



State of Louisiana Department of Health

Healthy Blue

Annual External Quality Review Technical Report

FINAL REPORT

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

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



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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 health care services that an MCO furnishes to Medicaid recipients. Quality is defined in 42 Code of Federal Regulations (CFR) 438.320 as “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

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

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

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

II. MCO Corporate Profile

Table 1: Corporate Profile

Healthy Blue	
Type of organization	Health maintenance organization
Tax status	For profit
Year operational	02/01/2012
Product line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid enrollment (as of June 2020)	294,513

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2020, the MCO's Medicaid enrollment totaled 294,513, which represents 18.9% of Healthy Louisiana's active members. **Table 2** displays Healthy Blue's Medicaid enrollment for 2018 to 2020, as well as the 2020 statewide enrollment totals.

Table 2: Medicaid Enrollment as of June 2020

Healthy Blue ¹	June 2018	June 2019	June 2020	% Change 2019 to 2020	2020 Statewide Total ²
Total enrollment	248,050	251,938	294,513	+16.9%	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 Healthy Blue's primary care providers, ob/gyns, and other physicians with primary care responsibilities within each LDH region as of June 30, 2020.

Table 3: Primary Care and Ob/Gyn Counts by LDH Region

Specialty	Healthy Blue									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Family practice/ general medicine	144	115	47	98	66	57	87	91	107	722
Pediatrics	204	108	43	86	26	44	79	40	136	681
Nurse practitioners	194	205	126	184	83	151	124	234	211	1272
Internal medicine	212	98	41	59	28	17	49	32	62	556
RHC/FQHC	203	125	55	87	49	32	86	49	67	646
Ob/gyn ¹	56	33	31	34	19	35	36	47	38	326

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

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

Table 4: GeoAccess Provider Network Accessibility (Distance) as of June 30, 2020

Provider Type	Parish	Access Standard X Provider(s) within X Miles ¹	Percentage of Members for Whom Standard was Met
Adult PCP	Urban	1 within 10 miles	98.3%
	Rural	1 within 30 miles	100.0%
Pediatric PCP	Urban	1 within 10 miles	98.6%
	Rural	1 within 30 miles	100.0%
Ob/gyn	Urban	1 within 15 miles	95.8%
	Rural	1 within 30 miles	94.5%

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	99.6%
	Rural	1 in 60 minutes	100.0%
Pediatric PCP	Urban	1 in 20 minutes	99.7%
	Rural	1 in 60 minutes	100.0%
Ob/gyn	Urban	1 in 30 minutes	99.0%
	Rural	1 in 60 minutes	100.0%

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 intervention tracking measures 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	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence (IET specs)	Members in hospice; exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population
Indicator 2 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; opioid abuse or dependence (IET specs)	Members in hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 3 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, Opioid abuse or dependence. Other drug abuse or dependence (IET specs)	Members in hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population
Indicator 4 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence (IET specs)	Members in hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population
Indicator 5 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; opioid abuse or dependence (IET specs)	Members in hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	diagnosis cohort			and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD		
Indicator 6 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	Administrative Claims Data	≥ 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, Opioid abuse or dependence. Other drug abuse or dependence (IET specs)	Members in hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population
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	HEDIS Administrative NCQA 2020 Measures and Guidelines	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	Members in hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit	Eligible population

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	who had a follow up visit for AOD within 30 days of the ED visit			diagnosis for the admission		
Indicator 7a (HEDIS FUA)- HIV/AIDS	The percentage of emergency department (ED) visits for members 13 years of age and older with a diagnosis of HIV/AIDS and 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 Administrative NCQA 2020 Measures and Guidelines	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	Members in hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit	Eligible population
Indicator 8 (HEDIS FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within 7 days of the ED visit	HEDIS Administrative NCQA 2020 Measures and Guidelines	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	Members in hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit	Eligible population
Indicator 8a (HEDIS FUA) – HIV/AIDS	The percentage of emergency department (ED) visits for members 13 years of age and older with a	HEDIS Administrative NCQA 2020 Measures and Guidelines	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	Members in hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED	Eligible population

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	diagnosis of HIV/AIDS and 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			setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission	visit	

HEDIS: Healthcare Effectiveness Data and Information Set; IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; AOD: Alcohol and Other Drug Abuse; MY: measurement year; IESD: index episode start date; ED: emergency department; FUA: Follow-up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome; NCQA: National Committee for Quality Assurance.

