



External Quality Review
FINAL Annual Technical Report
Aetna Better Health of Louisiana
Louisiana Department of Health
State Fiscal Year 2021
Review Period: July 1, 2020–June 30, 2021

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I. Executive Summary

Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of and access to the services included in the contract between the state agency and the MCO. *Title 42 Code of Federal Regulations (CFR) Section (§) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to an EQR, is defined in *42 CFR § 438.320 Definitions* as “the degree to which an MCO, PIHP¹, PAHP², or PCCM³ entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

Title 42 CFR § 438.364 External review results (a) through (d) requires that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality of, timeliness of and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *42 CFR § 438.364 External review results (a) through (d)* and *42 CFR § 438.358 Activities related to external quality review*, the Louisiana Department of Health (LDH) contracted with IPRO, an EQRO, to conduct the state fiscal year (SFY) 2021 EQR activities for five (5) MCOs contracted to furnish Medicaid services in the state. During the period under review, SFY 2021 (July 1, 2020–June 30, 2021), LDH’s MCOs included Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue (HBL), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan of Louisiana (UHC). This report presents aggregate and MCO-level results of the EQR activities for those five health plans.

Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the four (4) mandatory and two (2) optional EQR activities that were conducted. It should be noted that validation of network adequacy and assistance with the quality rating of MCOs were conducted at the state’s discretion as activity protocols were not included in the CMS External Quality Review (EQR) Protocols published in October 2019. These updated protocols did state that an “Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4.” As set forth in *42 CFR § 438.358 Activities related to external quality review (b)(1)*, these activities are:

- (i) **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that MCO performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.

¹ prepaid inpatient health plan.

² prepaid ambulatory health plan.

³ primary care case management.

- (ii) **CMS Mandatory Protocol 2: Validation⁴ of Performance Measures** – This activity assesses the accuracy of performance measures reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its Medicaid population. (CMS has not published an official protocol for this activity.)
- (v) **CMS Optional Protocol 6: Administration or Validation of Quality of Care Surveys** – In SFY 2021, the CAHPS satisfaction survey was conducted, one for adult and child members.
- (vi) **CMS Optional Protocol 10: Assist with the Quality Rating of Medicaid and CHIP MCOs** – This activity summarizes MCO performance in a manner that allows beneficiaries to easily make comparisons and to identify strengths and weakness in high priority areas. (CMS has not published an official protocol for this activity.)

While the *CMS External Quality Review (EQR) Protocols* published in October 2019 stated that an ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA. Findings from IPRO’s review of the MCOs’ HEDIS final audit reports (FARs) are in the **Validation of Performance Measures** section of this report.

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies,
- comparative findings, and
- where applicable, the MCOs’ performance strengths and opportunities for improvement.

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2020–2021 EQR activity findings to assess the performance of Louisiana Medicaid MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual Managed Care Organizations (MCOs) were evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

The following provides a high-level summary of these findings for the Louisiana Medicaid Managed Care Program. The overall findings for MCOs were also compared and analyzed to develop overarching conclusions and recommendations for each MCO. These plan-level findings are discussed in each EQR activity section as well as the **Conclusion** section.

Of note, MY 2020 performance coincides with the peak of the COVID-19 pandemic. The impact of the COVID-19 pandemic should be considered when evaluating statewide and MCP performance trends presented in this report.

⁴ CMS defines *validation* in 42 CFR § 438.320 Definitions as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

Strengths Related to Quality, Timeliness and Access

Performance Improvement Projects

Full validation results for 2020 PIPs and partial results for the 2021 PIPs are described in **Section III** of this report.

Four PIPs were conducted by each MCO during the ATR review period. Two PIPs (2020) have been completed:

1. 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
 - **Strength:** Three performance indicators showed improvement from baseline to final remeasurement of at least 3 percentage points.
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
 - **Strength:** Seven performance indicators showed improvement from baseline to final remeasurement of at least 3 percentage points.

Two additional PIPs (2021) are currently being conducted by the MCOs, and are not completed:

3. Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older
 - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.
4. Improving Receipt of Global Developmental Screening in the First Three Years of Life
 - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

Aetna achieved a “full” compliance review in the following domains: Availability of Services, Coordination and continuity of care, Coverage and Authorization of Services, Provider Selection, Grievance and Appeal Systems, Subcontractual Relationships and Delegation, Practice Guidelines, and Quality Assurance and Performance Improvement (QAPI). There were no review domains in which Aetna received a review determination of “minimal”, or “not met”. A complete summary of Aetna compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV**.

