



State of Louisiana Department of Health Louisiana Healthcare Connections Annual External Quality Review Technical Report

FINAL REPORT

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

Report Issued: April 2021



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Table of Contents

| | |
|--|----|
| I. Introduction | 4 |
| II. MCO Corporate Profile..... | 5 |
| III. Enrollment and Provider Network..... | 6 |
| Medicaid Enrollment..... | 6 |
| Provider Network..... | 6 |
| IV. Quality Indicators..... | 8 |
| Performance Improvement Projects | 8 |
| Performance Measures: HEDIS Reporting Year 2020 (Measurement Year 2019)..... | 21 |
| Member Satisfaction: Adult and Child CAHPS 5.0H..... | 26 |
| Health Disparities..... | 29 |
| V. Compliance Monitoring..... | 32 |
| Medicaid Compliance Audit Findings for Contract Year 2020 | 32 |
| Summary of Findings..... | 34 |
| VI. Strengths, Opportunities for Improvement & Recommendations | 36 |
| Strengths | 36 |
| Opportunities for Improvement | 36 |
| Recommendations | 37 |
| MCO's Response to Previous Recommendations (2018 - 2019 ATR) | 38 |

List of Tables

| | |
|--|----|
| Table 1: Corporate Profile | 5 |
| Table 2: Medicaid Enrollment as of June 2020 | 6 |
| Table 3: Primary Care and Ob/Gyn Counts by LDH Region..... | 6 |
| Table 4: GeoAccess Provider Network Accessibility (Distance) as of June 30, 2020 | 6 |
| Table 5: GeoAccess Provider Network Accessibility (Time) as of June 30, 2020 | 7 |
| Table 6: Performance Indicator Descriptions | 10 |
| Table 7: Baseline, Interim Results, Final Results and Target Rate | 14 |
| Table 8: Performance Indicator Descriptions | 17 |
| Table 9: Baseline, Interim Results, Final Results and Target Rate | 20 |
| Table 10: HEDIS Effectiveness of Care Measures – 2018–2020..... | 23 |
| Table 11: HEDIS Access to/Availability of Care Measures – 2018–2020 | 25 |
| Table 12: Use of Services Measures – 2018–2020..... | 26 |
| Table 13: Adult CAHPS 5.0H – 2018–2020 | 28 |
| Table 14: Child CAHPS 5.0H General Population – 2018–2020 | 28 |
| Table 12: Child CAHPS 5.0H CCC Population – 2018–2020..... | 29 |
| Table 16: File Review Sample Sizes..... | 32 |
| Table 17: Review Determination Definitions..... | 33 |
| Table 18: Audit Results by Audit Domain | 34 |

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

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 Louisiana Healthcare Connections (LHCC) 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

| Louisiana Healthcare Connections | |
|---|---------------------------------|
| Type of organization | Health maintenance organization |
| Tax status | For profit |
| Year operational | 02/01/2012 |
| Product line(s) | Medicaid |
| Total Medicaid enrollment (as of June 2020) | 473,872 |

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2020, the MCO's Medicaid enrollment totaled 473,872, which represents 30% of Healthy Louisiana's active members. **Table 2** displays LHCC's Medicaid enrollment for 2018 to 2020, as well as the 2020 statewide enrollment totals.

Table 2: Medicaid Enrollment as of June 2020

| LHCC ¹ | June 2018 | June 2019 | June 2020 | % Change 2019 to 2020 | 2020 Statewide Total ² |
|-------------------|-----------|-----------|-----------|--------------------------|--------------------------------------|
| Total enrollment | 470,731 | 436,317 | 473,872 | +8.6% | 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.

LHCC: Louisiana Healthcare Connections.

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 LHCC'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 | LHCC | | | | | | | | | MCO Statewide Unduplicated |
|-----------------------------------|------------|-----|----|-----|----|-----|-----|-----|-----|----------------------------------|
| | LDH Region | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Family practice/ general medicine | 147 | 130 | 34 | 109 | 52 | 41 | 109 | 91 | 101 | 750 |
| Pediatrics | 155 | 75 | 30 | 62 | 34 | 25 | 74 | 21 | 76 | 525 |
| Nurse practitioners | 167 | 232 | 98 | 190 | 84 | 140 | 105 | 228 | 201 | 1,258 |
| Internal medicine | 204 | 81 | 34 | 48 | 29 | 13 | 67 | 27 | 67 | 543 |
| RHC/FQHC | 76 | 48 | 32 | 42 | 22 | 50 | 40 | 64 | 41 | 415 |
| Ob/gyn ¹ | 11 | 4 | 0 | 2 | 0 | 0 | 2 | 3 | 0 | 22 |

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

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

Table 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 | 100.0% |
| | Rural | 1 within 30 miles | 100.0% |

| | | | |
|---------------|-------|-------------------|--------|
| Pediatric PCP | Urban | 1 within 10 miles | 100.0% |
| | Rural | 1 within 30 miles | 100.0% |
| Ob/gyn | Urban | 1 within 15 miles | 99.0% |
| | Rural | 1 within 30 miles | 100.0% |

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 | 100.0% |
| | Rural | 1 in 60 minutes | 100.0% |
| Pediatric PCP | Urban | 1 in 20 minutes | 100.0% |
| | 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 ITMs to monitor progress of interventions
6. Results table
 - a. Performance Indicator rates, numerators, and denominators
 - b. Target rate
7. Discussion
 - a. Interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement)
8. Next steps
 - a. Lessons learned
 - b. System-level changes made and/or planned
 - c. Next steps for each intervention