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– 12/31/20 ¹	Target Rate
Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1553 D: 2703 R: 57.45%	N: 1782 D: 2977 R: 59.86%	N: 1753 D: 2939 R: 59.65%	62.86%
Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 932 D: 1342 R: 69.45%	N: 1136 D: 1624 R: 69.95%	N: 1146 D: 1588 R: 72.17%	79.95%
Indicator 3 Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 4715 D: 8089 R: 58.29%	N: 5512 D: 9092 R: 60.62%	N: 5470 D: 9004 R: 60.75%	63.62%
Indicator 4 Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 445 D: 2703 R: 16.46%	N: 516 D: 2977 R: 17.33%	N: 551 D: 2939 R: 18.75%	19.34%
Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 412 D: 1342 R: 30.70%	N: 550 D: 1624 R: 33.87%	N: 577 D: 1588 R: 26.34%	36.87%

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– 12/31/20 ¹	Target Rate
Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1604 D: 8089 R: 19.83%	N: 1877 D: 9092 R: 20.64%	N: 1865 D: 9004 R: 20.71%	24.82%
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: 178 D: 1627 R: 10.94%	N: 10 D: 108 R: 9.26%	N: 247 D: 1628 R: 15.17%	13.78%
Indicator 7a: (HEDIS FUA)-HIV/AIDS The percentage of emergency department (ED) visits for members 13 years of age and older with a diagnosis of HIV/AIDS and 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: 2 D: 22 R: 9.09%	N: 9 D: 36 R: 25%	N: 3 D: 37 R: 8.11%	28.00%
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: 103 D: 1627 R: 6.33%	N: 9 D: 108 R: 8.33%	N: 173 D: 1628 R: 10.63%	11.56%
Indicator 8a: The percentage of emergency department (ED) visits for members 13 years of age and older with a diagnosis of HIV/AIDS and 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: 2 D: 22 R: 9.09%	N: 6 D: 36 R: 16.67%	N: 3 D: 37 R: 8.11%	19.67%

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

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

Strengths and Opportunities for Improvement

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

- Indicator 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

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

- Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 7a: The percentage of emergency department (ED) visits for members 13 years of age and older with a diagnosis of HIV/AIDS and 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 8a: The percentage of emergency department (ED) visits for members 13 years of age and older with a diagnosis of HIV/AIDS and 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

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 is an opportunity to derive updated barrier analysis information by conducting focus groups with provider organizations.
- Barrier analysis using fishbone diagram and priority matrix were not completed.
- The method to obtain provider feedback for barrier analysis was not identified.
- Denominators inappropriately overlapped between ITMs.
- It is unclear what distinguishes interventions 1 and 2 from intervention 4.
- Performance indicator 5 was incorrectly calculated.
- Add an intervention and corresponding ITM for Medication assisted treatment provider education.

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 ITM issues identified, as well as the correction needed to Indicator 5.

Conclusion: Both of the newly added FUA performance indicators demonstrated improvement; however, the IET performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

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.

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. 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 d)			
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Annual Screening)	The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any 1 or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year 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 measurement year 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/velpatasvir (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 probable diagnosis of	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A) AND with a confirmed or	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the AG of Epclusa) or other LDH-approved Hepatitis C Virus DAA	Number of members in the eligible population for Performance Indicator 3b

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}		probable diagnosis of Chronic Viral Hepatitis C per the OPH listing			
Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV)	The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic 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/velpatisvir (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; HIV: human immunodeficiency virus; AG: authorized generic; DAA: direct-acting antiviral agent.

