



State of Louisiana Department of Health UnitedHealthcare Community Plan Annual External Quality Review Technical Report

FINAL REPORT

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

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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 UnitedHealthcare Community Plan (UnitedHealthcare) 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

UnitedHealthcare	
Type of organization	Health maintenance organization
Tax status	For profit
Year operational	02/01/2012
Product line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid enrollment (as of June 2020)	454,397

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2020, the MCO's Medicaid enrollment totaled 454,397, which represents 29.1% of Healthy Louisiana's active members. **Table 2** displays UnitedHealthcare's Medicaid enrollment for 2018 to 2020, as well as the 2020 statewide enrollment totals.

Table 2: Medicaid Enrollment as of June 2019

UnitedHealthcare ¹	June 2018	June 2019	June 2020	% Change 2109 to 2020	2020 Statewide Total ²
Total enrollment	433,860	410,336	454,397	+10.7%	1,561,194

Data Source: Report No. 109-A.

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

Enrollees who opted out of Healthy Louisiana during the reporting month were not included.

²The statewide total includes membership of all plans.

Provider Network

Providers by Specialty

LDH requires each MCO to report on a quarterly basis the total number of network providers. **Table 3** shows the sum of UnitedHealthcare'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 ¹	UnitedHealthcare									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Adult PCP - family/gen. practice	177	150	77	130	86	74	141	113	138	916
Adult PCP - internal medicine	242	120	63	86	47	33	108	46	103	749
Adult PCP physician extender - nurse practitioner	351	377	162	289	169	193	173	261	333	1,741
Adult PCP physician extender - certified nurse midwife	0	1	0	0	0	0	0	2	0	3
Adult PCP physician extender - physician assistant	56	37	33	21	4	20	42	11	38	193
Pediatric PCP - pediatrics	192	107	49	81	20	22	87	29	81	574
Pediatric PCP - family/gen. practice	183	154	78	136	87	74	142	113	140	934
Pediatric PCP - internal medicine	250	122	63	88	47	33	111	46	105	766
Pediatric PCP physician extender - nurse practitioner	384	397	171	299	173	207	184	266	353	1,860
Pediatric PCP physician extender - certified nurse midwife	0	1	0	0	0	0	0	2	0	3

Specialty ¹	UnitedHealthcare									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Pediatric PCP physician extender - physician assistant	64	40	33	21	4	20	45	11	41	210
Ob/gyn ^{2,3}	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

¹UHC reports PHPs by subgroup.

²Count includes only those that accept full PCP responsibilities.

³Data not reported for ob/gyns 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

UnitedHealthcare 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 and/or time from their homes. MCO's 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 ² - family/general practice	Urban	1 within 10 miles	99.7%
	Rural	1 within 30 miles	100.0%
Adult PCP ² - internal medicine	Urban	1 within 10 miles	93.9%
	Rural	1 within 30 miles	100.0%
Adult PCP ² - physician extenders	Urban	1 within 10 miles	97.9%
	Rural	1 within 30 miles	100.0%
Pediatric PCP ³ - pediatric	Urban	1 within 10 miles	94.3%
	Rural	1 within 30 miles	100.0%
Pediatric PCP ³ - family/general practice	Urban	1 within 10 miles	96.9%
	Rural	1 within 30 miles	100.0%
Pediatric PCP ³ - internal medicine	Urban	1 within 10 miles	94.6%
	Rural	1 within 30 miles	100.0%
Pediatric PCP ³ - physician extenders	Urban	1 within 10 miles	98.1%
	Rural	1 within 30 miles	100.0%
Ob/gyn	Urban	1 within 15 miles	95.1%
	Rural	1 within 30 miles	95.8%

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

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

²UHC reports Adult PCP provider compliance information by subgroup.

³UHC reports Pediatric PCP provider compliance information by subgroup.

PCP: primary care physician.

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 ² - family/general practice	Urban	1 in 20 minutes	99.7%
	Rural	1 in 60 minutes	100.0%
Adult PCP ² - internal medicine	Urban	1 in 20 minutes	97.9%
	Rural	1 in 60 minutes	100.0%
Adult PCP ² - physician extenders	Urban	1 in 20 minutes	99.8%
	Rural	1 in 60 minutes	100.0%
Pediatric PCP ³ - pediatric	Urban	1 in 20 minutes	98.7%
	Rural	1 in 60 minutes	100.0%
Pediatric PCP ³ - family/general practice	Urban	1 in 20 minutes	99.7%
	Rural	1 in 60 minutes	100.0%
Pediatric PCP ³ - internal medicine	Urban	1 in 20 minutes	98.3%
	Rural	1 in 60 minutes	100%
Pediatric PCP ³ - physician extenders	Urban	1 in 20 minutes	99.8%
	Rural	1 in 60 minutes	100.0%
Ob/gyn	Urban	1 in 30 minutes	99.1%
	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.

²UHC reports Adult PCP provider compliance information by subgroup.

³UHC reports Pediatric PCP provider compliance information by subgroup.