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

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

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

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

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

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

Table 6: Performance Indicator Descriptions

| Performance Indicator | Description | Data Source | Eligible Population | Exclusion Criteria | Numerator | Denominator |
|----------------------------|---|--|--|---|---|--|
| Indicator 1 (HEDIS IET) | Initiation of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid-enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis No claim/encounter during the 60 days prior to the diagnosis date/ index episode start date (IESD) Continuous enrollment 60 days before through 48 days after the IESD with no gaps | Medicaid-enrolled Louisiana residents in hospice care | Number of members in eligible population who initiated the AOD treatment within 14 days of the IESD with any of the designated code combinations and diagnosis as specified in the Alcohol Abuse and Dependence Value Set For all initiation events except medication treatment, initiation on the same day as the IESD must be with different providers in order to count | Number of members in the eligible population less number of excluded members |
| Indicator 2 (HEDIS IET) | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid-enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or MAT within 14 days of diagnosis No claim/encounter during the 60 days prior to the IESD Continuous enrollment 60 days before through 48 days after the IESD with no gaps | Medicaid-enrolled Louisiana residents in hospice care | Number of members in eligible population who initiated the AOD treatment within 14 days of the IESD with any of the designated code combinations and diagnosis as specified in the Opioid Abuse and Dependence Value Set For all initiation events except medication treatment, initiation on the same day as the IESD must be with different providers in order to count | Number of members in the eligible population less number of excluded members |
| Indicator 3 (HEDIS IET) | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid-enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or MAT within 14 days of diagnosis | Medicaid-enrolled Louisiana residents in hospice care | Total members in the eligible population who are compliant to the Initiation of AOD Treatment criteria for both the Alcohol and Opioid diagnosis cohorts | Number of members in the eligible population less number of excluded members |

| Performance Indicator | Description | Data Source | Eligible Population | Exclusion Criteria | Numerator | Denominator |
|-------------------------|---|--|---|---|--|--|
| | | | No claim/encounter during the 60 days prior to the IESD. Continuous enrollment 60 days before through 48 days after the IESD with no gaps | | | |
| Indicator 4 (HEDIS IET) | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or MAT within 14 days of diagnosis No claim/encounter during the 60 days prior to the IESD Continuous enrollment 60 days before through 48 days after the IESD with no gaps | Medicaid-enrolled Louisiana residents in hospice care | Number of members in the eligible population who are compliant for the Initiation of AOD treatment numerator and meet either of the following (in accordance with HEDIS specification manual details/Alcohol Abuse and Dependence Value Set): <ul style="list-style-type: none"> • At least, 1 engagement medication treatment event • At least 2 engagement visits beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days) If the member is compliant for multiple cohorts, only count the member once for the Total Engagement numerator | Number of members in the eligible population less number of excluded members |
| Indicator 5 (HEDIS IET) | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid-enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or MAT within 14 days of diagnosis. No claim/encounter during the 60 days prior to the IESD Continuous enrollment 60 days before through 48 days after the IESD with no gaps | Medicaid-enrolled Louisiana residents in hospice care | Number of members in the eligible population who are compliant for the Initiation of AOD treatment numerator and meet either of the following (in accordance with HEDIS specification manual details/Opioid Abuse and Dependence Value Set): <ul style="list-style-type: none"> • At least, 1 engagement medication treatment event • At least 2 engagement visits beginning on the day after | Number of members in the eligible population less number of excluded members |

| Performance Indicator | Description | Data Source | Eligible Population | Exclusion Criteria | Numerator | Denominator |
|-------------------------|--|--|--|---|--|--|
| | | | | | the initiation encounter through 34 days after the initiation event (total of 34 days) If the member is compliant for multiple cohorts, only count the member once for the Total Engagement numerator | |
| Indicator 6 (HEDIS IET) | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort | Administrative/ Claims/ Encounter data | Medicaid enrolled LA residents > 13 yrs who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or MAT within 14 days of diagnosis No claim/encounter during the 60 days prior to the IESD Continuous enrollment 60 days before through 48 days after the IESD with no gaps | Medicaid-enrolled Louisiana residents in hospice care | Total members in the eligible population who are compliant to the Engagement of AOD Treatment criteria for both the Alcohol and Opioid diagnosis cohorts | Number of members in the eligible population less number of excluded members |
| Indicator 7 (HEDIS FUA) | The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of Opioid or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit | Administrative/ Claims/ Encounter data | Medicaid-enrolled LA residents > 13 yrs, and who meet the following criteria and timeframes: <ul style="list-style-type: none"> Member had an ED visit with a principal diagnosis of AOD abuse or dependence on or between January 1 and December 1 of the MY Continuous enrollment from the date of the ED visit through 30 days after the ED visit (31 total days) | Medicaid-enrolled Louisiana residents in hospice care | A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days) with principal diagnosis of AOD abuse or dependence (in accordance with specification manual details/AOD Abuse and Dependence Value Set). Include visits that occur on the date of the ED visit. Indicators must meet the following criteria for a follow-up visit: <ul style="list-style-type: none"> IET Stand Alone Visits Value Set IET Visits Group 1 Value Set with IET POS Group 1 Value Set IET Visits Group 2 Value Set | Number of members in the eligible population less number of excluded members |