Validation of Performance Measures

IPRO’s validation of the ABHLA performance measures confirmed the state’s compliance with the standards of 42 CFR § 438.330(a)(1). The results of the validation activity determined that ABHLA was compliant with the standards of 42 CFR § 438.330(c)(2).

Information Systems Capabilities Assessment

Based on a review of the FARs issued by ABHLA’s independent auditor, IPRO found that ABHLA was determined to be fully compliant with all seven of the applicable NCQA HEDIS IS standards.

NCQA MY 2020 National Medicaid Benchmarks using National - All LOBs (Excluding PPOs and EPOs) are referenced in this section, unless stated otherwise.

HEDIS – Quality, Timeliness and Access

Of the 66 HEDIS measures/submeasures reported by ABHLA, 15 performed equal to or greater than the NCQA 50th percentile.

Quality of Care Surveys

Member Satisfaction

Aetna's adult member Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores met or exceeded the national Medicaid 50th percentile benchmarks presented in the NCQA *Quality Compass*® for the following three (3) measures: Getting Needed Care, Customer Service, and Rating of Health Plan measures. Aetna ranked at or above the 75th percentile for Getting Care Quickly, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often measures. Small sample sizes were identified for Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Rating of Specialist Seen Most Often measures.

For child members without chronic condition(s), ABHLA ranked between the 50th and 75th percentile for three (3) measures: Getting Needed Care, How Well Doctors Communicate, and Rating of Specialist Seen Most Often. Aetna was at or above the 75th percentile for the Getting Care Quickly, Customer Service, Rating of All Health Care measures

For child members with chronic condition(s), ABHLA ranked between the 50th and 75th percentile for Customer Service. However, it should be noted that the Customer Service measure was identified as having a small sample size.

Statewide averages and Aetna-specific CAHPS results for all adult and child members can be found within **Section VI**.

Network Adequacy

ABHLA's pediatric PCP-to-member ratio increased from 1.31 % to 5.70% between MY 2018 and MY 2020.

Quality Ratings

ABHLA scored high in satisfaction with plan physicians (four stars) and above average in overall consumer satisfaction (three and a half stars). (See **Section VIII**.)

Opportunities Related to Quality, Timeliness and Access

Performance Improvement Projects

ABHLA demonstrated opportunities to improve on five indicators in the Improving Rates for IET of AOD Abuse or Dependence and Follow-Up After Emergency Department Visit for AOD Abuse or Dependence PIP and six indicators in the Improve Screening for HCV and Treatment Initiation PIP. A summary of all performance indicators is shown in **Section III**.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

Aetna received less than a "full" review determination in the following domains: Assurances of Adequate Capacity and Services, Confidentiality, and Health Information Systems (HIMS). A complete summary of Aetna compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV**.

Performance Measures

HEDIS – Quality, Access, and Timeliness

In MY 2020, ABHLA had only 15 of 66 HEDIS measures/submeasures equal or greater than 50th NCQA national benchmark. ABHLA also had 5 of 66 HEDIS measures/submeasures lower than the 10th NCQA national benchmark, and 13 of 66 HEDIS measures/submeasures between the 10th and 25th NCQA national benchmark.

Quality of Care Surveys

Member Satisfaction

ABHLA's adult member CAHPS scores ranked below the 50th percentile for How Well Doctors Communicate. State-wide averages and Aetna-specific CAHPS results for adult members can be found within **Section VI**.

Aetna's child members without chronic condition(s) CAHPS scored ranked below the 50th percentile for the Rating of Personal Doctor and Rating of Health Plan measures

Aetna's child members with chronic condition(s) CAHPS scored ranked below the 50th percentile across seven (7) of the eight (8) CAHPS measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan.

Aetna-specific CAHPS results for all adult and child members with chronic condition(s) can be found within **Section VI – Conclusions, Table 28**.

Network Adequacy

ABHLA adult PCP-to-member ratio dropped from 2.56% to 2.12% between MY 2018 and MY 2020 and met only 13% of the provider network distance standards.