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

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

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

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

Baseline, Goals, and Results: Table 9 reports the baseline, interim, and target rates for each performance indicator. Final rates are not reported as the measurement period is outside the reporting period for this ATR (July 1, 2019–June 30, 2020).

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

Performance Indicator	Baseline Period 1/1/2019–12/30/2019	Final Period Measure Period: 1/1/2020 – 11/30/2020 ¹	Target Rate
Performance Indicator 1a (Universal Screening)	N: 18930 D: 132323 R: 14.31	N: 26387 D: 163206 R: 16.17	24.31%
Performance Indicator 1b (Birth Cohort Screening)	N: 4035 D: 20522 R: 19.66	N: 4671 D: 22533 R: 20.73	29.66%
Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	N: 2483 D: 8051 R: 30.84	N: 3478 D: 10428 R: 33.35	40.84%
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)	N: 1175 D: 8051 R: 14.59	N: 915 D: 10428 R: 8.77	24.59%
Performance Indicator 3a (HCV Treatment Initiation- Overall)	N: 664 D: 4039 R: 16.44	N: 1216 D: 5467 R: 22.24	26.44%
Performance Indicator 3b (HCV Treatment Initiation- Drug Users)	N: 242 D: 1585 R: 15.27	N: 540 D: 2323 R: 23.25	25.27%
Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV)	N: 39 D: 177 R: 22.03	N: 74 D: 241 R: 30.71	32.03%

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

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

Strengths and Opportunities for Improvement

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

- Performance Indicator 3a (HCV Treatment Initiation-Overall)
- Performance Indicator 3b (HCV Treatment Initiation-Drug Users)
- Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV)

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

- Performance Indicator 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)

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

- The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.
- There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis.
- For barrier analysis, the MCO could obtain member feedback from care manager outreach.
- For barrier analysis, the MCO could obtain provider feedback.
- Barrier analysis should be used to tailor interventions to address susceptible subpopulations.
- Intervention 3a ITM was calculated incorrectly.
- ITMs should have been updated to meaningfully measure the intervention.

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 ITM issues identified.

Conclusion: Each of the 3 treatment performance indicators demonstrated improvement; however, the screening performance indicators did not. 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 2020 compliance audit for Healthy Blue was conducted by DTS Group. The results of each MCO's HEDIS 2020 Compliance Audit are reported in its Final Audit Report (FAR).

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: Healthy Blue followed the HEDIS 2020 specifications and produced a reportable rate for all measures and submeasures included in the scope of the audit. Healthy Blue's data systems and processes met all the Information Systems (IS) standards, as required. All supplemental databases (SDs) used were approved. No measures or submeasures received a biased rate (BR) audit designation. In spite of pushback from providers due to 2019 Novel Coronavirus pandemic (COVID-19)-related medical record collection obstacles, all hybrid measures selected for

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

validation passed. Due to COVID-19, NCQA allowed the plan the option to rotate any hybrid measures where HEDIS 2019 rates were higher than HEDIS 2020 rates.

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

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 HEDIS2020 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

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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 IPSP 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 IPSP 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	Healthy Blue			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	81.75%	81.75%	84.18%	10th	82.90%
Antidepressant Medication Management - Acute Phase	48.79%	47.19%	48.24%	10th	48.98%
Antidepressant Medication Management - Continuation Phase	34.11%	31.57%	33.72%	10th	33.25%
Asthma Medication Ratio (5–64 Years)	61.66%	62.28%	59.16%	25th	64.50%
Breast Cancer Screening in Women	55.13%	58.79%	58.59%	33.33rd	58.13%
Cervical Cancer Screening	48.66%	55.23%	55.23%	10th	57.49%
Childhood Immunization Status - Combination 3	64.72%	70.07%	70.07%	33.33rd	69.99%