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 measurable using ITMs
 - a. Informed by barrier analysis
 - b. Actions that target member, provider, and MCO
 - c. New or enhanced, starting after baseline year
 - d. With corresponding monthly or quarterly intervention tracking measures to monitor progress of interventions
6. Results table
 - a. Performance Indicator rates, numerators, and denominators
 - b. Target rate
7. Discussion
 - a. Interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement)
8. Next steps
 - a. Lessons learned
 - b. System-level changes made and/or planned
 - c. Next steps for each intervention

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

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

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

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

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

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

Table 6: Performance Indicator Descriptions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 1 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	Administrative Claims Data	Members 13 years or older as of December 31 of the MY with a new episode of alcohol abuse or dependence during the intake period Members must be enrolled for 60 days before the index episode start date (IESD) through 48 days after the IESD with no gaps in enrollment	Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set), or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD Members in hospice	The number of members from the eligible population who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis	The eligible population minus exclusions
Indicator 2 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	Administrative Claims Data	Members 13 years or older as of December 31 of the MY with a new episode of Opioid abuse or dependence during the intake period Members must be enrolled for 60 days before the IESD through 48 days after the IESD with no gaps in enrollment	Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD	The number of members from the eligible population who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis	The eligible population minus exclusions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
				Members in hospice		
Indicator 3 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	Administrative Claims Data	<p>Members 13 years or older as of December 31 of the MY with a new episode of AOD abuse or dependence during the intake period</p> <p>Members must be enrolled for 60 days before the IESD through 48 days after the IESD with no gaps in enrollment</p>	<p>Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set), or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD</p> <p>Members in hospice</p>	The number of members from the eligible population who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis	The eligible population minus exclusions
Indicator #4 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	Administrative Claims Data	<p>Members 13 years or older as of December 31 of the MY with a new episode of alcohol abuse or dependence during the intake period</p> <p>Members must be enrolled for 60 days before the IESD through 48 days after the IESD with no gaps in enrollment</p>	<p>Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set), or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD</p>	The number of members from the eligible population who initiated treatment and who were engaged in AOD treatment within 34 days of the initiation visit, as evidenced by at least two additional qualified substance use disorder treatment encounters in addition to the qualified initiation encounter	The eligible population minus exclusions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
				Members in hospice		
Indicator 5 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	Administrative Claims Data	<p>Members 13 years or older as of December 31 of the MY with a new episode of Opioid abuse or dependence during the intake period</p> <p>Members must be enrolled for 60 days before the IESD through 48 days after the IESD with no gaps in enrollment</p>	<p>Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set), or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD</p> <p>Members in hospice</p>	The number of members from the eligible population who initiated treatment and who were engaged in AOD treatment within 34 days of the initiation visit, as evidenced by at least two additional qualified substance use disorder treatment encounters in addition to the qualified initiation encounter	The eligible population minus exclusions
Indicator 6 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	Administrative Claims Data	<p>Members 13 years or older as of December 31 of the MY with a new episode of AOD abuse or dependence during the intake period</p> <p>Members must be enrolled for 60 days before the IESD through 48 days after the IESD with no gaps in enrollment</p>	<p>Test for negative diagnosis history: Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set), or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD</p> <p>Members in hospice</p>	The number of members from the eligible population who initiated treatment and who were engaged in AOD treatment within 34 days of the initiation visit, as evidenced by at least two additional qualified substance use disorder treatment encounters in addition to the qualified initiation encounter	The eligible population minus exclusions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 7 (HEDIS FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit	Administrative Claims Data	Members 13 years or older with an ED visit including a principle diagnosis of AOD abuse of dependence Members must have continuous enrollment through 30 days after the visit and no gaps in enrollment	ED visits that result in an inpatient stay or admission to an inpatient care setting Members in hospice	The number of members from the eligible population who received follow-up within 30 days of the emergency department visit	The eligible population minus exclusions
Indicator 8 (HEDIS FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit	Administrative Claims Data	Members 13 years or older with an ED visit including a principle diagnosis of AOD abuse of dependence Members must have continuous enrollment through 30 days after the visit and no gaps in enrollment	ED visits that result in an inpatient stay or admission to an inpatient care setting. Members in hospice	The number of members from the eligible population who received follow-up within 7 days of the emergency department visit	The eligible population minus exclusions

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

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

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

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

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

Indicator	Baseline Rate Measurement Period: 1/1/18– 12/31/18	Interim Rate Measurement Period: 1/1/19– 12/31/19	Final Interim Rate Measurement Period: 1/1/20– 11/2/20 ¹	Target Rate
Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1687 D: 3897 R: 43.29	N: 2024 D: 4127 R: 49.04	N: 2069 D: 3740 R: 55.32%	56.28%
Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 1405 D: 2413 R: 58.23	N: 1641 D: 2731 R: 60.09	N: 1624 D: 2454 R: 66.18%	68.42%
Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 5865 D: 12842 R: 45.67	N: 6634 D: 13218 R: 50.19	N: 6699 D: 12518 R: 53.51%	53.89%
Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 497 D: 3897 R: 12.75	N: 621 D: 4127 R: 15.05	N: 610 D: 3740 R: 16.31%	18.49%
Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 590 D: 2413 R: 24.45	N: 823 D: 2731 R: 30.14	N: 778 D: 2454 R: 31.70%	35.11%

Indicator	Baseline Rate Measurement Period: 1/1/18– 12/31/18	Interim Rate Measurement Period: 1/1/19– 12/31/19	Final Interim Rate Measurement Period: 1/1/20– 11/2/20 ¹	Target Rate
Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1986 D: 12842 R: 15.46	N: 2374 D: 13218 R: 17.96	N: 2371 D: 12518 R: 18.94%	24.82%
Indicator 7: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit	N: 231 D: 2208 R: 10.46	N: 252 D: 2152 R: 11.71	N: 249 D: 2142 R: 11.62%	17.83%
Indicator 8: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit	N: 151 D: 2208 R: 6.84	N: 161 D: 2152 R: 7.48	N: 170 D: 2142 R: 7.94%	16.97%

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

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

Strengths and Opportunities for Improvement

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

- Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort

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

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

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

- It was not clear how interventions targeted identified susceptible subpopulations.

