style-type: none"> At least 1 engagement medication treatment event At least 2 engagement visits <p>(see HEDIS specs)</p>	<p>New episode of AOD abuse or dependence during the intake period: Step 1: Identify the index episode. Identify all member in the specified age range who, during the intake period, had 1 of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the 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 during</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						the 60 days before the IESD (see specs); Step 4: Calculate continuous enrollment: Members must be continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
Indicator 5 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020, Volume 2	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members in hospice</p>	<p>Step 1: Identify all members compliant for the initiation of AOD treatment numerator; Step 2: Identify members whose initiation of AOD treatment was a medication treatment (Opioid Use Disorder Treatment Medication List); Step 3: Identify the remaining members whose initiation of AOD treatment was not a medication treatment event (members not identified in step 2)</p> <p>Members are numerator-compliant if they meet either of the following:</p> <ul style="list-style-type: none"> At least 1 engagement medication treatment event At least 2 engagement visits <p>(see HEDIS specs)</p>	<p>New episode of AOD abuse or dependence during the intake period: Step 1: Identify the index episode: Identify all members in the specified age range who, during the intake period, had 1 of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the 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</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						treatment medication during the 60 days before the IESD (see specs); Step 4: Calculate continuous enrollment: Members must be continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
Indicator 6 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020, Volume 2	<p>The total is the sum of the age stratification: 13–17 years 18+ years</p> <p>Continuous enrollment 60 days (2 months) prior to the IESD through 48 days after the IESD (109 total days)</p> <p>No allowable gaps</p> <p>No anchor date</p>	<p>Exclude the member from the denominator for both indicators (Initiation of AOD Treatment and Engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the MY</p> <p>Members in hospice</p>	<p>Step 1: Identify all members compliant for the initiation of AOD treatment numerator; Step 2: Identify members whose initiation of AOD treatment was a medication treatment (AOD Medication Treatment Value Set); Step 3: Identify the remaining members whose initiation of AOD treatment was not a medication treatment event (members not identified in step 2)</p> <p>Members are numerator-compliant if they meet either of the following:</p> <ul style="list-style-type: none"> At least 1 engagement medication treatment event At least 2 engagement visits <p>(see HEDIS specs)</p>	<p>New episode of AOD abuse or dependence during the intake period: Step 1: Identify the Index Episode: Identify all member in the specified age range who, during the intake period, had 1 of the following (see specs); Step 2: Select the index episode and stratify based on age and AOD diagnosis cohort (see specs); Step 3: Test the negative diagnosis history: Exclude members who had a claim/encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment, or an</p>

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
						alcohol or opioid dependency treatment medication during the 60 days before the IESD (see specs); Step 4: Calculate continuous enrollment: Members must be continuously enrolled for 60 days before IESD through 48 days after the IESD, with no gaps
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	13 years and older as of the ED visit Continuous enrollment from date of the ED visit through 30 days after the ED visit (31 days) No gaps in enrollment No anchor date	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 Members with detoxification-only chemical dependency benefits do not meet these criteria.	The follow-up visits with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Includes visits that occur on the date of the ED visit (see HEDIS specs)	ED visit (ED Value Set) with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set) on or between January 1 and December 1 of the MY during which the member was 13 years or older on the date of visit Note: Do not include more than 1 ED visit per 31-day period as described in the Multiple Visit documentation of spec
Indicator 8 (HEDIS FUA)	The percentage of emergency department (ED) visits for members	HEDIS 2020, Volume 2	13 years and older as of the ED visit Continuous enrollment from date	ED visits that result in an inpatient stay and ED visits followed by an admission to an	The follow-up visits with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days).	ED visit (ED Value Set) with a principal diagnosis of AOD abuse or

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	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>of the ED visit through 30 days after the ED visit (31 days)</p> <p>No gaps in enrollment</p> <p>No anchor date</p>	<p>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>Members with detoxification-only chemical dependency benefits do not meet these criteria</p>	<p>Includes visits that occur on the date of the ED visit</p> <p>(see HEDIS specs)</p>	<p>dependence (AOD Abuse and Dependence Value Set) on or between January 1 and December 1 of the MY during which the member was 13 years or older on the date of visit</p> <p>Note: Do not include more than 1 ED visit per 31-day period as described in the Multiple Visit documentation of spec</p>