Quality Ratings

ABHLA scored low (two stars) on overall treatment, treatment of asthma, diabetes, heart disease, and mental/behavioral health, as well as cancer screening and children/ adolescent well-care (see **Section VIII**).

Conclusions

Findings from SFY 2021 EQR activities highlight ABHLA's continued commitment to achieving the goals of the Louisiana Medicaid Quality Strategy. Strengths related to **quality** of care, **timeliness** of care, and **access** to care were observed across all covered populations encompassing physical, dental and behavioral health. In addition, as achieving health equity remains a state priority, opportunities to improve health disparities continue at ABHLA.

Recommendations for LDH

Recommendations towards achieving the goals of the Louisiana Medicaid Quality Strategy are presented in **Section II** of this report.

Recommendations for MCO

MCO-specific recommendations related to the quality of, timeliness of, and access to care are presented in **Section X** of this report.

II. Louisiana Medicaid Managed Care Program

Managed Care in Louisiana

On February 1, 2012, the Louisiana Department of Health (LDH) transitioned approximately 900,000 Medicaid enrollees from the state's fee-for-service (FFS) program to a managed care program. The rollout occurred in phases based on designated geographic service areas, resulting in a completed statewide rollout on June 1, 2012.

In 2014, a request for proposal (RFP) was issued for full-risk Medicaid managed care contracts, with a start date of February 1, 2015. The RFP provided for an initial 3-year contract term and the option to extend the contracts up to 24 months. Subsequently, the Louisiana Legislature approved a 23-month extension to these contracts, from February 1, 2018, through the contract expiration date of December 31, 2019. In December 2015, LDH integrated specialized behavioral health services into the managed care program in an effort to improve care coordination for enrollees and facilitate provision of whole-person health care. Louisiana also continued to administer the Coordinated System of Care (CSoC), a single Behavioral Health PIHP (managed by Magellan of Louisiana CSoC Program) to help children with behavioral health challenges that are at risk for out-of-home placement.

Louisiana Medicaid currently serves over 1.7 million enrollees, approximately 37% of the state's population. There are five statewide MCOs: Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue of Louisiana (HBL), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan of Louisiana (UHC). In February 2020, the state announced its intent to contract with two dental Prepaid Ambulatory Health Plans (PAHPs) for Medicaid following a state bid process that began in June 2019 when the Department issued a request for proposals. LDH selected DentaQuest USA Insurance Company, Inc. and MCNA Insurance Company d/b/a MCNA Dental Plans as its dental partners, effective January 1, 2021. On June 24, 2021, LDH initiated procurement for its full-risk Medicaid managed care contracts. Responses to this RFP were due by September 3, 2021.

Healthy Louisiana covers more than 90% of Louisiana Medicaid members, including more than 800,000 new members since Medicaid expansion took effect in July 2016. In addition to providing benefits as specified in the Medicaid State Plan, state statutes, administrative rules, and Medicaid policy and procedure manuals, these MCOs also provide case management services and certain value-added Medicaid benefits. Healthy Louisiana statewide enrollment increased by 23.3% from 1,406,048 in June 2020 to 1,733,148 in June 2021. MCO enrollment as of June 2021 ranged from a high of 523,653 for LHCC to 146,484 for ABHLA. Enrollment by current Louisiana Medicaid MCOs is shown in **Table 1**.

Table 1: List of Current Louisiana Medicaid MCOs by Enrollment

MCO Name	MCO Acronym	Enrollment June 2020	Enrollment June 2021
Aetna Better Health of Louisiana	ABHLA	129,527	146,484
AmeriHealth Caritas Louisiana	ACLA	208,885	223,633
Healthy Blue of Louisiana	HBL	294,513	341,087
Louisiana Healthcare Connections	LHCC	473,872	523,653
UnitedHealthcare Community Plan of Louisiana	UHC	454,397	498,291
Total		1,406,048	1,733,148

Source: Louisiana Department of Health, Report No. 109-A: 1. This report shows all active members in Healthy Louisiana as of July 6, 2021. Members to be dis-enrolled 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. 2. The statewide total includes membership of all MCOs.