Overall Credibility of Results: There were no validation findings that indicate that the credibility of the PIP results is at risk.

Conclusion: Each of the 6 IET performance indicators demonstrated improvement; however, the 2 newly added FUA performance 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 Epclusa: Preferred): Numerator: # members who were dispensed sofosbuvir-velpatasvir 400-100 (AG Epclusa: Preferred); Denominator: # members with any DAA dispensed

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

Table 8: Performance Indicator Descriptions

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator 1a (Universal Screening)	The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for chronic viral Hepatitis C (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 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet 1 or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	Number of Healthy Louisiana enrollees who were 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
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Annual Screening)	The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any 1 or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the MY for HCV {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet 1 or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long-term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	Number of Healthy Louisiana enrollees who were screened during the measurement year for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator 3a (HCV Treatment Initiation-Overall)	The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of chronic HCV per the OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with a confirmed or probable diagnosis of chronic HCV per the OPH listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpativir (the authorized generic (AG) of Epclusa®) or other LDH-approved HCV direct acting antiviral agent {DAA}	Number of members in the eligible population for Performance Indicator 3a
Performance Indicator 3b (HCV Treatment Initiation-Drug Users)	The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of chronic HCV per OPH listing {denominator} for whom pharmaceutical treatment for HCV	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 Epclusa) or other LDH-approved HCV DAA	Number of members in the eligible population for Performance Indicator 3b

Performance Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	was initiated {numerator}					
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/velpatisvir (the AG of Epclusa) or other LDH-approved HCV DAA	Number of members in the eligible population for Performance Indicator 3c

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

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

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

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

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

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

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

Performance Indicator	Baseline Period 1/1/2019–12/31/2019	Final Period Measure period: 1/1/2020– 12/31/2020 ¹	Target Rate
Performance Indicator 1a (Universal Screening)	N: 42240 D: 297778 R: 14%	N: 44906 D: 288581 R: 15%	24%
Performance Indicator 1b (Birth Cohort Screening)	N: 11006 D: 61971 R: 18%	N: 11759 D: 60244 R: 20%	28%
Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	N: 7355 D: 32948 R: 22%	N: 9169 D: 39478 R: 23%	32%
Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)	N: 1466 D: 32948 R: 4%	N: 7143 D: 39961 R: 17%	14%
Performance Indicator 3a (HCV Treatment Initiation- Overall)	N: 789 D: 5351 R: 15%	N: 1489 D: 6770 R: 22%	25%
Performance Indicator 3b (HCV Treatment Initiation- Drug Users)	N: 255 D: 2253 R: 11%	N: 315 D: 1492 R: 21%	21%
Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV)	N: 28 D: 206 R: 14%	N: 61 D: 219 R: 27%	24%

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 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)
- Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)

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:

- It was recommended that the plan use claims/encounter data to identify disparities in screening and treatment among demographic groups.
- It was recommended that the plan obtain direct member feedback to identify barriers to HCV screening and treatment.
- It was recommended that the plan obtain direct provider feedback to identify barriers to HCV screening and treatment.
- Barrier analysis to identify the barriers to HCV screening is merited.
- The planned texting intervention to address the lack of successful contact for scheduling of HCV screening appointments is not based upon barrier analysis.
- Intervention 2 had no impact, as evidenced by no members with a scheduled PCP appointment for HCV screening among targeted members.
- ITM for Intervention 3c was calculated incorrectly.
- ITM for Intervention 4a was calculated incorrectly.

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 and performance indicator issues identified.

Conclusion: One (1) of the 4 screening performance indicators and each 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 compliance audit for UHC 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: UnitedHealthcare followed the HEDIS 2020 specifications and produced a reportable rate for all measures and submeasures included in the scope of the audit. Attest, UnitedHealthcare's certified HEDIS auditor, noted

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

that UnitedHealthcare moved HEDIS production for the Community and State Medicaid submissions from Cognizant Claimsphere platform to Inovalon QSI-XL and invested sufficient resources to support the transition. Therefore, UnitedHealthcare's data systems and processes met all the Information Systems (IS) standards, as required. All supplemental databases (SDs) used were approved. No measures or submeasures received a biased rate (BR) audit designation. In spite of pushback from providers due to the 2019 Novel Coronavirus (COVID-19) pandemic related to medical record collection, all hybrid measures selected for validation passed. All measures required for reporting received an audit result of Reportable (R). 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.

- In the following cases where the plan elected to rotate, Attest confirmed that the HEDIS 2020 rate reported tie to the HEDIS 2019:
 - Adolescent Well-Care Visits
 - Comprehensive Diabetes Care
 - Childhood Immunization Status
 - Well-Child Visits in the Third, Fourth Fifth and Sixth Years of Life
- 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 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), and Pharmacotherapy for Opioid Use Disorder (POD)
 - 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 review 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 2020 statewide averages, and Quality Compass 2020 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

The following describes the HEDIS Effectiveness of Care measures.