Measure	Healthy Blue			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
Chlamydia Screening in Women (16–24 Years)	65.29%	66.29%	67.16%	75th	66.88%
Comprehensive Diabetes Care - HbA1c Testing	84.67%	83.45%	85.64%	10th	86.28%
Controlling High Blood Pressure	32.36%	47.93%	47.93%	10th	49.98%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	62.95%	45.09%	49.33%	75th	45.42%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	48.72%	59.56%	65.12%	75th	60.24%
Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)	22.53%	25.70%	38.67%	50th	32.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	59.85%	58.15%	65.69%	10th	68.57%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	47.20%	53.04%	54.01%	10th	56.89%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	37.71%	44.53%	45.74%	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	Healthy Blue			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2020 Average
	HEDIS 2018	HEDIS 2019	HEDIS 2020		
Children and Adolescents’ Access to PCPs					
12–24 Months	96.09%	95.32%	96.41%	50th	96.51%
25 Months–6 Years	87.61%	87.97%	89.33%	50th	88.84%
7–11 Years	88.16%	89.97%	91.03%	33.33rd	91.27%
12–19 Years	87.36%	89.26%	90.57%	50th	90.38%
Adults’ Access to Preventive/Ambulatory Services					
20–44 Years	76.36%	76.43%	76.28%	33.33rd	76.19%
45–64 Years	84.74%	84.56%	84.18%	33.33rd	84.49%
65+ Years	79.31%	84.34%	78.19%	10th	84.71%
Access to Other Services					
Prenatal Care	76.89%	79.08%	87.59%	33.33rd	85.85%
Postpartum Care	65.21%	67.15%	75.43%	5th	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 Healthy Blue'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 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Use of Services measures.

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

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

- Outpatient Visits including telehealth.
- ED Visits.

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

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

Table 12: Use of Services Measures – 2018–2020

Measure	Healthy Blue			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	51.09%	54.01%	62.04%	66.67th	58.97%
Ambulatory Care Emergency Department Visits/1,000 Member Months ¹	84.74	79.56	80.65	90th	74.57
Ambulatory Care Outpatient Visits/1,000 Member Months	408.52	418.98	432.95	75th	433.98
Well-Child Visits in the First 15 Months of Life 6+ Visits	67.15%	65.94%	65.94%	33.33rd	64.72%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	68.13%	70.56%	70.56%	25th	71.86%

¹A lower rate is desirable.

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

Member Satisfaction: Adult and Child CAHPS 5.0H

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

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 Healthy Blue's CAHPS rates for 2018, 2019, and 2020, as well as Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 13: Adult CAHPS 5.0H – 2018–2020

Measure ¹	Healthy Blue			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	78.68%	81.65%	Small sample	N/A
Getting Care Quickly	77.68%	78.42%	Small sample	N/A
How Well Doctors Communicate	89.55%	94.11%	97.49%	95th
Customer Service	90.52%	90.66%	Small sample	N/A
Coordination of Care	78.81%	79.59%	Small sample	N/A
Rating of All Health Care	76.75%	78.11%	85.37%	95th
Rating of Personal Doctor	80.74%	83.78%	87.60%	75th
Rating of Specialist	75.86%	87.83%	Small sample	N/A
Rating of Health Plan	77.59%	80.00%	85.98%	95th

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

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

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

Measure ¹	Healthy Blue			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	84.03%	88.15%	86.90%	50th
Getting Care Quickly	90.81%	90.52%	94.05%	75th
How Well Doctors Communicate	92.61%	92.44%	95.71%	50th
Customer Service	88.64%	88.23%	Small sample	N/A
Coordination of Care	80.51%	79.71%	Small sample	N/A
Rating of All Health Care	87.50%	90.29%	86.18%	25th
Rating of Personal Doctor	89.49%	89.88%	93.29%	75th
Rating of Specialist	87.64%	88.24%	Small sample	N/A
Rating of Health Plan	87.72%	90.33%	88.59%	66.67th