| Performance Indicator | Description | Data Source | Eligible Population | Exclusion Criteria | Numerator | Denominator |
|-------------------------|--|--|--|---|---|--|
| | | | | | <ul style="list-style-type: none"> with IET POS Group 2 Value Set An observation visit A telephone visit An online assessment | |
| Indicator 8 (HEDIS FUA) | The percentage of ED visits for members 13 years of age and older with a principal diagnosis of Opioid or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit | Administrative/ Claims/ Encounter data | <p>Medicaid-enrolled LA residents > 13 yrs, and who meet the following criteria and timeframes:</p> <ul style="list-style-type: none"> Member had an ED visit with a principal diagnosis of AOD abuse or dependence on or between January 1 and December 1 of the MY Continuous enrollment from the date of the ED visit through 30 days after the ED visit (31 total days) | Medicaid-enrolled Louisiana residents in hospice care | <p>A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days) with principal diagnosis of AOD abuse or dependence (in accordance with specification manual details/AOD Abuse and Dependence Value Set). Include visits that occur on the date of the ED visit. Indicators must meet the following criteria for a follow-up visit:</p> <ul style="list-style-type: none"> IET Stand Alone Visits Value Set IET Visits Group 1 Value Set with IET POS Group 1 Value Set IET Visits Group 2 Value Set with IET POS Group 2 Value Set An observation visit A telephone visit An online assessment | Number of members in the eligible population less number of excluded members |

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; LA: Louisiana; MAT: medication-assisted treatment; IESD: index episode start date; MY: measurement year;; ED: emergency department; FUA: Follow-up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence.

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

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

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

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

| Indicator | Baseline Rate Measurement Period: 1/1/18-12/31/18 | Interim Rate Measurement Period: 1/1/19-12/31/19 | Final Interim Rate Measurement Period: 1/1/20-12/10/20 ¹ | Target Rate |
|--|--|---|--|-------------|
| Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort | N: 1730 D: 3686 R: 46.93% | N: 1916 D: 3816 R: 50.21% | N: 1810 D: 3590 R: 50.42% | 56.93% |
| Indicator 2: Initiation of AOD Treatment: Total a groups, Opioid abuse or dependence diagnosis cohort | N: 1080 D: 1832 R: 58.95% | N: 1217 D: 1970 R: 61.78% | N: 1240 D: 1860 R: 66.67% | 68.95% |
| Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort | N: 5659 D: 11802 R: 47.95% | N: 6235 D: 12271 R: 50.81% | N: 5965 D: 11698 R: 50.99% | 57.95% |
| Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort | N: 430 D: 3686 R: 11.67% | N: 538 D: 3816 R: 14.10% | N: 469 D: 3590 R: 13.06% | 16.43% |
| Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort | N: 495 D: 1832 R: 27.02% | N: 581 D: 1970 R: 29.49% | N: 603 D: 1860 R: 32.42% | 35.15% |
| Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort | N: 1849 D: 11802 R: 15.67% | N: 2076 D: 12271 R: 16.92% | N: 1857 D: 11698 R: 15.87% | 18.45% |

| 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: 1/1/20-12/10/20 ¹ | Target Rate |
|--|---|--|---|-------------|
| Indicator 7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit | N: 215 D: 2126 R: 10.11% | N: 213 D: 2059 R: 10.34% | N: 223 D: 2031 R: 10.98% | 17.91% |
| Indicator 8. The percentage of 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: 125 D: 2126 R: 5.88% | N: 131 D: 2059 R: 6.36% | N: 144 D: 2031 R: 7.09% | 11.56% |

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

AOD: Alcohol and Other Drug Abuse; N: numerator; D: denominator; R: rate; ED: emergency department.

Strengths and Opportunities for Improvement

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

- Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort

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

- Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 6 Engagement of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit
- Indicator 8: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit

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:

- Specify the ITM to monitor use of SBIRT billing codes, as indicated, for greater clarity and accuracy of monitoring the intervention to educate providers about evidence-based SBIRT screening guidelines and billing.
- Specify ASAM education intervention and corresponding ITMs to show how provider education for ASAM was targeted to the appropriate provider types.
- Implement interventions to educate ED providers and PCPs about SBIRT.

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.

- Add an ITM to monitor the intervention to provide ED providers with listings of qualified providers for referral of members with suspected SUD for appropriate ASAM 6 Dimension risk evaluation.
- Implement an intervention that targets case management outreach to members with special health care needs with a corresponding ITM to monitor progress of this 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: Four (4) of the 6 IET performance indicators demonstrated improvement; however, the 2 newly added FUA indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

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

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

PDSA: The PIP validation process for the PIP to Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation also entailed Plan-Do-Study-Act (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 Eplusa: Preferred): Numerator: # members who were dispensed sofosbuvir-velpatasvir 400-100 (AG Eplusa: Preferred); Denominator: # members with any DAA dispensed.