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; IESD: index episode start date; MY: measurement year; 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

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– 11/1/20 ¹	Target Rate
Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 869 D: 1787 R: 48.63%	N: 990 D: 1912 R: 51.78%	N: 827 D: 1579 R: 52.37%	53.28%
Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 540 D: 870 R: 62.07%	N: 663 D: 977 R: 64.79%	N: 593 D: 885 R: 67.01%	68.33%
Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 2357 D: 4653 R: 50.66%	N: 2711 D: 5089 R: 53.27%	N: 2430 D: 4570 R: 53.17%	53.89%
Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 237 D: 1787 R: 13.26%	N: 300 D: 1912 R: 15.69%	N: 230 D: 1579 R: 14.57%	16.39%
Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 237 D: 870 R: 27.24%	N: 296 D: 977 R: 30.30%	N: 286 D: 885 R: 32.32%	32.41%

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– 11/1/20 ¹	Target Rate
Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 751 D: 4653 R: 16.14%	N: 899 D: 5089 R: 17.67%	N: 770 D: 4570 R: 16.85%	18.12%
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: 143 D: 1038 R: 13.78%	N: 130 D: 988 R: 13.16%	N: 127 D: 854 R: 14.87%	17.75%
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: 96 D: 1038 R: 9.25%	N: 90 D: 988 R: 9.11%	N: 69 D: 854 R: 8.08%	11.41%

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.

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 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 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort

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 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 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
- 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:

- There was an opportunity to obtain direct member feedback from care manager outreach.
- There was an opportunity to obtain direct provider feedback.
- Interventions that cannot be measured or are not showing improvement should be replaced.
- Indicator 2 was incorrectly calculated.
- In the final report, the MCO should interpret each performance indicator based on change from baseline to final measurement.

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 intervention and ITM issues identified, as well as the correction needed to the Indicator 2 calculation.

Conclusion: Three (3) of the 6 IET performance indicators demonstrate that the plan achieved improvement; however, the newly added FUA indicators did not. 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 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 Viral Hepatitis C 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 Viral Hepatitis C 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 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. d) Persons ever	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C 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			
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 Viral Hepatitis C 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 Viral Hepatitis C 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 Viral Hepatitis C per the OPH listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa) or other LDH-approved Hepatitis C Virus 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	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A)	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the AG of Epclusa) or other LDH-approved	Number of members in the eligible population for Performance

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}		AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing		Hepatitis C Virus DAA	Indicator 3b
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 Viral Hepatitis C 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 Viral Hepatitis C per the OPH listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the AG of Epclusa) or other LDH-approved Hepatitis C Virus DAA	Number of members in the eligible population for Performance Indicator 3c

HCV: Hepatitis C virus; OPH: Office of Public Health; MY: measurement year; 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 1/1/2019–6/30/2019	Preliminary Measure period: 1/1/2019– 12/31/2019 ¹	Final Period Measure period: 1/1/2020 – 12/15/2020 ²	Target Rate
Performance Indicator 1a (Universal Screening)	N: 11063 D: 81700 R: 14.00%	N: 10849 D: 69005 R: 16.00%	N: 14238 D: 79661 R: 17.87%	26.00%
Performance Indicator 1b (Birth Cohort Screening)	N: 3818 D: 24212 R: 16.00%	N: 3779 D: 21125 R: 18.00%	N: 4507 D: 22531 R: 20.00%	28.00%
Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	N: 3383 D: 11709 R: 29.00%	N: 3401 D: 10178 R: 33.00%	N: 4469 D: 11834 R: 37.67%	43.00%
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)	N: 1117 D: 11709 R: 10.00%	N: 1720 D: 10178 R: 17.00%	N: 1926 D: 11834 R: 16.28%	27.00%
Performance Indicator 3a (HCV Treatment Initiation- Overall)	N: 139 D: 2316 R: 6.00%	N: 364 D: 2283 R: 16.00%	N: 780 D: 2835 R: 27.51%	26.00%
Performance Indicator 3b (HCV Treatment Initiation- Drug Users)	N: 51 D: 1221 R: 4.00%	N: 179 D: 1313 R: 14.00%	N: 446 D: 1717 R: 25.98%	24.00%