Louisiana Medicaid Quality Strategy

Louisiana's Quality Strategy is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress can be measured. Louisiana's Quality Strategy is aligned with the Institute of Healthcare Improvement (IHI)'s Triple Aim® and the aims and priorities selected by CMS for their national quality strategy. Posted on the LDH website, Louisiana's 2019 Quality Strategy identifies the following three aims:

- **Better Care:** Make health care more person-centered, coordinated, and accessible.
- **Healthier People, Healthier Communities:** Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs; and
- **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.

Within LDH, the Bureau of Health Services Financing (BHSF) is responsible for the day-to-day operations of the MMC program, with support from other LDH program offices, including the Office of Behavioral Health (OBH), Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and the Office for Citizens with Developmental Disabilities (OCDD). The Medicaid Quality Improvement and Innovations Section, in collaboration with these program offices, the Medicaid Chief Medical Officer, and the Medicaid Executive Management Team, are responsible for the development, implementation and evaluation of the Medicaid Managed Care Quality Strategy.

The Louisiana Medicaid Medical Care Advisory Committee (formerly known as the Medicaid Quality Committee) provides consultation on quality improvement activities to promote access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and Children's Health Insurance Program enrollees. Members of the Medicaid Medical Care Advisory Committee and its subcommittees fulfill the role required by federal regulation 42 CFR 431.12. This committee is interdisciplinary and includes representatives who are familiar with quality improvement and the medical needs of Healthy Louisiana enrollees.

The Louisiana Department of Health [2021 Quality Strategy](#) is available for viewing on its website.

IPRO's Assessment of the Louisiana Medicaid Quality Strategy

A summary of IPRO's evaluation methodology is described in **Appendix B**.

Strengths

- Aligned with Institute of Healthcare Improvement (IHI)'s Triple Aim and the aims and priorities selected by CMS for their national quality strategy, Louisiana's Quality Strategy established three aims:
 - **Better Care:** Make healthcare more person-centered, coordinated, and accessible.
 - **Healthier People, Healthier Communities:** Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.
 - **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.
- LDH requires all 5 Healthy Louisiana MCOs to annually report quality performance measures including HEDIS quality metrics, CMS Adult and Children Core Data Sets, AHRQ Prevention Quality Indicators, CAHPS consumer satisfaction, and several state-specified quality measures.
 - Louisiana Medicaid MCOs showed a good level of performance for achieving either the national benchmark target or the improvement objective or both for the 16 Incentive-Based measures selected by LDH. Statewide rates for 9 of the 16 incentive-based measures (56%) met either the target objective

or the improvement objective, or both. Statewide rates for three of the measures met both the national target and the improvement objective.

- Of the 61 non-incentive HEDIS performance measures that could be trended, 40 statewide measure rates (66%) showed improvement between HEDIS 2019 – 2020; however, only 12 of the measures (20%) improved by at least 2.0 percentage points from the prior year.
- Of the 56 non-incentive HEDIS measures that could be compared to the 2020 NCQA *Quality Compass* benchmark rates, 15 measures (27%) had rates at or above the national 50th percentile, including 5 measures with rates at or above the national 75th percentile but lower than the 90th percentile.
- For the state-specific measures submitted by the MCOs in 2020, 12 of the 16 statewide measure rates (75%) showed improvement between RYs 2019 and 2020, including five measures where a lower rate indicates better performance. Three of the 16 statewide measure rates met the improvement object.
- LDH conducted a robust set of monitoring activities tracking enrollment, network adequacy, quality of care, member satisfaction, program transparency, medical loss ratio, claims and diabetes and obesity.
- In compliance with federal regulations, the EQRO prepared federally required MCO Annual Technical Reports. Results for each MCO and a state summary are posted on the LDH website.
- The 2020 annual compliance audit was a partial audit of each of the five MCOs' compliance with federal and state contractual requirements during the period of April 1, 2019, through March 31, 2020. Overall results indicated a good level of full compliance for HBL, with 87% of total elements reviewed with full compliance, followed by ACLA and UHC, each achieving 61% of total elements at full compliance, and LHCC with 58% at full compliance.
- LDH has shown its commitment to ensuring that improvements in health outcomes lead to equitable improvements in all groups as it continues to integrate procedures for identifying, evaluating, and reducing health disparities throughout the Healthy Louisiana program.
- There is effective communication between the state, MCOs, and the EQRO as evidenced by regularly scheduled meetings and conference calls for EQR activities. LDH commendably communicates with the MCOs, enrollees and the public through a well-designed and informative internet website.
- There is a structured and standardized approach in place for conducting and validating PIPs. Louisiana's statewide collaborative PIP model offers an opportunity for shared learning and an avenue to address the same message to all MMC providers and members. Individual MCO conference calls with the EQRO, quarterly update reports and monthly or quarterly Collaborative PIP meetings provide valuable insight on PIP progress, and through the use of intervention tracking measures can help quantify opportunities for improvement.
- Healthy Louisiana has successfully integrated quality as a fundamental aspect of the managed care program by introducing an MCO withhold of capitation payment program to improve health outcomes and increase the use of VBP.