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

Table 8: Performance Indicator Descriptions

| Performance Indicator | Description | Data Source | Eligible Population | Exclusion Criteria | Numerator | Denominator |
|---|---|--|---|--|--|--|
| Performance Indicator 1a (Universal Screening) | The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for hepatitis C virus (HCV) {numerator} | Administrative/ Claims/ Encounter data | All Healthy Louisiana enrollees ages 18-79 years | Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the Office of Public Health (OPH) listing | Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472 | Number of members in the eligible population less number of excluded members |
| Performance Indicator 1b (Birth Cohort Screening) | The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were screened for HCV {numerator} | Administrative/ Claims/ Encounter data | Healthy Louisiana enrollees born between 1945 and 1965 | Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing | Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472 | Number of members in the eligible population less number of excluded members |
| Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening-ever screened) | The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any 1 or more risk factors other than being born between | 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 | Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per | 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 |
|--|--|--|---|--|---|--|
| | 1945 and 1965 {denominator} and who were ever screened for HCV {numerator} | | <p>injection drug use (ICD-9 or ICD-10 codes in Table A); OR</p> <p>b. Persons ever on long-term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR</p> <p>c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR</p> <p>d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)</p> | the OPH listing | | |
| 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 | <p>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:</p> <p>a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR</p> <p>b. Persons ever on long-term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR</p> <p>c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR</p> <p>d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)</p> | Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing | Number of Healthy Louisiana enrollees who were screened during the 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 | Administrative/ Claims/ Encounter data | Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH | None | Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of | Number of members in the eligible population for Performance |

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

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

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

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

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

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

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

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

| Performance Indicator | Baseline Period 1/1/2019 - 6/30/2019 | Preliminary Measure period: 1/1/2019 – 12/31/2019 | Final Period Measure period: 1/1/2020 – 12/10/2020 ¹ | Target Rate |
|--|---|---|--|-------------|
| Performance Indicator 1a (Universal Screening) | N: 36503 D: 385873 R: 9.46% | N: 41207 D: 399868 R: 10.31% | N: 51556 D: 430990 R: 11.96% | 20.31% |
| Performance Indicator 1b (Birth Cohort Screening) | N: 8601 D: 66387 R: 12.96% | N: 9405 D: 69110 R: 13.61% | N: 10803 D: 75232 R: 14.36% | 23.61% |
| Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened) | N: 5265 D: 24231 R: 21.73% | N: 6298 D: 27193 R: 23.16% | N: 8512 D: 32455 R: 26.23% | 33.16% |
| Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening) | N: 1216 D: 24,231 R: 5.02% | N: 2399 D: 27,193 R: 8.82% | N: 2,733 D: 32,455 R: 8.42% | 18.82% |
| Performance Indicator 3a (HCV Treatment Initiation- Overall) | N: 20 D: 4982 R: 0.40% | N: 622 D: 5189 R: 11.99% | N: 592 D: 5,161 R: 11.47% | 21.99% |
| Performance Indicator 3b (HCV Treatment Initiation- Drug Users) | N: 6 D: 1331 R: 0.45% | N: 241 D: 1967 R: 12.25% | N: 354 D: 2,907 R: 12.18% | 22.25% |
| Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV) | N: 2 D: 246 R: 0.81% | N: 37 D: 258 R: 14.34% | N: 41 D: 290 R: 14.14% | 24.34% |

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; PIP: performance improvement project; LDH: Louisiana Department of Health.

Strengths and Opportunities for Improvement

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

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

Opportunities for Improvement: 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)

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

- There was an opportunity to conduct a barrier analysis to identify susceptible subpopulations.
- There was an opportunity for interventions to target susceptible subpopulations.
- ITMs could be improved. One ITM duplicated the performance indicator and the denominators of other ITMs were not appropriate.

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the above noted ITM issues.

Conclusion: One (1) of the 4 screening performance indicators and 1 of the 3 treatment performance indicators demonstrated improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Performance Measures: HEDIS 2020 (Measurement Year 2019)

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

Technical Methods of Data Collection and Analysis: MCO-reported PMs were validated as per HEDIS 2020 Compliance Audit specifications developed by the NCQA. The NCQA HEDIS 2020 compliance audit for LHCC was conducted by Attest Health Care Advisors. 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: LHCC followed the HEDIS 2020 specifications and produced a reportable rate for all measures and submeasures included in the scope of the audit. In spite of some timing and administrative issues noted in the FAR, Attest ultimately determined that data systems and processes met all the Information Systems (IS) standards, as required, and no measures or submeasures received a biased rate (BR) audit designation. All supplemental databases (SDs) were approved. In spite of pushback from providers due to 2019 Novel Coronavirus (COVID-19)-related medical record collection obstacles, all hybrid measures selected for validation passed. Due to COVID-19, NCQA allowed the plan the option to rotate any hybrid measures where HEDIS 2019 rates were higher than HEDIS 2020 rates. LHCC opted to utilize this option and reported HEDIS 2019 rates.

² The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).
LHCC Annual EQR Technical Reporting Year July 1, 2019 – June 30, 2020
Page 21

- 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 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), and Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB).
 - 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)
 - Attest 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 HEDIS 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Effectiveness of Care measures.

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

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

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

Asthma Medication Ratio (564 Years): The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the MY.

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

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

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

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

Chlamydia Screening in Women (16–24 Years): The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the MY.

Controlling High Blood Pressure: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the MY.