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

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

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

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

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

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

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

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

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

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

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

- Initiation Phase. The percentage of members 6–12 years of age as of the 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	UnitedHealthcare			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	85.89%	86.62%	91.97%	50th	82.90%
Antidepressant Medication Management - Acute Phase	47.81%	48.11%	49.26%	10th	48.98%
Antidepressant Medication Management - Continuation Phase	32.82%	32.05%	32.54%	10th	33.25%
Asthma Medication Ratio (5–64 Years)	65.92%	64.64%	65.45%	50th	64.50%
Breast Cancer Screening in Women	54.34%	53.83%	54.57%	25th	58.13%
Cervical Cancer Screening	57.66%	56.20%	56.93%	25th	57.49%
Childhood Immunization Status - Combination 3	71.29%	71.78%	71.78%	50th	69.99%
Chlamydia Screening in Women (16–24 Years)	65.43%	65.12%	65.18%	66.67th	66.88%
Comprehensive Diabetes Care - HbA1c Testing	82.97%	86.13%	86.13%	25th	86.28%
Controlling High Blood Pressure	44.53%	50.85%	57.42%	25th	49.98%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	55.28%	55.42%	46.24%	50th	45.42%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	70.13%	67.05%	59.55%	66.67th	60.24%
Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years)	26.70%	30.58%	31.09%	10th	32.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	71.53%	69.83%	80.54%	50th	68.57%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	63.50%	64.72%	67.15%	33.33rd	56.89%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	51.34%	57.18%	59.61%	25th	48.23%

HEDIS: Healthcare Effectiveness Data and Information Set; 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 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	UnitedHealthcare			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	96.89%	96.21%	96.24%	50th	96.51%
25 Months–6 Years	90.08%	88.99%	87.77%	33.33rd	88.84%
7–11 Years	92.52%	92.60%	91.15%	33.33rd	91.27%
12–19 Years	92.19%	92.05%	90.21%	33.33rd	90.38%
Adults’ Access to Preventive/Ambulatory Services					
20–44 Years	79.42%	79.12%	77.99%	33.33rd	76.19%
45–64 Years	86.75%	86.52%	85.91%	33.33rd	84.49%
65+ Years	86.68%	87.00%	85.57%	25th	84.71%
Access to Other Services					
Prenatal Care	82.24%	85.16%	88.32%	33.33rd	85.85%
Postpartum Care	64.48%	71.53%	78.59%	50th	75.38%

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

HEDIS Use of Services Measures

This section of the report details utilization of UnitedHealthcare's services by examining selected HEDIS Use of Services rates. **Table 12** displays MCO rates for select HEDIS Use of Services measure rates for HEDIS RY 2018, HEDIS RY 2019, RY 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	UnitedHealthcare			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	60.34%	61.80%	61.80%	66.67th	58.97%
Ambulatory Care Emergency Department Visits/1,000 Member Months ¹	78.36	69.77	71.37	75th	74.57
Ambulatory Care Outpatient Visits/1,000 Member Months	432.74	414.65	446.35	75th	433.98
Well-Child Visits in the First 15 Months of Life 6+ Visits	72.26%	63.44%	64.48%	25th	64.72%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	68.86%	72.02%	72.02%	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 members with chronic care conditions (CCCs) was conducted on behalf of UnitedHealthcare by the NCQA-certified survey vendor, DSS Research. For purposes of reporting the child Medicaid with CCC survey results, the results are divided into two groups: general population and CCC population. The general population consists of all child members who were randomly selected for the CAHPS 5.0H Child survey during sampling. The CCC population consists of all children (either from the CAHPS 5.0H child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

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

The following describes the Adult CAHPS 5.0H.

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

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

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

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

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

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

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

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

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

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

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

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

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

The following describes the Child CAHPS 5.0H.

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 13, Table 14, and Table 15 show UnitedHealthcare'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	UnitedHealthcare			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	83.71%	83.05%	86.81%	75th
Getting Care Quickly	83.15%	82.11%	83.92%	50th
How Well Doctors Communicate	91.35%	90.34%	92.64%	33.33rd
Customer Service	90.50%	87.80%	Small sample	N/A
Coordination of Care	85.04%	75.44%	Small sample	N/A
Rating of All Health Care	77.38%	81.43%	78.19%	50th
Rating of Personal Doctor	81.14%	83.40%	84.73%	50th

Measure ¹	UnitedHealthcare			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Rating of Specialist	86.44%	81.31%	Small sample	N/A
Rating of Health Plan	80.58%	80.92%	85.90%	95th

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

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

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

Measure ¹	UnitedHealthcare			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	86.38%	92.31%	86.57%	50th
Getting Care Quickly	94.52%	90.84%	95.03%	90th
How Well Doctors Communicate	93.16%	95.84%	94.89%	33.33rd
Customer Service	89.38%	89.15%	Small sample	N/A
Coordination of Care	88.51%	82.76%	Small sample	N/A
Rating of All Health Care	89.53%	90.48%	93.14%	95th
Rating of Personal Doctor	89.32%	93.26%	93.39%	75th
Rating of Specialist	87.04%	96.34%	Small sample	N/A
Rating of Health Plan	88.66%	90.84%	87.59%	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.”