Performance Indicator	Baseline Period 1/1/2019–6/30/2019	Preliminary Measure period: 1/1/2019– 12/31/2019 ¹	Final Period Measure period: 1/1/2020 – 12/15/2020 ²	Target Rate
Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV)	N: 2 D: 109 R: 2.00%	N: 9 D: 121 R: 7.00%	N: 56 D: 133 R: 42.10%	17.00%

¹The period from 1/1/2020-6/30/20 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 Eplclusa.

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.

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 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)
- 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: 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 barrier analysis did not include direct member feedback.
- CM outreach can be conducted to identify member barriers.
- Several interventions were not implemented.
- ITMs should have been updated to meaningfully measure intervention progress.
- The Results section of the final report should not include interpretation of results; that should be done in the Discussion section.
- Office of Public Health (OPH) member list of members potentially eligible for treatment interventions was modified inappropriately by MCO.

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 intervention and ITM issues noted, including the inappropriate modification made to the OPH listing.

Conclusion: Each of the 7 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.

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 Aetna was conducted by Advent Advisory Group. 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: Aetna followed the HEDIS 2020 specifications and produced a reportable rate for all measures and submeasures included in the scope of the audit. Aetna's data systems and processes met all the Information System (IS) standards, as required. No measures or submeasures received a biased rate (BR) audit designation; all supplemental databases (SDs) were approved and all hybrid measures selected for validation passed. Due to the 2019 Novel Coronavirus (COVID-19) pandemic, the NCQA allowed the plan the option to rotate any hybrid measures where HEDIS 2019 rates were higher than HEDIS 2020 rates. In any cases where the plan elected to rotate, Aetna's certified auditor, Advent, confirmed compliance with NCQA's guidelines.

- All measures required for reporting received an audit result of Reportable (R), including all rotated hybrid measures. Starting with HEDIS 2020, NCQA no longer required audit review tables (ART) from the NCQA Interactive Data Submission System (IDSS) to be published in the FARs, however, Aetna's auditor included the ARTs, and the only exceptions were the following:
- Aetna received an audit determination of NA for members 65+ years range in the following measures: Appropriate Testing for Pharyngitis (CWP), 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).
- The plan also received an audit determination of NA for age range 65+ for Follow-Up for Hospitalization After Mental Illness (FUH) and Follow-Up After Emergency Department Visit for Mental Illness (FUM). For the age ranges 13–17 and 65+, the plan also received an NA for Follow-Up After High-Intensity Care for Substance Abuse Disorder (FUI). Finally, for the age range 13–17, Aetna received an NA for Follow-Up After Emergency Visit for Alcohol and Other Drug Abuse or Dependence (FUA) and Initiation and Engagement of AOD Abuse or Dependence Treatment (IET).
- However, these small denominator designations for the age ranges listed above did not impact Aetna's ability to report the total rates for these measure indicators.
- Advent assessed that the overall measure and all submeasure age categories for Annual Dental Visit (ADV) received NA.

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 ([LOBs] 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 MY or the year prior to the MY.