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

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

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

Measure ¹	Healthy Blue			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	86.33%	84.75%	86.01%	25th
Getting Care Quickly	94.96%	91.78%	95.33%	66.67th
How Well Doctors Communicate	94.55%	90.94%	93.54%	10th
Customer Service	86.13%	87.62%	Small sample	N/A
Coordination of Care	67.75%	72.63%	Small sample	N/A
Rating of All Health Care	84.55%	89.39%	83.20%	5th
Rating of Personal Doctor	89.06%	90.23%	89.78%	25th
Rating of Specialist	90.91%	85.71%	Small sample	N/A
Rating of Health Plan	85.11%	86.90%	82.99%	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.”

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

Health Disparities

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

Did the MCE conduct any studies, 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, etc.)?

MCO Response: Reducing Differences in Health Outcomes and Improving Quality for At-Risk Members Interventions to reduce/eliminate differences in health outcomes/status and improve the quality of care for members with at-risk characteristics are specifically tailored to meet the physical health/behavioral health care needs of members. Critical interventions are listed below:

Provider Focused Interventions:

Customized Provider Incentive Programs Healthy Blue has developed several provider incentive programs to address disparities identified as barriers to improving outcomes. These include:

- **Integrated Collaborative Care:** Incentivizes provider collaboration dedicated towards integrated evidence-based guidelines, assessments and care coordination.
- **Cardiovascular Outcomes:** Focused on prevention and decreasing the major risk factors for CVD, Healthy Blue seeks to address emerging risk factors such as unhealthy diet, physical inactivity, obesity and blood pressure management.
- **Commercial vs. Medicaid Outcomes:** Healthy Blue in collaboration with BCBS of LA delivers an outcomes-based, pop health program that rewards providers for improved outcomes for patients with chronic diseases.
- **SDOH Incentives:** We believe that by collaborating with our providers to identify and assist members with their SDOH needs, we will see improved health outcomes for these members.

Parent Child Interactive Therapy (PCIT) & Preschool Post-Traumatic Stress Disorder (PTSD) Treatment Training In response to provide more evidence-based practices in the 0-5 year old population, we scheduled and completed Parent Child Interactive Therapy (PCIT) training for 11 therapists from providers across the state. Healthy Blue provided a Preschool Post-Traumatic Stress Disorder (PTSD) Treatment Training on Wednesday, November 20, 2019, in New Orleans. Training offered to Licensed Mental Health Practitioners interested in becoming certified to provide Preschool PTSD treatment for children ages 3-6 years.

Provider Network Survey Feedback solicited from providers on barriers to providing access to care due to COVID-19. This survey identified areas of opportunity for improvement allowing us to offer resources and provide support to our network.

Member Focused Interventions:

COVID-19 Member Outreach Healthy Blue conducted over 6,000 outreach calls to connect with members identified as having one of the high-risk diagnoses reported by the CDC. We informed members of CDC guidelines, as well as resources available in their area related to the COVID-19 impact.

Enhanced Inpatient Member Interaction (EIMI) Identifies members admitted for diagnoses common for causing readmissions. Prior to COVID 19, the members were seen face-to-face. Due to COVID, the members are now being telephonically outreached.

Navigation Program (Post Discharge Management) This initiative's goal was to reduce ER utilization and inpatient hospitalizations (decrease in frequency and decrease in length of stay). Members are engaged during hospitalizations and/or following discharge. Significant decreases in ER visits and hospitalizations were found, as well as transportation costs. Strategies identify, and analyze our population with specialized and chronic care needs. In particular, utilization data is analyzed to identify member subgroups with high-risk characteristics.

Telemedicine Efforts to increase access to care, and provided services and support in various clinical settings both regarding physical and behavioral health. In 2020, behavioral health telemed visits increased significantly. In 2020, telemedicine expanded to include access to physical health services.