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	UnitedHealthcare			Quality Compass 2020 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2018	CAHPS 2019	CAHPS 2020	
Getting Needed Care	88.44%	90.62%	91.80%	75th
Getting Care Quickly	92.65%	93.82%	96.98%	90th
How Well Doctors Communicate	95.41%	95.20%	97.31%	75th
Customer Service	90.91%	88.44%	Small sample	N/A
Coordination of Care	79.90%	79.15%	77.37%	33.33rd
Rating of All Health Care	87.36%	86.97%	90.30%	75th
Rating of Personal Doctor	89.01%	91.06%	92.25%	75th
Rating of Specialist	84.11%	93.83%	90.00%	75th
Rating of Health Plan	84.51%	87.31%	88.52%	75th

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

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

Health Disparities

For this year's technical report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. MCOs were asked to respond to the following questions for the period July 1, 2019, to 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: UnitedHealthcare Community Plan Louisiana (UHCCP LA) conducts many interventions to identify and/or reduce differences in health outcomes, health status or quality of care for our Medicaid population. Using a population health approach, we work towards identifying and reducing disparities caused by social determinants of health (SDoH). Differences between our Medicaid members and other health consumers is reduced by value-added benefits such as dental benefits for adults. Individuals with low incomes, lower levels of education and ethnic backgrounds such as African American, Hispanic and American Indian have a disproportionately higher prevalence of dental disease and tooth loss related to lack of access to dental coverage and care. Untreated oral disease can lead to poor nutrition, chronic pain, and heart disease. Access to dental care reduces the chance of these negative impacts. Other benefits that could mitigate poor health outcomes include chiropractic benefits for pain management, newborn male circumcision, and vision for adults. A housing insecurity intervention pilot is in the implementation stage in the Greater New Orleans area, as it has been identified as having the highest concentration homeless individuals in Louisiana. This is a respite care service for members who are homeless. Short-term respite care allows an opportunity for our member to rest in a safe environment post discharge, while accessing care and other supportive services. A full-time housing partner/navigator was hired in 2019, and in coordination with the Chief Medical Officer, oversees this pilot.

Another SDoH that leads to disparity is food insecurity. During 2019 thru 2020 UHCCP LA formed a strategic partnership with Mom's Meals to decrease hospital readmission rates post discharge, to increase our members health outcomes, health status, and increase their quality of care. Additionally, the partnership was able to aid us in our Covid-19 response in 2020, addressing food insecurities throughout our Medicaid population. The data from the USDA's economic research service show that an average of 15.8% of Louisiana households, 293,000 in all experienced food insecurities between 2016 and 2018. That number has almost doubled (29.1%) since the pandemic. We also know that chronic diseases are unfortunately on the rise and account for 86% of the nation's health care costs, which in turn means increased out of pocket costs for individuals. Mom's Meals is the only national provider of refrigerated medically tailored home delivered meals. Evidence based research has shown that members who receive a post discharge meal benefit are 39% less likely to be readmitted to the hospital. Supporting our members health and well-being by addressing both their physical well-being with quality care and addressing social determinants of health help us to better care for our members as the whole person. Food also plays a role in many of the diseases such as heart disease, diabetes, kidney disease, and even cancer. To reduce food insecurity, UHCCP LA has offered Mom's Meals to our Department of Justice Transition program, Whole Person Care initiative, and Healthy First Steps program which supports our new mothers. To date UHC in partnership with Mom's Meals has provided 533 members with 7,462 individual nutritiously tailored meals with 330 individuals and 4,620 meals provided during the Covid-19 pandemic.

An example of a medical and behavioral integrated intervention is the partnership UHCCP LA formed with Vision of Hope day program adult behavioral health. UHC provided our educational component, Live Heart Smart, as a part of their live independently segment. We worked with Vision of Hope from August 2019 to October 2019. The program consisted of the Live Heart Smart curriculum with an added twist. Vision of Hope members were able to count calories, identify different foods and how much exercise it took to burn calories, while we walked together. Each client received a live heart smart booklet, and pedometer. The program provided each client the ability to feel a sense of belonging, which lead to increased engagement. Subsequently, they had the courage to open and participate in the Q&A sessions. Before the program started, many of the participants didn't communicate in a group session. By the end of our program with

approximately 30 attendees, 28 participated. The group consisted of different races, ethnicities, gender and ages, but all were Medicaid recipients.

UHCCP LA partnered with Bossier Council on Aging (COA) with the Live Heart Smart program August to November 2019. The COA had an already established chair exercise program. We incorporated Live Heart Smart as a visual and educational component. Instead of walking, we used their chair exercise, which is not as easy as it looks. Teams were created. We took sections of Live Heart Smart and created questions to be researched by each team. Program success was evidenced by the group's engagement. When we returned, each team had their answers. They would share their life experiences, and someone was listening. This group was a well of wisdom, but as we age, sometime ears begin to close, and voices are quiet. The age group was from 53 to 91 consisting of different races and ethnicities.

Since March 2020, UHCCP LA has been providing masks to our Medicaid population as well as sanitation workers, grocery workers, postal workers, and community-based organizations devoted to serving vulnerable populations. Recipients included churches, Head Starts, schools and low-income apartments. We have donated money to food banks and homeless shelters. We participated in drive through pantries. We strive to help people live healthier lives.

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 United Healthcare's policies, procedures, files, and other materials corresponding to the following seven contractual domains:

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

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

Specifically, file review consisted of the following area:

- Case Management (behavioral and physical health)

Table 16: File Review Sample Sizes

File Type	Sample Size
Case Management (physical health)	10
Case Management(behavioral health)	10

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

Table 17: Review Determination Definitions

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

MCO: managed care organization.

Summary of Findings

Table 18 provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than fully compliant follow the table.