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 start date (IPSD) with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- 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	Aetna			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	79.32%	85.40%	85.40%	10th	82.90%
Antidepressant Medication Management - Acute Phase	57.23%	56.97%	59.00%	75th	48.98%
Antidepressant Medication Management - Continuation Phase	44.60%	43.59%	44.53%	75th	33.25%
Asthma Medication Ratio (5–64 Years)	53.11%	59.97%	60.02%	33.33rd	64.50%
Breast Cancer Screening in Women	58.21%	59.64%	59.93%	50th	58.13%
Cervical Cancer Screening	44.28%	47.69%	53.04%	10th	57.49%
Childhood Immunization Status - Combination 3	65.21%	73.24%	73.24%	66.67th	69.99%
Chlamydia Screening in Women (16–24 Years)	64.96%	64.00%	64.06%	66.67th	66.88%
Comprehensive Diabetes Care - HbA1c Testing	84.67%	87.83%	87.83%	33.33rd	86.28%
Controlling High Blood Pressure	39.17%	50.36%	50.36%	10th	49.98%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	60.34%	41.12%	43.43%	50th	45.42%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	45.36%	53.33%	61.64%	75th	60.24%
Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)	30.36%	46.31%	43.02%	66.67th	32.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	52.31%	65.45%	65.45%	10th	68.57%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	49.39%	56.45%	56.45%	10th	56.89%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	39.66%	47.69%	47.69%	10th	48.23%

HEDIS: Healthcare Effectiveness Data and Information Set; 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	Aetna			Quality Compass 2020 National –All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS2020		
Children and Adolescents’ Access to PCPs					
12–24 Months	93.77%	94.10%	95.52%	33.33rd	96.51%
25 Months–6 Years	81.27%	83.78%	85.89%	25th	88.84%
7–11 Years	81.79%	82.82%	85.57%	10th	91.27%
12–19 Years	81.46%	82.51%	84.42%	10th	90.38%
Adults’ Access to Preventive/Ambulatory Services					
20–44 Years	67.79%	69.70%	69.39%	10th	76.19%
45–64 Years	79.76%	81.48%	80.83%	10th	84.49%
65+ Years	85.61%	76.80%	79.06%	10th	84.71%
Access to Other Services					
Prenatal Care	72.02%	75.67%	83.45%	10th	85.85%
Postpartum Care	63.50%	68.61%	76.40%	50th	75.38%

HEDIS: Healthcare Effectiveness Data and Information Set; LOBs: 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 Aetna'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 2018, HEDIS 2019, HEDIS 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. | • Three well-child visits. | • Six or more well-child visits. |
| One well-child visit. | • Four well-child visits. | |
| Two well-child visits. | • Five well-child visits. | |

Table 12: Use of Services Measures – 2018–2020

Measure	Aetna			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	46.72%	39.90%	45.50%	10th	58.97%
Ambulatory Care Emergency Department Visits/1,000 Member Months ¹	90.59	82.63	81.28	90th	74.57
Ambulatory Care Outpatient Visits/1,000 Member Months	402.31	409.49	599.47	95th	433.98
Well-Child Visits in the First 15 Months of Life 6+ Visits	63.99%	65.21%	66.91%	33.33rd	64.72%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	59.12%	61.56%	63.75%	10th	71.86%

¹ A 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 (CCC) was conducted on behalf of Aetna by the NCQA-certified survey vendor, Center for the Study of Service (CSS).

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 Aetna'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

To other Measure ¹	Aetna			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	78.06%	80.16%	79.25%	10th
Getting Care Quickly	78.87%	80.48%	80.37%	25th
How Well Doctors Communicate	93.08%	91.92%	94.31%	66.67th
Customer Service	Small sample	88.26%	Small sample	N/A
Coordination of Care	83.52%	87.29%	Small sample	N/A
Rating of All Health Care	68.61%	71.83%	73.26%	10th
Rating of Personal Doctor	83.00%	84.49%	83.05%	33.33rd
Rating of Specialist	83.00%	84.68%	Small sample	N/A
Rating of Health Plan	78.07%	76.56%	74.39%	10th

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."

Small sample: Result is not reportable by NCQA due to insufficient denominator (less than 100 responses).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; 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	Aetna			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	87.52%	89.16%	Small sample	N/A
Getting Care Quickly	89.59%	94.03%	Small sample	N/A
How Well Doctors Communicate	94.65%	95.54%	94.55%	25th
Customer Service	Small sample	Small sample	Small sample	N/A
Coordination of Care	83.67%	92.05%	Small sample	N/A
Rating of All Health Care	86.15%	87.60%	88.00%	33.33rd
Rating of Personal Doctor	88.69%	90.20%	89.13%	10th
Rating of Specialist	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	80.62%	85.02%	84.24%	10th

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.”