Follow-Up Care for Children Prescribed ADHD Medication: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- **Initiation Phase.** The percentage of members 6–12 years of age as of the 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 | LHCC | | | Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded | Healthy Louisiana HEDIS 2020 Average |
|---|------------|------------|------------|---|---|
| | HEDIS 2018 | HEDIS 2019 | HEDIS 2020 | | |
| Adult BMI Assessment | 80.37% | 75.19% | 69.10% | 5th | 82.90% |
| Antidepressant Medication Management - Acute Phase | 49.13% | 45.42% | 45.53% | 5th | 48.98% |
| Antidepressant Medication Management - Continuation Phase | 34.39% | 29.30% | 29.96% | 5th | 33.25% |
| Asthma Medication Ratio (5–64 Years) | 66.59% | 65.19% | 69.48% | 75th | 64.50% |
| Breast Cancer Screening in Women | 55.40% | 59.50% | 60.37% | 50th | 58.13% |
| Cervical Cancer Screening | 49.14% | 59.85% | 59.85% | 33.33rd | 57.49% |
| Childhood Immunization Status - Combination 3 | 68.13% | 72.02% | 68.13% | 33.33rd | 69.99% |
| Chlamydia Screening in Women (16–24 Years) | 65.97% | 67.11% | 68.21% | 75th | 66.88% |
| Comprehensive Diabetes Care - HbA1c | 84.43% | 84.91% | 85.40% | 10th | 86.28% |

| Measure | LHCC | | | Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded | Healthy Louisiana HEDIS 2020 Average |
|--|------------|------------|------------|--|--------------------------------------|
| | HEDIS 2018 | HEDIS 2019 | HEDIS 2020 | | |
| Testing | | | | | |
| Controlling High Blood Pressure | 37.96% | 41.61% | 41.61% | < 5th | 49.98% |
| Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase | 69.15% | 49.81% | 40.78% | 33.33rd | 45.42% |
| Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase | 56.82% | 65.82% | 56.10% | 50th | 60.24% |
| Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) | 29.83% | 26.30% | 27.88% | 10th | 32.06% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile | 58.64% | 62.04% | 57.42% | 5th | 68.57% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition | 54.74% | 53.53% | 46.23% | 5th | 56.89% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity | 43.80% | 45.99% | 35.28% | 5th | 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 | LHCC | | | 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 | 96.81% | 95.55% | 96.93% | 66.67th | 96.51% |
| 25 Months–6 Years | 89.08% | 88.58% | 89.76% | 50th | 88.84% |
| 7–11 Years | 90.88% | 91.24% | 91.66% | 50th | 91.27% |
| 12–19 Years | 90.15% | 90.56% | 90.74% | 50th | 90.38% |
| Adults’ Access to Preventive/Ambulatory Services | | | | | |
| 20–44 Years | 77.57% | 77.10% | 76.79% | 33.33rd | 76.19% |
| 45–64 Years | 85.67% | 85.07% | 84.76% | 33.33rd | 84.49% |
| 65+ Years | 85.23% | 74.96% | 75.14% | 5th | 84.71% |
| Access to Other Services | | | | | |
| Prenatal Care | 79.47% | 75.67% | 82.24% | 10th | 85.85% |
| Postpartum Care | 63.42% | 64.48% | 71.53% | 25th | 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 LHCC’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 | LHCC | | | Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded | Healthy Louisiana HEDIS 2020 Average |
|---|------------|---------------|---------------|---|---|
| | HEDIS 2018 | HEDIS 2019 | HEDIS 2020 | | |
| Adolescent Well-Care Visit | 46.10% | 53.04% | 55.37% | 33.33rd | 58.97% |
| Ambulatory Care Emergency Department Visits/1,000 Member Months ¹ | 77.73 | 73.68 | 70.60 | 75th | 74.57 |
| Ambulatory Care Outpatient Visits/1,000 Member Months | 403.11 | 410.52 | 398.70 | 66.67th | 433.98 |
| Well-Child Visits in the First 15 Months of Life 6+ Visits | 58.54% | 60.58% | 62.77% | 25th | 64.72% |
| Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life | 67.92% | 68.63% | 72.75% | 33.33rd | 71.86% |

¹A lower rate is desirable.

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

Member Satisfaction: Adult and Child CAHPS 5.0H

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

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

The following describes the Adult CAHPS 5.0H.

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

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

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

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

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

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

- Q15. In the last 6 months, how often did your personal doctor spend enough time with you?

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

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

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

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

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

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

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

The following describes the Child CAHPS 5.0H.

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

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

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

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

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

- Q27. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Q28. In the last 6 months, how often did your personal doctor listen carefully to you?
- Q29. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Q32. In the last 6 months, how often did your personal doctor spend enough time with you?

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

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

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

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

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

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

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

Table 13, Table 14, and Table 15 show LHCC’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 | LHCC | | | Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded |
|------------------------------|------------|------------|--------------|--|
| | CAHPS 2018 | CAHPS 2019 | CAHPS 2020 | |
| Getting Needed Care | 83.71% | 80.16% | 81.32% | 25th |
| Getting Care Quickly | 83.15% | 84.26% | Small sample | N/A |
| How Well Doctors Communicate | 91.35% | 95.22% | 87.25% | < 5th |
| Customer Service | 90.50% | 91.38% | Small sample | N/A |
| Coordination of Care | 84.96% | 82.95% | Small sample | N/A |
| Rating of All Health Care | 77.38% | 78.65% | 71.74% | 10th |
| Rating of Personal Doctor | 81.14% | 85.92% | 74.26% | < 5th |
| Rating of Specialist | 86.44% | 82.35% | Small sample | N/A |
| Rating of Health Plan | 80.58% | 80.63% | 77.14% | 33.33rd |