Table 18: Audit Results by Audit Domain

Audit Domain	CFR 438 Crosswalk	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full ¹
Eligibility and Enrollment	No crosswalk	2	2	0	0	0	0	100%
Marketing and Member Education	No crosswalk	3	3	0	0	0	0	100%
Member Grievances and Appeals	438.210 Coverage and authorization of services	NR	NR	NR	NR	NR	NR	NR
Provider Network Requirements	438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection 438.230 Subcontractual relationships and delegation 438.224 Confidentiality	18	8	10	0	0	0	44%
Utilization Management	438.210 Coverage and authorization of services 438.236 Practice guidelines	2	2	0	0	0	0	100%
Quality Management	438.224 Confidentiality 438.330 Quality assessment and performance improvement program	NR	NR	NR	NR	NR	NR	NR
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	2	2	0	0	0	0	100%
Core Benefits and Services	438.208 Coordination and continuity of care	13	7	6	0	0	0	54%
Reporting	438.242 Health information systems	1	1	0	0	0	0	100%
Total		41	25	16	0	0	0	61%

¹N/As are not included in the calculation.

; NR: not reviewed during partial compliance review.

As presented in **Table 18**, 41 elements were reviewed for compliance. Of the 41 elements, 25 were determined to fully meet the regulations, while 16 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 61% of regulations not fully compliant in the prior review have been addressed by the MCO and are now fully compliant.

It is the expectation of LDH that UnitedHealthcare 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 UnitedHealthcare 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)** – UnitedHealthcare met or exceeded the 75th percentile for the following HEDIS measures:
 - Ambulatory Care Outpatient Visits/1,000 Member Months
- **CAHPS (Member Satisfaction)** – UnitedHealthcare met or exceeded the 75th percentile for the following CAHPS measures:
 - Adult Population
 - Getting Needed Care
 - Rating of Health Plan
 - Child General
 - Getting Care Quickly
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Child CCC Population
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Specialist
 - Rating of Health Plan
- **Compliance Monitoring**
 - For the review domains Eligibility and Enrollment, Marketing and Member Education, Utilization Management, Fraud Waste and Abuse, and Reporting, 100% of requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review.

Opportunities for Improvement

- **HEDIS (Quality of Care)** – UnitedHealthcare demonstrates an opportunity for improvement in the following areas of care as performance was below the 50th percentile:
 - Antidepressant Medication Management - Acute Phase
 - Antidepressant Medication Management - Continuation Phase
 - Breast Cancer Screening in Women
 - Cervical Cancer Screening
 - Comprehensive Diabetes Care - HbA1c Testing
 - Controlling High Blood Pressure
 - Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
 - Children and Adolescents' Access to PCPs
 - 25 Months–6 Years
 - 7–11 Years
 - 12–19 Years

- Adults' Access to Preventive/Ambulatory Services
 - 20–44 Years
 - 45–64 Years
 - 65+ Years
- Access to Other Services
 - Prenatal Care
- 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)** – UnitedHealthcare demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
 - Adult Population
 - How Well Doctors Communicate
 - Child General
 - How Well Doctors Communicate
 - Child CCC Population
 - Coordination of Care
- **Compliance Monitoring**
 - Only 8 of 18 (44%) Provider Network requirement and 7 of 13 (54%) Core Benefits and Services 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 Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that results must be interpreted with some caution due to issues with ITMs and incorrectly calculated performance indicators.

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

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

- Adult BMI Assessment
- Controlling High Blood Pressure
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile

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

- Antidepressant Medication Management - Acute Phase (< 25th percentile)
- Antidepressant Medication Management - Continuation Phase (< 25th percentile)
- Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) (< 25th percentile)

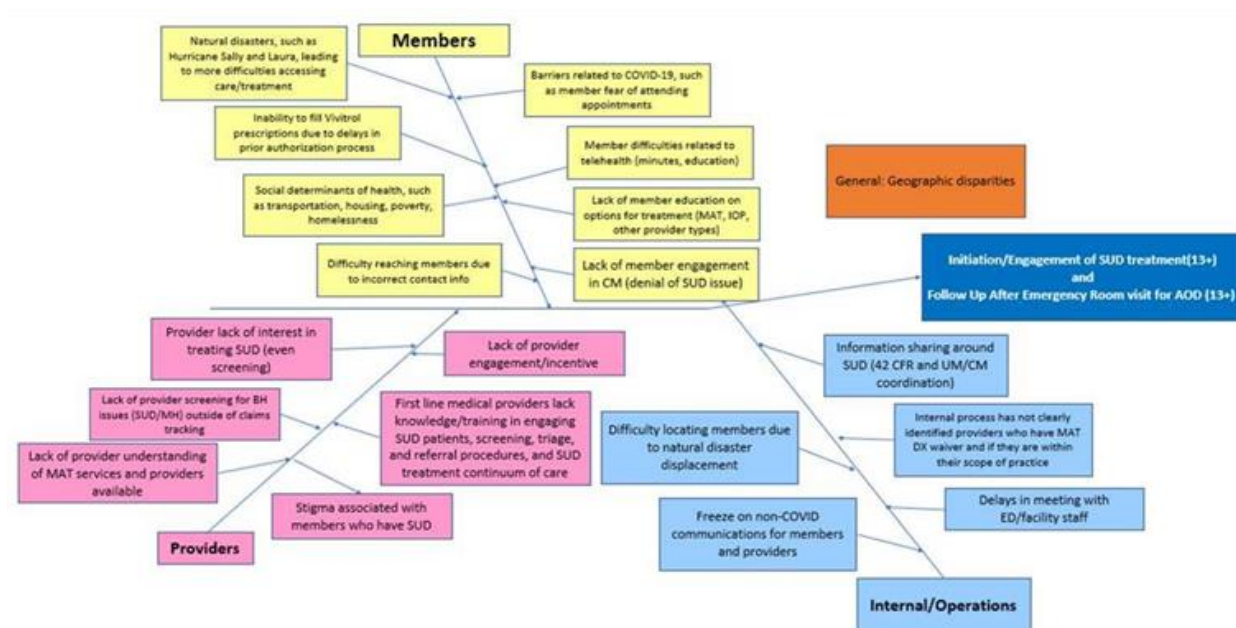
Recommendation: While performance on CAHPS measures was generally good, 3 of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.