Small sample: Result is not reportable by NCQA due to insufficient denominator (less than 100 responses).

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 4: Child CAHPS 5.0H CCC Population – 2018–2020

Measure ¹	Aetna			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	88.17%	84.66%	87.06%	33.33rd
Getting Care Quickly	93.50%	92.14%	94.93%	50th
How Well Doctors Communicate	95.69%	95.15%	96.25%	50th
Customer Service	94.44%	90.71%	Small sample	N/A
Coordination of Care	82.79%	78.88%	Small sample	N/A
Rating of All Health Care	87.46%	87.20%	86.27%	25th
Rating of Personal Doctor	91.30%	89.29%	92.12%	75th
Rating of Specialist	84.72%	86.14%	Small sample	N/A
Rating of Health Plan	84.69%	82.01%	88.00%	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, geography, etc. MCO’s were asked to respond to the following questions for the period July 1, 2019–June 30, 2020:

Did the MCE conduct any studies, initiative 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: ABHLA annually reviews data on all members who were ever enrolled during the previous calendar year. The data is analyzed, and disease prevalence trends are identified by ethnicity, age, and region. Data pertaining to the overall socioeconomic challenges in the state are also included in the assessment. This analysis drives interventions that are implemented at the health plan level.

ABHLA utilizes multiple sources for data and tools on healthcare disparities and inequities within the health plan's membership and throughout the state, these tools are:

- Outreach and Risk Evaluation (CORE) tool identifies members who will benefit most from the Integrated Case Management (ICM) Program in identifying high-risk or adverse future outcomes
- Dynamo data platform includes the Health Care Equity Contact Assessment Section allowing for capturing, documenting, tracking and reporting of Social Determinants of Health (SDoH). This is incorporated in the development of member centric care plan
- The Health Care Equity (HCE) Dashboard is a tool to support our health plan with analyzing population health data. This tool helps in planning activities to improve population health and disparities in our member population
- The HCE Dashboard also allows analysis of HEDIS data through a HEDIS dashboard and HEDIS Map Dashboard which features a heat map visual representation of all HEDIS measure rates down to the zip code level using NCQA Quality Compass national percentile benchmarks
- Aetna Demographics Dashboard is a tool that segments benefit groups, age, gender, race/ethnicity, language, certain health conditions and General Risk Model category as well as displaying a heat map of member distribution at the county level
- Community Commons tool (free tool) is used to supplement internal population assessment by looking at community level data which allows understanding of the wider community population characteristics and how can they align with our own assessment

Based on the data from these various sources, ABHLA continued and/or implemented the following initiatives between July 1, 2019, and June 30, 2020.

Medical Management Interventions

- Enhanced Care Management Program – Assists members with navigating the healthcare system and empowers them to take ownership of their own health.
- Promise Program – Pregnant members are eligible for up to \$150 for completing pre- and post-natal health care visits.
- Care Management and Department of Corrections Population program – collaborates to coordinate interventions
- Proprietary through appropriate care planning for offenders prior to their release from DOC facilities
- Integrated Rounds Process focuses on holistic care of members being discharged from an inpatient facility – Occurs everyday
- Aunt Bertha resources are utilized by Case Management to assist members with social needs

Quality Management Interventions

- Provider Webinars – Educating providers of resources and how to address SDoH in their practice
- Diabetes initiatives: mailers, text messaging, and IVR
- Breast Cancer Initiatives: mailers and text messaging
- Member referrals to two evidenced-based programs: Nurse Family Partnership (NFP) and Parents as Teachers (PAT)
- Wellness Initiatives: EPSDT reminder mailings, text messaging, IVR, Flu reminders, ActiveHealth member portal, smoking cessation text
- Access to Care Initiatives: Telemedicine, Telehealth, Teladoc, pop up clinics and value based contracting efforts

Health Care Equity Initiatives

- Translation services
- Mental Health First Aid Training (MHFA)