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

LHCC: Louisiana Healthcare Connections; 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 | LHCC | | | QC 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded |
|------------------------------|------------|------------|--------------|---|
| | CAHPS 2018 | CAHPS 2019 | CAHPS 2020 | |
| Getting Needed Care | 88.81% | 85.70% | Small sample | N/A |
| Getting Care Quickly | 95.34% | 91.89% | Small sample | N/A |
| How Well Doctors Communicate | 94.62% | 95.70% | 98.41% | 95th |
| Customer Service | 91.28% | 90.68% | Small sample | N/A |
| Coordination of Care | 79.31% | 85.59% | Small sample | N/A |

| Measure ¹ | LHCC | | | QC 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded |
|---------------------------|------------|------------|--------------|---|
| | CAHPS 2018 | CAHPS 2019 | CAHPS 2020 | |
| Rating of All Health Care | 90.35% | 89.90% | 89.83% | 66.67th |
| Rating of Personal Doctor | 91.03% | 91.03% | 91.24% | 50th |
| Rating of Specialist | 88.79% | 88.46% | Small sample | N/A |
| Rating of Health Plan | 89.06% | 89.97% | 86.45% | 33.33rd |

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

LHCC: Louisiana Healthcare Connections; 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 | LHCC | | | Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded |
|------------------------------|------------|------------|--------------|---|
| | CAHPS 2018 | CAHPS 2019 | CAHPS 2020 | |
| Getting Needed Care | 88.35% | 88.49% | Small sample | N/A |
| Getting Care Quickly | 96.01% | 96.65% | Small sample | N/A |
| How Well Doctors Communicate | 94.92% | 96.23% | Small sample | N/A |
| Customer Service | 91.12% | 88.46% | Small sample | N/A |
| Coordination of Care | 78.39% | 79.07% | Small sample | N/A |
| Rating of All Health Care | 89.46% | 88.47% | Small sample | N/A |
| Rating of Personal Doctor | 91.29% | 92.39% | 90.18% | 33.33rd |
| Rating of Specialist | 86.36% | 92.42% | Small sample | N/A |
| Rating of Health Plan | 88.57% | 87.57% | 85.59% | 50th |

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.”

LHCC: Louisiana Healthcare Connections; 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: LHCC completed a race/ethnicity, linguistic and cultural assessment on Provider Network and Membership populations in October 2018 and October 2019 to determine if the network is meeting the cultural and linguistic needs of our membership. An action plan was developed to include the following initiatives:

- Governance, Leadership and Workforce-Trailblazer’s initiative
 - 39 Frontline Manager and Supervisors met on a monthly basis and offered learning experiences through interaction with others and guidance from Senior Leadership (June 2019-December 2019).
- Communication and Language Assistance
 - A targeted outreach initiative was developed for Vietnamese and Arabic speaking members, based on a language disparity analysis, with these two language populations identified as having a higher subset of non-compliant members with HEDIS Wellness Measures (Well Checks) across all age groups. The project made strides with identifying the Vietnamese and Arabic members for Proactive Outreach Manager (POM); however, this intervention was delayed due to the need for translation of materials into identified languages, corporate level approval, and a subsequent interruption in member outreach initiatives due to COVID 19 pandemic in March 2020. These efforts are planned to resume in January 2021.
- Engagement, Continuous Improvement and Accountability
 - A race/ethnicity, linguistic, and cultural assessment was performed on provider network and membership populations to evaluate the effectiveness of 2019 interventions. Initiatives included capturing provider visit records for the assessment of provider languages in January 2020, and provider education/resources to include Cultural Competency Brochures with Language Line Access Information for distribution to providers. Additionally, a marketing campaign was launched which included mailers with “I Speak” cards to the physician’s offices explaining member rights to interpretation services and the contact information for LHCC resources. These initiatives were similarly impacted and placed on hold due to COVID 19 Pandemic in March 2020.

Based on our Annual CLAS Network Assessment, Orleans Parish was identified as having the highest number and concentration of Black/African Americans. According to the CDC, health disparities for this population compared to other racial/ethnic groups include:

- Largest death rate - Heart Disease and Stroke
- Highest Prevalence of Hypertension
- High Prevalence of Obesity and Diabetes
- High Prevalence of Periodontitis
- Largest Death Rate of Infants
- Largest Death Rate from Homicide
- Largest HIV rate
- High Incidence and Death Rates from Colorectal Cancer

In response to identification of these health care disparities, LHCC entered into a pilot partnership with the Social Health Bridge Program in December 2019. Identified obstacles that impact optimal health and well-being include the following:

- Food Insecurity
- Transportation Obstacles
- Education and Employment Barriers
- Income/Money for Necessities
- Childcare Obstacles
- Utility Obstacles
- Interpersonal and Community Violence
- Minimal Family and Social Supports
- Housing Instability
- Insufficient Housing Space

The program will include member-tailored Social Determinants of Health (SDoH) screening, assessment and planning by onsite dedicated staff in two New Orleans housing communities. The members are referred to community-based organizations to address the identified SDoH, including ongoing monitoring and support of member and CBO referrals. Programs are tailored to provide member access to healthcare providers for GAP closures, access to onsite support, and follow-up assistance post hospital discharge. The program will also assist members with their long-term unmet needs due to SDoH through the following:

- Health Fairs and Wellness Programs
- Care Clinics and Skill Development Workshops
- Community Celebrations
- Continuous Evaluation and Improvement

In addition, LHCC has implemented the following to help address healthcare disparities:

- In-person HEDIS Health Fairs held in specific areas of the state with a higher percentage member care gaps. The Health Fairs are designed to help members and their families close multiple care gaps, by providing access to the care needed at one time and place. (Summer/Fall 2019)
- Promotion of SafeLink phone eligibility and telehealth as a way to access care safely during the COVID-19 pandemic. (May/June 2020)
- Supported LDH's outreach to Louisianans who may be eligible for Medicaid due to a sudden job loss or loss of benefits related to COVID-19.
- Promotion of 2-1-1 and other community resources to members and the public during the beginning of the COVID-19 pandemic.
- Promotion of heart health awareness during American Heart Month (Feb 2020):
<https://www.louisianahealthconnect.com/newsroom/for-american-heart-month--physician-shares-tips-to-reduce-heart-.html>
- Collaborated with LSU AgCenter to produce a series of short "Build a Healthy Meal" videos showing viewers how to create simple, low-cost and nutritious meals.
- Monthly Physical and Behavioral health work groups across functions/departments to identify barriers to care and interventions to be implemented.
- Diabetic members were called via automated outreach platforms including My Health Direct, POM and Eliza calls to assist with getting appointments for care; Members were incentivized with My Health Rewards for completing visits.
- Members in need of well child visits and/or immunizations were called via My Health Direct, POM and Eliza to help schedule various appointments; Members were incentivized with My Health Rewards for completing visits.
- Health Check Coordinators supported Providers with larger member panels/care gaps, assisting with member appointments and care needs.
- Members discharged from a mental health hospital were seen by community health workers who assisted members with post-discharge needs and scheduling appointments for follow-up with a mental health provider.
- Eliza calls were made to members who were newly prescribed anti-depressant medications as a reminder to fill prescriptions and schedule provider appointments as needed.

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 LHCC’s policies, procedures, files, and other materials corresponding to the following six contractual domains:

1. Marketing and Member Education
2. Member Grievances and Appeals
3. Provider Network Requirements
4. Utilization Management
5. Quality Management
6. 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 five areas:

1. Member Grievances
2. Informal Reconsiderations
3. Case Management (behavioral and physical health)
4. Credential/Recredentialing
5. Utilization Management

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

Table 16: File Review Sample Sizes

| File Type | Sample Size |
|-------------------------------------|-------------|
| Member Grievances | 15 |
| Informal Reconsiderations | 5 |
| Case Management (physical health) | 10 |
| Case Management(behavioral health) | 10 |
| Credential/Recredentialing | 10 |
| Utilization Management | 10 |

The period of review was April 1, 2019, through March 31, 2020. All documents and case files reviewed were active during this time period.

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 compliance | 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. |

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 | NR | NR | NR | NR | NR | NR | NR |
| Marketing and Member Education | No crosswalk | 1 | 1 | 0 | 0 | 0 | 0 | 100% |
| Member Grievances and Appeals | 438.210 Coverage and authorization of services | 4 | 3 | 1 | 0 | 0 | 0 | 75% |
| 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 | 13 | 3 | 10 | 0 | 0 | 0 | 23% |
| Utilization Management | 438.210 Coverage and authorization of services 438.236 Practice guidelines | 4 | 3 | 1 | 0 | 0 | 0 | 75% |
| Quality Management | 438.224 Confidentiality 438.330 Quality assessment and performance improvement program | 1 | 1 | 0 | 0 | 0 | 0 | 100% |
| Fraud, Waste and Abuse | 438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection | NR | NR | NR | NR | NR | NR | NR |
| Core Benefits and Services | 438.208 Coordination and continuity of care | 8 | 7 | 1 | 0 | 0 | 0 | 88% |
| Reporting | 438.242 Health information systems | NR | NR | NR | NR | NR | NR | NR |
| Total | | 31 | 18 | 13 | 0 | 0 | 0 | 58% |

¹N/As are not included in the calculation.

NR: not reviewed during partial compliance review.

As presented in **Table 18**, 31 elements were reviewed for compliance. Of the 31 elements, 18 were determined to fully meet the regulations, while 13 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 58% 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 LHCC 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 LHCC 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)** – LHCC met or exceeded the 75th percentile for the following HEDIS measures:
 - Asthma Medication Ratio (5–64 Years)
 - Chlamydia Screening in Women (16–24 Years)
- **CAHPS (Member Satisfaction)** – LHCC met or exceeded the 75th percentile for the following CAHPS measures:
 - Child General Population
 - How Well Doctors Communicate

Compliance Monitoring – For the review domains of Marketing and Member Education and Quality Management, 100% of requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Opportunities for Improvement

- **HEDIS (Quality of Care)** – LHCC 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
 - Cervical Cancer Screening
 - Childhood Immunization Status - Combination 3
 - Comprehensive Diabetes Care - HbA1c Testing
 - Controlling High Blood Pressure
 - Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
 - Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
 - Adults' Access to Preventive/Ambulatory Services
 - 20–44 Years
 - 45–64 Years
 - 65+ Years
 - Access to Other Services
 - Prenatal Care
 - Postpartum Care
 - Adolescent Well-Care Visit
 - Ambulatory Care Emergency Department Visits/1,000 Member Months
 - Well-Child Visits in the First 15 Months of Life 6+ Visits
 - Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life
- **CAHPS (Member Satisfaction)** – LHCC demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:

- Adult Population
 - Getting Needed Care
 - How Well Doctors Communicate
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
- Child General
 - Rating of Health Plan
- Child CCC Population
 - Rating of Personal Doctor
- **Compliance Monitoring**
 - Only 3 of 13 (23%) 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 issues with ITMs. Also, for the Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that the results must be interpreted with some caution also 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 (20) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low-performing HEDIS measures have shown little improvement from prior year, with the exception of: Access to Other Services - Prenatal Care.