Recommendation: Compliance Monitoring - Only 8 of 18 (44%) Provider Network requirements and 7 of 13 (54%) Core Benefits and Services requirement 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 Provider Network access requirements and review Core Benefits and Services deficiencies to meet their federal and state requirements.

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

Recommendation: The results of several PIPs should be interpreted with caution due to questionable validity and reliability of the ITMs, interventions not informed by data on member barriers, and lack of robust member interventions. The MCO should devote adequate resources and staff to future PIPs to improve the chances of developing strong interventions, calculating measures, and improving the PIPs validity.

MCO Response: UHCCP LA has devoted resources and staff to current PIPs to improve chances of developing interventions and improving PIP validity in 2020. The Hep C and IET PIPs conduct at least bi-weekly integrated multi-disciplinary meetings that include provider facing staff, case management staff, leadership, medical directors, quality staff, and network staff. These meetings are held in order to identify and address barriers, evaluate intervention tracking measures and any stagnating trends, and operationalize interventions. The team also brainstorms the most valuable ways to measure success of interventions and how to ensure the validity and accuracy of findings throughout the project, which is reflected in the documented changes throughout the PIP processes. Meetings include regular discussion on new barriers for both members and providers, which was gathered through direct provider feedback, external agency partners, direct member feedback via case management, guidance from the Louisiana Department of Health, member level detail data trends, and case management documentation. Evidence of this feedback can be found in the updated fishbone diagram that is included in the final IET FUA PIP report (included below), as well as throughout the PIP documents.



Despite COVID-19, the plan was able to get several meaningful interventions in place for both the HCV and IET FUA PIP. This was partially due to the momentum that was gained through 2019, as the result of increased support from leadership and ongoing interdepartmental meetings. Final outcomes from the 2020 interventions will not be available until the complete HCV data is available for the year and HEDIS® 2021 rates are released, however, here are some examples of recent outcomes and strong interventions;

For 2020 thus far, over 100 unique providers have been educated through our course on SUD screening, intervention and referral. This presentation includes information about quality of care, appropriate screening tools, ASAM levels of care, SBIRT, resources for further training and vital referral resources.

With regards to the HCV PIP, over 226 unique providers have been educated through multiple modalities. Population Health Consultants and Clinical Transformation Consultants utilized web-based conference meetings, secure email and when available in person visits to our targeted provider list.

Provider Education and resource distribution of materials were also updated to include the COVID/Telehealth guidance at: https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2020/IB20-5_revised_08.10.20.pdf

Our focused care advocacy program was implemented 1/1/2020 and focuses on increasing collateral contacts and staffing for high risk, high utilization members in order to bring additional focus to barriers directly related to social determinants of health and provide support despite a member's current stage of change.

The health plan did distribute cloth masks to FQHCs to distribute to designated high risk members who have concerns regarding the COVID-19 burden to help with member treatment compliance and medication adherence.

A MAT pharmacy outreach initiative was implemented in Q2, to ensure members currently receiving MAT medications are appropriately linked to providers and pharmacies during the COVID-19 crisis. Preliminary results show outreaches resulting in over 90% of members successfully reached refilling their MAT medications.

Decreased barriers to obtaining MAT medications, such as Vivitrol, through enhancing education (Q2) with provider, case management and other forward-facing staff, resulted in the Vivitrol denial rate decreasing from 48.7% to 31.63%. This was directly tied to reports that members who were justice involved were having difficulty accessing some medications.

The case management team has outreached to members to aid with linkage to care, screening members for SUD, and referrals to appropriate services. Additionally, PCPs have received our UHC SUD toolkit and regional resource information to assist in referral of services.

It is the intent and anticipation with a comprehensive case management screening approach, and close strategic partnerships with our providers that we will see an increase in members treated for HCV. Progress will continue to be monitored via purposeful internal tracking and analytics and interventions will continue or be adjusted accordingly.

Recommendation: Thirteen (13) of 30 HEDIS measures fell below the 50th percentile; MCO should continue to evaluate the effectiveness of their current interventions. This recommendation is repeated from the prior report and the majority of poorly performing HEDIS measures have not improved.

MCO Response: UHCCP Quality HEDIS® team collects and reports HEDIS® measures using the specifications outlined in the most current HEDIS® technical specifications. Measures for reporting are identified and confirmed annually with each health plan, based on state contract and accreditation requirements.

Data collection methodology includes:

- Administrative: Claims/Encounters
- Hybrid: Claims/Encounters and Medical Record Abstractions

Interim results are sent to the Quality Director throughout the year, and final reports of the measures are submitted to each individual health plan Quality Director and NCQA in June of each year. The results are analyzed by QMC to review trends, identify opportunities, make recommendations, support identified interventions and develop an action plan to improve HEDIS® results.

HEDIS®

HEDIS® results are used to monitor performance on important dimensions of utilization and care. The results for HEDIS® Effectiveness of Care measures reported to NCQA in 2020 (MY2019) are analyzed below. UHCCP LA monitors against goals such as UnitedHealthcare, and/or NCQA benchmarks. In addition, some metrics are monitored against state goals.