7-30 Day Follow-up Program (Post Discharge Management) Healthy Blue has engaged a statewide provider to conduct 7-day and 30-day HEDIS follow up with its members who are discharged from inpatient Behavioral Health facilities.

Health Disparities – Member Identification The Health Education Advisory Committee (HEAC), conducted a COVID-19 impact to identify concerns and member needs. This information will be used to further refine follow-up health plan communications, community resource information and access to care interventions.

HIV Program Using both disease management strategies for viral suppression and focused case management this program supports members with HIV to lead productive lives in spite of this disease.

Hep C & Engagement and Treatment (IET) for Substance Use Performance Improvement Plans Healthy Blue initiated the Hepatitis C (HCV) Performance Improvement Project (PIP) in February 2020 aiming to increase HCV screenings for at-risk populations and increase treatment members identified as a probable or confirmed HCV diagnosis. A PIP is also in place for IET to connect members to providers to increase follow-up care for members with Substance Use Disorder.

Cultural Competency for Indigenous Members Healthy Blue's liaison for indigenous tribal groups provides an array of cultural competencies and supports for these members to increase their access to healthcare.

Health Education Advisory Committee (HEAC) Healthy Blue's HEAC meeting hosts member and stakeholder involved activities, including arranging quarterly meetings for members and stakeholders to share their experiences and concerns.

High Intensity Integrated Team (HIIT) A unique engagement and behavioral change program that is improves high risk case outcomes; targets high risk, difficult to engage members in need of outreach, is based on predictive analytics, member segmentation and personalized communication; engages the member in case management, and measures success by decreased inpatient stays and reduction in 30 day re-admits and ER visits. Additionally, in order to meet members where they are in the community, our HOPE program incorporates field-based case management outreach and activities.

Comprehensive Maternity and NICU Management We offer education, case management, and care coordination to members during and after pregnancy. Additional program provides parents with materials and support designed to help them cope with the day-to-day stress of having a baby in the NICU, and help them prepare themselves and their homes for discharge. Members are also connected to important well-women health services including cancer & STI screenings.

Mobile Cancer Screenings Healthy Blue has collaborated with Mary Bird Perkins to develop initiatives to bring mobile access to rural communities where disparities were identified.

Value Added Benefits & Member Incentives Healthy Blue covers extra benefits eligible members cannot get from fee-for-service Medicaid.

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 partial audit included an evaluation of Healthy Blue's policies, procedures, files, and other materials corresponding to the following seven contractual domains:

1. Eligibility and Enrollment
2. Marketing and Member Education
3. Member Grievances and Appeals
4. Provider Network Requirements
5. Quality Management
6. Fraud, Waste and Abuse
7. Core Benefits and Services

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 recredentialing.

Specifically, file review consisted of the following two areas:

1. Appeals
2. Case Management (behavioral and physical health)

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

Table 16: File Review Sample Sizes

File Type	Sample Size
Appeals	10
Case Management (physical health)	10
Case Management (behavioral health)	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. Detailed findings for each of the elements that were less than fully compliant follow the table.

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	2	2	0	0	0	0	100%
Marketing and Member Education	No crosswalk	1	1	0	0	0	0	100%
Member Grievances and Appeals	438.210 Coverage and authorization of services	7	7	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	17	8	9	0	0	0	47%
Utilization Management	438.210 Coverage and authorization of services 438.236 Practice guidelines	NR	NR	NR	NR	NR	NR	NR
Quality Management	438.224 Confidentiality 438.330 Quality assessment and performance improvement program	3	3	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	30	30	0	0	0	0	100%
Core Benefits and Services	438.208 Coordination and continuity of care	9	9	0	0	0	0	100%
Reporting	438.242 Health information systems	NR	NR	NR	NR	NR	NR	NR
Total		69	60	9	0	0	0	87%

¹N/As are not included in the calculation.

NR: not reviewed during partial compliance review.