Opportunities for Improvement

- Opportunities for improvement are evident for seven statewide incentive-based measures (44%) that failed to meet either the national target or the improvement objective:
 - Ambulatory Care – ED Visits/1,000MM;
 - Comprehensive Diabetes Care – HbA1c Testing;
 - Comprehensive Diabetes Care – Eye (retinal) Exam Performed;
 - Follow-up after Hospitalization for Mental Illness – Within 30 Days of Discharge;
 - Well-Child Visits in First 15 Months of Life – Six or more well-child visits;
 - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and
 - Initiation of Injectable Progesterone for Preterm Birth Prevention.
- A total of 20 of the 61 non-incentive-Based HEDIS performance measures (33%) did not show improvement in statewide rates between HEDIS 2019 and HEDIS 2020, including the CDC HbA1c Poor

Control (> 9.0%) measure where a lower rate indicates better performance. Of the 56 measures in this measure set with national *Quality Compass* benchmarks, opportunities for improvement are evident for 20 measures (36%), with rates below the national 25th percentile.

- Opportunities for improvement should also address the following state-specific performance measures that did not meet either the target objective or the improvement objective:
 - 6 of the 8 Contraceptive Care – Postpartum measures;
 - Percentage of Low Birth Weight Births;
 - Elective Delivery;
 - Diabetes Short-Term Complications Admission Rate;
 - Heart Failure Admission Rate; and
 - Asthma in Younger Adults Admission Rate.
- The following 2019 Compliance Review findings indicate opportunities for improvement:
 - Of a total of 244 elements reviewed overall, 91 (37%) were not fully compliant including: 41 elements for ABHLA, 16 elements for UHC, 13 elements for LHCC, 12 elements for ACLA, and 9 elements for HBL.
 - For the five MCOs, a total of 60 elements were not fully compliant for the Provider Network Requirement domain. The EQRO suggested that MCOs conduct outreach to recruit providers, especially in key areas such as specialists and subspecialists, as this is a common problem in the Louisiana Medicaid managed care program.

Recommendations

Overall, LDH is successfully implementing the 2019 Quality Strategy, but it is recommended that LDH, in collaboration with the EQRO and the MCOs, address the above listed opportunities for improvement and the following recommendations.

- While the statewide results of the incentivized measures demonstrated success in terms of the number of measures resulting in withhold payments returned to the MCOs, each of the MCOs has a different set of measures that present opportunities for their improvement. There were 3 Incentive-Based measures where all five MCOs met either the achievement target, or the improvement objective, or both, while there were 13 measures that had at least one MCO not meeting either objective. Each MCO needs to examine their own results to determine how best to target interventions for improvement.
- For the non-incentive HEDIS performance measures and the state-specific measures, LDH should examine each of the measures that have statewide average rates that are not improving over time or that are below the desired benchmarks. To prioritize where improvement is most needed, LDH could start with the 20 HEDIS measure rates that were below the Medicaid *Quality Compass* 25th percentile for HEDIS 2020. Further analysis by MCO may indicate whether poor performance is mainly a problem with one or two MCOs, or if it is an issue for most MCOs. Conducting barrier analysis on these prioritized areas may suggest the need to implement interventions such as future PIPs or focused clinical studies.
- 2020 Compliance audit results and the PCP Access and Availability Survey results continue to indicate a need to further address provider network adequacy, which was identified in both reports as a common problem. LDH may want to consider methods of supporting the MCOs in their outreach to recruit providers, especially in key areas such as specialists and subspecialists in urban areas. This problem area and how it will be addressed should be a focus in the upcoming review of MCO applications in response to the recent procurement for Louisiana Medicaid managed care. It should also be noted that Network Adequacy Validation is now a mandatory EQR activity, but CMS has not yet published a protocol to support the activity. Once the protocol is created, states will have one year to begin implementation. In anticipation of this requirement, LDH could consider initiating validation activities such as regular provider directory and web-based directory validations and/or provider and member focus groups to better understand the barriers both providers and members face in providing and/or accessing medical services through Louisiana's Medicaid managed care system.