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

- Adult BMI Assessment (< 10th percentile)
- Antidepressant Medication Management - Acute Phase (< 10th percentile)
- Antidepressant Medication Management - Continuation Phase (< 10th percentile)
- Comprehensive Diabetes Care - HbA1c Testing (< 25th percentile)
- Controlling High Blood Pressure (< 5th percentile)
- Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) (< 25th percentile)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile (< 10th percentile)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (< 10th percentile)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (< 10th percentile)
- Adults' Access to Preventive/Ambulatory Services 65+ Years (< 10th percentile)
- Access to Other Services – Prenatal Care (< 25th percentile)

Recommendation: Seven (7) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.

- The MCO should develop specific interventions to address the worst performing CAHPS measures:
 - Adult Population:
 - How Well Doctors Communicate (< 5th percentile)
 - Rating of All Health Care (< 25th percentile)

- Rating of Personal Doctor (< 5th percentile)

Recommendation: Compliance Monitoring

- Only 3 of 13 (23%) 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: Twenty (20) 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:
 - Antidepressant Medication Management - Continuation Phase
The following interventions were implemented to address ongoing compliance barriers related to Antidepressant Medication Management (AMM):
 - ELIZA automated outreach support for medication adherence reminders. The following call campaigns were conducted:
 - Call 1: Made after 84 days of medication being prescribed
 - Call 2: Made after 180 days for AMM.
 - A marketing mailer for AMM has been updated however submission to LDH for review was delayed due to COVID-19. Marketing will proceed with final formatting of revised mailers with the intent of distribution to members with newly prescribed anti-depressant medications pending LDH approval.
 - Controlling High Blood Pressure (CBP)
CBP has historically been a hybrid-only measure until 2018. With the transition to an Admin/Hybrid measure, LHCC has taken steps to educate our providers on the use of CPT II codes to facilitate concurrent capture and trending of hypertension outcomes. The following efforts have been ongoing to support targeted improvement:
 - Provider training on CBP coding/revised CPT codes with education by Provider Network Specialists (PNS) during routine provider visits.
 - Developed a Quick Reference Guide (QRG) outlining new 2020 HEDIS Technical Specifications. This reference material is posted on the LHCC Provider Portal under Provider Resources and is included in PNS provider education.
 - A CBP pilot project was initiated at the end of the 2020 Hybrid season, engaging a select provider group to partner on collaborative improvement efforts. The focus of this pilot includes both capture of BP compliance via coding as well as supporting clinical interventions to optimize accurate BP measurement to better inform provider's clinical management decisions (and ideally improve member BP control). Current efforts include review of clinic/provider work processes in an effort to increase utilization of CPT II codes to better reflect the health status of their patients. In addition, improved CPT coding can facilitate early identification of members who may benefit from treatment plans and referral to Case Management when indicated.
 - Adults' Access to Preventive/Ambulatory Services (65+ Years)
The following interventions were implemented to address ongoing compliance barriers related to improving adult access to preventive care and ambulatory services.
 - Targeted outreach initiatives were deployed to engage members and promote wellness visits. Analysis of member care gap reports was used to prioritize calls to adult members, offering assistance with scheduling appointments for adult well visits. An initial target population/selected provider group was launched to assess effectiveness of planned intervention, with 282 members outreached and 69 appointments scheduled. Upon expanding the outreach population, approximately 1222 members were called via automated outreach platforms and 136 member appointments scheduled. During 2019, My Health Direct, POM and Eliza calls were made to members showing a need for diabetes care, flu shots and annual well

visits, which could then create access to care. Health Fairs were also completed during the year to assist any member in the specific provider panel with needed appointments.

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

- The MCO should develop specific interventions to address the worst performing CAHPS measure:
 - Child CCC population: Shared Decision Making

MCO Response: The following interventions were implemented to address ongoing compliance barriers related to improving CAHPS measures:

- Monthly physical and behavioral health work groups partner across functions/departments to identify barriers to care and interventions to be implemented.
- For members having diabetes; members were called via My Health Direct, POM and Eliza calls to assist with getting appointments for care; My Health Rewards paid to members completing visits
- For members needing child well-visits and/or immunizations; Members were called via My Health Direct, POM and Eliza to help schedule various appointments; My Health Rewards paid to members completing visits
- Health Check Coordinators supported Providers with larger member panels/care gaps, assisting with member appointments and care needs.
- Health Fairs were conducted at a number of practice facilities to assist members in getting needed care/appointments at those locations that participated.
- Members that were discharged from a mental health hospital were seen by community health workers who assisted members with needs after discharge and in scheduling appointments for follow-up with a mental health provider
- Eliza calls made to members newly prescribed anti-depressant medications so as to remind members to fill prescriptions and schedule provider appointments as needed

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 LHCC'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 adults. In addition to the MCO continuing to evaluate the effectiveness of their current interventions in these areas, LDH, in collaboration with the EQRO, and partnering with other state agencies such as Public Health and Community and Preventive Health, 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.