As presented in **Table 18**, 69 elements were reviewed for compliance. Of the 69 elements, 60 were determined to fully meet the regulations, while 9 substantially met the regulations, 0 minimally met the regulations, and 0 were determined to be non-compliant. Zero (0) elements were “not applicable.” The overall compliance score indicates that 87% 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 Healthy Blue 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 Healthy Blue 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)** – Healthy Blue met or exceeded the 75th percentile for the following HEDIS measures:
 - Chlamydia Screening in Women (16–24 Years)
 - Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
 - Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
 - Ambulatory Care Outpatient Visits/1,000 Member Months
- **CAHPS (Member Satisfaction)** – Healthy Blue met or exceeded the 75th percentile for the following CAHPS measures:
 - Adult Population
 - How Well Doctors Communicate
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
 - Child General Population
 - Getting Care Quickly
 - Rating of Personal Doctor
- **Compliance Monitoring**
 - For the review domains Eligibility and Enrollment, Marketing and Member Education, Member Grievances and Appeals, Quality Management, Fraud Waste and Abuse, and Core Benefits and Services, 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)** – Healthy Blue demonstrates an opportunity for improvement in the following areas of care as performance was below the 50th percentile:
 - Adult BMI Assessment
 - Antidepressant Medication Management - Acute Phase
 - Antidepressant Medication Management - Continuation Phase
 - Asthma Medication Ratio (5–64 Years)
 - Breast Cancer Screening in Women
 - Cervical Cancer Screening
 - Childhood Immunization Status - Combination 3
 - 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
 - Postpartum Care
 - 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)** – Healthy Blue demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
 - Child General Population
 - Rating of All Health Care
 - Child CCC Population
 - Getting Needed Care
 - How Well Doctors Communicate
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
 - **Compliance Monitoring**
 - Only 8 of 17 (47%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Recommendations

Recommendation: For the Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence PIP, it was found that the results must be interpreted with some caution due to the ITM issues and a 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 result must be interpreted with some caution due to issues with intervention tracking measures.

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

Recommendation: Twenty-one (21) 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:

- Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile
- Access to Other Services
 - Prenatal Care
 - Postpartum Care
- Adolescent Well-Care Visits

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

- Adult BMI Assessment (< 25th percentile)

- Antidepressant Medication Management - Continuation Phase (< 25th percentile)
- Antidepressant Medication Management - Continuation Phase (< 25th percentile)
- Cervical Cancer Screening (< 25th percentile)
- Comprehensive Diabetes Care - HbA1c Testing (< 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)
- Adults' Access to Preventive/Ambulatory Services – 65+ Years (< 25th percentile)
- Access to Other Services - Postpartum Care (< 10th percentile)
- Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile); a lower rate is desirable.

Recommendation: Six (6) 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:
 - CCC Child Population:
 - How Well Doctors Communicate (< 25th percentile)
 - Rating of All Health Care (< 10th percentile)
 - Rating of Health Plan (< 25th percentile)

Recommendation: Compliance Monitoring

- Only 8 of 17 (47%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their federal and state Provider Network access requirements.

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

Recommendation: For the Improving the Quality of Diagnosis, Management and Care Coordination for Children with ADHD PIP, results had to be interpreted with caution due to incorrect rates for several PMs, gaps in ITM reporting, as well as unexplained variability in PM rates between baseline, interim, and final remeasurement. The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.

MCO Response: Healthy Blue monitors ITMs on a monthly basis and reports out on ITM progress in PIP workgroup meetings composed of multiple disciplinary teams in order to track progress to goals and develop new ITMs. Additionally, ITMs are reported quarterly, along with progress to goals for performance measures.

Healthy Blue utilizes PDSA tools and run charts to monitor interventions and identify areas of opportunity for performance improvement projects. These tools are completed and reviewed in PIP workgroups composed of multidisciplinary teams that work together to review and collaborate on action planning related to opportunities identified by utilizing these tools. Additionally, Healthy Blue reports PDSA and run chart results to IPRO and LDH, as requested, as part of the PIP process.