Objective: All HEDIS® measures incorporated in the health plan accreditation scoring will be at or above the Accreditation 50th percentile.

Analysis: HEDIS® measures that were eligible for hybrid data collections for measurement year 2019 had data collected during Jan – April 2020 and results were finalized in June 2020.

Total number of Measures Improved: 25

Number of measures that were trending lower during MY 2019 compared to MY 2018 and did not meet the internal goal were addressed with interventions: 10

Action:

- MY 2019 Data collection was done by the local plan staff with temporary staff assistance.
- Silver links calls to members with appointment made for members was done throughout the year.
- Continued outreach to OB offices to educate providers on programs for UHC pregnant and postpartum mothers and infants.
- Collaborated with MARCH Vision to Educate Members about Diabetes.
- PHCs and CTCs reviewed and delivered Patient care opportunity reports (PCOR) to provider offices and engaged in educating Primary care providers about Healthcare Effectiveness and Data Information Set (HEDIS®).
- UHC invites new members to complete a Health Needs Assessment (HNA) upon enrollment to identify additional resources needed. A telephonic health needs assessment which includes monitoring for risk of diabetes was completed.
- Encourage providers to incorporate counseling and education on healthy eating habits and physical activity guidelines on their visits and to involve family members for support.
- Worked with ACOs on HEDIS® measures to close gaps for ACO practices.
- Conducted provider visits and delivered provider scorecards with provider incentives and discussed ways to improve their HEDIS® scores.
- IVR calls to new moms on the importance of the postpartum visit.
- Targeted live outreach calls to promote scheduling for annual well child visits and postpartum visits.
- Continue to educate providers on importance of wellness visits through distribution of tool kits and resources.
- CM outreach to access pregnant members outreach for HFS for STIs.

Due to COVID-19 and issues with collection, NCQA allowed Medicaid plans to use HEDIS® 2019 hybrid rates if higher than 2020.

Measures reporting 2019 hybrid rates in 2020:

- AWC
- CIS
- CDC
- W15
- W34

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

MCO Response: UHCCP LA strives to optimize health system performance following the triple aim framework. CAHPS® scores help evaluate efforts toward the 1st aim: Improving the patient experience of care. To improve overall scores, a focus is made on those scores that performed below the 50th percentile. Data is analyzed, opportunities are identified and prioritized, and interventions are implemented. To begin, the relationship between certain CAHPS® scores is evaluated. This narrows down possible causes and fine tunes interventions. An example of this is the Adult Customer Service (CS) measure, which is a composite score, comprised of whether CS Provided Needed Information or Help, and whether CS Treated Member with Courtesy and Respect. Member ratings for Courtesy and Respect was 95.12%, surpassing the 50% percentile. The ratings for Receiving Needed Information though, was 80.49%, just short of the 33rd percentile. The composite score of the two measures was 0.72 percentage points short of the 50th percentile. A barrier analysis is then conducted of the measures not meeting threshold. In this Providing Needed Information example, barriers included possible issues such as the CS representative may not have understood what the member was requesting, or the CS representative may not have supplied current tools or resources. Members might also feel their voice or concern was not being addressed if they did not receive an immediate solution. A demographic analysis

showed the 35 to 44-year-old age group had the lowest percentage (53.85%) of being always or usually satisfied with Receiving Needed Information or Help. Always or usually Receiving Courtesy and Respect, however, was indicated by 91.67% of this same group. Now identified as an opportunity to improve, Receiving Needed Information or Help was classified a high priority as it dropped 4.13 percentage points from 2018. There was also the concern that members who can't get the information they need, may perceive their only alternative is the emergency room. Opportunities identified for this measure were to: 1) Improve tools available to member services in order to provide most up-to-date and accurate information to members. 2) Resolve member issues on the first call. Interventions included but were not limited to:

- Issue Resolved in 48 Hours (IR48) program. The IR48 focuses on improving timeliness of resolving issues for members. Updates to this program included integration of services where needed, in order to reduce consumer effort.
- The Improving Customer Experience initiative includes a toolkit as well as a learning platform which offers a series of training courses for individuals in Member Services, as well as any employee within the company. The material focuses on factors that contribute to positive customer interactions. Courses include:
 - Mapping the Customers Journey
 - Customer Feedback
 - Closing the Inner Loop
 - Connecting Advocacy to Customer Loyalty
 - Understanding our United Customers
 - Creating a Positive Customer Experience
- The Members in Distress (MiD) escalation process received modifications in order to:
 - Provide Advocates with a consistent source of clearly defined resolution paths in real time
 - Assist repeat callers when usual escalation process is found to be ineffective
 - Address issues that involve multiples avenues in order to achieve resolution
 - Include the ability to escalate an issue to the executive level, if warranted
 - Ensure “compassion trumps processes” for all members

This process was repeated with each measure that did not meet the Quality Compass percentile goals. Focusing on possible root causes of dissatisfaction and barriers to improvement allows for specific interventions that should improve member satisfaction and increase CAHPS® scores to meet or surpass goals.

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 United Healthcare Community Plan's EQR findings from HEDIS analyses, opportunities for improvement for this MCO are particularly evident in the areas of prevention and screening, behavioral health, and access to care. In addition to the MCO continuing to evaluate the effectiveness of their current interventions in these areas, LDH, in collaboration with the EQRO, and partnering with other state agencies such as Public Health, Behavioral 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 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, and validation of PIPs, and make adjustments and updates to the strategy as needed.