- Neonatal Intensive Care Unit Training
- Healthy Schools Training Krewe
- Poverty Simulation Experiences
- Cultural Competency Learning and Performance

Marketing and Community Outreach and Sponsoring

- American Diabetes Association - Camp Power Up
- Community Baby Showers
- Back to School Drives
- Job Skills Training

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 Aetna's policies, procedures, files, and other materials corresponding to the following eight contractual domains:

1. Eligibility and Enrollment
2. Marketing and Member Education
3. Member Grievances and Appeals
4. Provider Network Requirements
5. Utilization Management
6. Quality Management
7. Core Benefits and Services
8. Reporting

The file review component assessed the MCO's implementation of policies and its operational compliance with regulations related to complaints and grievances, member appeals, informal reconsiderations, care management (physical and behavioral health), utilization management, and provider credentialing and re-credentialing.

Specifically, file review consisted of the following one area:

1. Appeals

Sample sizes for each file review type are presented in **Table 16**.

Table 16: File Review Sample Sizes

File Type	Sample Size
Appeals	10

For this audit, determinations of "full compliance," "substantial compliance," "minimal compliance," "non-compliance," and "not applicable" were used for each element under review. The definition of each of the review determinations is presented in **Table 17**.

Table 17: 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

Table 18 provides a summary of the audit results by audit domain.

Table 18: 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	7	0	7	0	0	0	0%
Marketing and Member Education	No crosswalk	20	8	5	7	0	0	40%
Member Grievances and Appeals	438.210 Coverage and authorization of services	3	3	0	0	0	0	100%
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	29	9	16	4	0	0	31%
Utilization Management	438.210 Coverage and authorization of services 438.236 Practice guidelines	1	1	0	0	0	0	100%
Quality Management	438.224 Confidentiality 438.330 Quality assessment and performance improvement program	5	5	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	0	1	0	0	0	0%
Total		72	31	30	11	0	0	43%

¹N/As are not included in the calculation.

NR: not reviewed during partial compliance review.

As presented in **Table 18**, 72 elements were reviewed for compliance. Of the 72, 31 were determined to fully meet the regulations, while 30 substantially met the regulations, 11 minimally met the regulations, and 0 were determined to be non-compliant. Zero (0) elements were “not applicable.” The overall compliance score indicates that 43% 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 Aetna 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 Aetna 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)** – Aetna met or exceeded the 75th percentile for the following HEDIS measures:
 - Antidepressant Medication Management - Acute Phase
 - Antidepressant Medication Management - Continuation Phase
 - Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
 - Ambulatory Care Outpatient Visits/1,000 Member Months
- **CAHPS (Member Satisfaction)** – Aetna met or exceeded the 75th percentile for the following CAHPS measures:
 - Child CCC population
 - Rating of Personal Doctor
 - Rating of Health Plan
- **Compliance Monitoring**
 - For the review domains Member Grievances and Appeals, Utilization Management, and Quality Management 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)** – Aetna demonstrates an opportunity for improvement in the following areas of care, as performance was below the 50th percentile:
 - Adult BMI Assessment
 - Asthma Medication Ratio (5-64 Years)
 - Cervical Cancer Screening
 - Comprehensive Diabetes Care - HbA1c Testing
 - Controlling High Blood Pressure
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
 - Children and Adolescents' Access to PCPs
 - 12–24 Months
 - 25 Months–6 Years
 - 7–11 Years
 - 12–19 Years
 - Adults' Access to Preventive/Ambulatory Services
 - 20–44 Years
 - 45–64 Years
 - 65+ Years
 - Access to Other Services
 - Prenatal Care
 - Adolescent Well-Care Visit
 - Ambulatory Care Emergency Department Visits/1,000 Member Months
 - Well-Child Visits in the First 15 Months of Life 6+ Visits
 - Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

- **CAHPS (Member Satisfaction)** – Aetna demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
 - Adult Population
 - Getting Needed Care
 - Getting Care Quickly
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
 - Child General population
 - How Well Doctors Communicate
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
 - Child CCC population
 - Getting Needed Care
 - Rating of All Health Care
- **Compliance Monitoring**
 - Only 9 of 29 (31%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.
 - Only 8 of 20 (40%) Marketing and Member Education requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Recommendations

Recommendation: This recommendation is repeated from the prior annual technical report. 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 to the intervention and ITM issues identified, as well as the correction needed to a performance indicator. 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 to intervention and ITM issues, including the inappropriate modification made to the OPH listing.