Data variability for the ADHD PIP between baseline, interim and final remeasurement can be attributed to the small sample sizes for most of the Performance Indicators associated with the ADHD PIP. Most of these measures were not HEDIS based and depended on findings of documentation within the member's health record. Sample sizes were small compared to the eligible population.

Data collection challenges noted in the final PIP submission for one of the ITM measures indicated that Healthy Blue experienced having to remove one of the interventions related to tracking partial authorizations for providers to

connect members to a LMHP. Healthy Blue had all these partial authorizations reviewed by a Medical Director. We were unable to report out on this data as our system did not allow us to manual or auto reporting.

Recommendation: Twenty-one (21) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. The MCO had a prior recommendation to reevaluate the effectiveness of interventions due to poor performing HEDIS measures. These measures have not shown improvement over the reporting period.

- The MCO should develop specific interventions to address the worst performing HEDIS measures:
 - Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) (< 10th percentile)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (< 10th percentile)

MCO Response: Per Healthy Blue's final HEDIS Measure Rates submitted to NCQA, Healthy Blue improved in twenty-six (26) measures from MY 2017 to MY 2018. Seven (7) of those measures met the 50th percentile for MY2018, which was an improvement from MY 2017. Healthy Blue continuously evaluates quality data, our membership and membership characteristics, utilization patterns, and year-over-year performance measures to develop innovative strategies to enhance our NCQA-accredited framework to improve health outcomes for our members, support network providers, and drive health plan performance. This framework includes evaluating month over month: HEDIS rates, current interventions and goals. This process reviews key metrics and interventions through our HEDIS Taskforce, which consists of multiple departments aligned to participate in the continuous quality review process. Additionally, workgroups meet monthly to focus on provider outcomes tied to Alternative Payment Models/HEDIS Measures and Population Health priorities.

Healthy Blue has made improvement in the below measures from MY 2017 to MY 2018.

- Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) (<10th percentile) improved by 3.17 percentage points from MY 2017 to MY 2018.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (< 10th percentile) improved by 6.82 percentage points from MY 2017 to MY 2018.

Interventions currently developed to address these measures include provider outreach to provide gap in care reports, HEDIS education and development of action plans to address opportunities of improvement identified. Additionally, Healthy Blue performs member outreach to educate the members of the importance of follow-ups with their Primary Care Providers. We will continue to evaluate additional interventions to address these measures in the future.

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

MCO Response: Healthy Blue has made consistent strides in improving CAHPS scores overall from 2017 to 2019. For the survey performed in 2019, all Adult measures improved with seven (7) measures exceeding the 50th percentile. For child, three (3) satisfaction measures exceeded the 50th percentile. Rating of the Health Plan exceeded the 50th percentile for both Adult & Child.

Healthy Blue values the insight provided by the CAHPs survey conducted annually. This survey allows the health plan to address barriers related to consumer satisfaction with our health plan as well as satisfaction of providers within in our network. To address member satisfaction Healthy Blue has the following in place:

- Member Satisfaction Workgroups which identifies opportunities for improvement to develop interventions
- Provider Experience Trainings, offering CME credits
- Member outreach
- Member Incentives to close gaps in care
- Provider Incentives to close gaps in care and improve care coordination between PCPs and Specialists
- On-going analysis of grievances, complaints, appeals and call center metrics

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 Healthy Blue's EQR findings from HEDIS and CAHPS analyses, opportunities for improvement for this MCO are particularly evident in the areas of prevention and screening, behavioral health, access to care, and consumer satisfaction for children with chronic care conditions (CCC). In addition to the MCO continuing to evaluate the effectiveness of their current interventions in these areas, LDH, in collaboration with the EQRO, and partnering with other state agencies such as Public Health and Behavioral Health can help structure effective initiatives not only on an individual 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.