- Louisiana’s 2019 Medicaid Managed Care Quality Strategy includes a thorough set of HEDIS, CAHPS and state-specific measures to assess quality performance, along with well-considered targets for achievement and improvement. These measures, however, are not specifically aligned with the strategy goals and objectives. An appropriate alignment of measures with goals and objectives would allow LDH to better evaluate their level of success in achieving the stated goals and is recommended that this be included in the state’s next updated Quality Strategy.

Health Disparities Questionnaire

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, 2020–June 30, 2021:

Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO’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)?

A summary of ABHLA response is presented below. Full verbatim responses are displayed in **Appendix A**.

Summary of ABHLA Response

ABHLA conducted several studies throughout the development of initiatives implemented in 2020 to 2021. In developing these initiatives, ABHLA works collaboratively with their Health Equity Director and Health Equity Engagement Team to identify gaps in equitable care and launched programs and strategies to bridge those gaps. Among the initiatives were programs to address racial and health disparities such as Healthy Kids, Healthy Pregnancies, Healthy Babies; behavioral health programs; and diabetes/hypertension management.

III. Validation of Performance Improvement Projects

Objectives

Title 42 CFR § 438.330(d) establishes that state agencies require contracted MCOs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. LDH requires MCOs to conduct PIPs, as set forth by 42 CFR § 438.330(d). LDH contracted with IPRO to conduct the annual validation of PIPs.

Section 14.2.8.2 of the state contract requires the MCO to perform two (2) LDH-approved PIPs for the term of the contract. LDH may require up to two (2) additional projects for a maximum of four (4) projects. The MCO shall perform a minimum of one (1) additional LDH-approved behavioral-health PIP each contract year.

Performance improvement projects shall be designed to achieve, through ongoing measurements and intervention, significant improvement sustained over time, with favorable effects on health outcomes and enrollee satisfaction. Each project must involve the following:

- Measurement of performance using objective quality indicators;
- Implementation of interventions to achieve improvement in the access to and
- Quality of care;
- Evaluation of the effectiveness of the interventions; and
- Planning and initiation of activities for increasing or sustaining improvement.

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.

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; and
 - 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); and
 - c. Objectives align aim and goals with interventions.
3. Methodology
 - a. Annual performance measures indicated;
 - b. Specifies numerator and denominator criteria;
 - c. Procedures indicate data source, hybrid versus administrative, reliability; and
 - 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; and
- 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; and
 - d. With corresponding monthly or quarterly ITMs to monitor progress of interventions.
6. Results table
 - a. Performance Indicator rates, numerators, and denominators; and
 - 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; and
 - c. Next steps for each intervention.

Table 2 displays the specific MCO PIP topics that were active during the ATR review period (July 1, 2020 - June 30, 2021).

Table 2: MCO PIP Topics

PIP	PIP Topic
1	Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)
2	Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
3	Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older
4	Improving Receipt of Global Developmental Screening in the First Three Years of Life

MCO: managed care organization; PIP: performance improvement project; COVID-19: 2019 novel coronavirus.

Technical Methods of Data Collection and Analysis

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.

IPRO's validation process begins at the PIP proposal phase and continues through the life of the PIP. During the conduct of the PIPs, IPRO provides technical assistance to each MCO. The technical assistance includes feedback.

The baseline measurement period of **PIP 1** was January 1, 2018, to December 31, 2018, with interventions initiated January 1, 2019. The PIP continued into 2021 and the final PIP report was submitted December 31, 2021. The baseline measurement period of **PIP 2** was January 1, 2019, to December 31, 2019, with interventions initiated February 1, 2020.