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

Recommendation: Twenty (20) 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:

- Cervical Cancer Screening
- Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
- Access to Other Services
 - Prenatal
 - Postpartum

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

- Adult BMI Assessment (< 25th percentile)
- Cervical Cancer Screening (< 25th percentile)
- Controlling High Blood Pressure (< 25th percentile)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (< 25th percentile)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for nutrition (< 25th percentile)

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for physical activity (< 25th percentile)
- Children and Adolescents’ Access to PCPs
 - 7-11 years (< 25th percentile)
 - 12-19 years (< 25th percentile)
- Adults’ Access to Preventive/Ambulatory Services
 - 20–44 Years (< 25th percentile)
 - 45–64 Years (< 25th percentile)
 - 65+ Years (< 25th percentile)
- Access to Other Services – Prenatal care (< 25th percentile)
- Adolescent Well-Care Visit (< 25th percentile)
- Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile; a lower rate is desirable)
- Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (< 25th percentile)

Recommendation: Eleven (11) 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)
 - Rating of All Health Care (< 25th percentile)
 - Rating of Health Plan (< 25th percentile)
 - Child General population:
 - Rating of Personal Doctor (< 25th percentile)
 - Rating of Health Plan (< 25th percentile)

Recommendation: Compliance Monitoring –

- Only 9 of 29 (31%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.
- Only 8 of 20 (40%) Marketing and Member Education 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 close provider network access gaps and review written member materials to comply with federal and state requirements.

MCO’s Response to Prior Recommendations (2018–2019 ATR)

Recommendation: For the Improving the Quality of Diagnosis, Management, and Care Coordination for Children with ADHD PIP, several of the final performance indicators were incorrectly calculated and ITMs were not measured consistently. The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP’s validity.

MCO Response:

- Based on the new PIPs (IET & HCV) more collaboration is being conducted across the plan departments. ABHLA now has a dedicated Project Manager who has more resources across the plan. Documentation is more efficient and centralized. New data analysts who are dedicated to quality are able to ensure validity on data
- SUD Campaign: mailers, text messaging, educational toolkit, and free ASAM and SBIRT training

Recommendation: Twenty (20) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. In response to this recommendation in the prior report, the MCO has indicated that interventions will be rolled out in 2020.

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

- Children and Adolescents' Access to PCPs
 - 7–11 Years (< 10th percentile)
- Adults' Access to Preventive/Ambulatory Services
 - 65+ Years (< 10th percentile)

MCO Response:

- A HEDIS Outreach team was put in place and began various pilots and interventions in Q3 and Q4. These interventions were related to the EPSDT population, maternal health, flu shots and adult well check visits within specific populations (tribal, gulf coast regions).
- 7-11yo access – Outreach programs related to our pediatric population are built around the EPSDT criteria in order to address the entire related age group (0-21), and not just those related to the historic well-child measures (AWC, W34 and W15). Additionally, the HEDIS measures changes from the July update now address the 7-11yo age group in the new WCV measure.
- Adult outreach programs are not limited by age.

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

MCO Response:

- Workgroups were created across plan departments to address scores below the 50th percentile

Proprietary

- Annual CAHPS surveys are completed by the health plan to assess members' experience with their health care. Results from these surveys are analyzed to identify areas of needed improvement in provider communication, provider availability, and access to care that is both timely and local to the member.
- All interventions mentioned above were also created with the goal of improving CAHPS scores

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, while minimizing wasteful spending. Based on results presented in Aetna Better Health of Louisiana's EQR findings from HEDIS and CAHPS analyses, opportunities for improvement for this MCO are particularly evident in the areas of prevention and screening, chronic disease management, consumer satisfaction, 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 Community and Preventive Health should help structure 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.