PIP 3 was started on April 9, 2021 and utilized a baseline measurement from the *COVID-19 Vaccine Report* from December 15, 2020, to March 3, 2021. PIP Interventions were initiated on April 9, 2021. **PIP 4** was started in January 2021 and utilized a baseline measurement from January 1, 2020, to December 31, 2020. PIP Interventions were initiated on February 1, 2021.

CMS's *Protocol 1. Validation of Performance Improvement Projects* was used as the framework to assess the quality of each PIP, as well as to score the compliance of each PIP with both federal and state requirements. IPRO's assessment involves the following 10 elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCO's enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCO's enrollment and generalizable to the MCO's total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is "real" improvement.
10. Assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable. Each evaluation element was scored as Met, Partially Met, Not Met, or Not Applicable, based on the information provided by MCO. The criteria for each score are presented in **Table 3**.

Table 3: PIP Validation Review Determinations

Determination	Criteria Description
Met	The MCO has demonstrated that it fully addressed the requirement.
Partially Met	The MCO has demonstrated that it fully addressed the requirement, however not in its entirety.
Not Met	The MCO has not addressed the requirement.
Not Applicable	The requirement was not applicable for review.

PIP: performance improvement project; MCO: managed care organization.

IPRO provided PIP report templates to ABHLA for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There were no validation findings which indicate that the credibility of the PIP results is at risk.
- The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. (Concerns are enumerated.)
- There are one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for performance measure calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

IPRO received copies of ABHLA's PIP report. The reports included the project topic and rationale (including baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

Conclusions

All PIPs conducted by ABHLA in SFY 2021 were determined by IPRO to be methodologically sound. IPRO's detailed PIP validation findings are summarized in **Table 4**. PIP summaries including aim, interventions, and performance summary are displayed in **Table 5** and **Table 6**.

IPRO's assessment of indicator performance was based on the following four categories:

- Target met (or exceeded), and performance improvement demonstrated.
- Target not met, but performance improvement demonstrated.
- Target not met, and performance decline demonstrated.
- Unable to evaluate performance at this time.

Table 4 shows the validation results of the above PIP.

Table 4: PIP Validation Results for PIP Elements – ABHLA

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
ABHLA	Improving Rates for IET of AOD, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees	Improving Receipt of Global Developmental Screening in the First Three Years of Life
1. Topic/ Rationale				
a. Impacts the maximum proportion of members that is feasible	Met	Met	Partially Met	Met
b. Potential for meaningful impact on member health, functional status or satisfaction	Met	Met	Met	Met
c. Reflects high-volume or high-risk conditions	Met	Met	Met	Met
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	Met	Met	Met	Met
2. Aim				
a. Specifies Performance Indicators for improvement with corresponding goals	Met	Met	Met	Met
b. Goal sets a target improvement rate that is bold, feasible, and based upon	Met	Met	Partially Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
ABHLA	Improving Rates for IET of AOD, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees	Improving Receipt of Global Developmental Screening in the First Three Years of Life
baseline data and strength of interventions, with rationale (e.g., benchmark)				
c. Objectives align aim and goals with interventions	Met	Met	Met	Met
3. Methodology				
a. Annual Performance Measures indicated	Met	Met	Met	Met
b. Specifies numerator and denominator criteria	Met	Met	Met	Met
c. Procedures indicate methods for data collection and analysis	Met	Met	Met	Met
d. Sampling method explained for each hybrid measure	Not Applicable	Not Applicable	Not Applicable	Met
4. Barrier Analysis, using one or more of following:				
a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	Met	Partially Met	Met	Met
b. Member feedback	Partially Met	Partially Met	Partially Met	Partially Met
c. Provider feedback	Partially Met	Met	Partially Met	Met
d. QI Process data ("5 Why's", fishbone diagram)	Met	Met	Met	Met
5. Robust Interventions that are Measurable using Intervention Tracking Measures				
a. Informed by barrier analysis	Partially Met	Partially Met	Partially Met	Partially Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Partially Met	Met	Met
d. With corresponding monthly or quarterly intervention tracking (process) measures (i.e., numerator/denominator, specified in proposal and baseline PIP reports, with actual data reported in Interim and Final PIP Reports)	Partially Met	Partially Met	Partially Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)				
a. Table shows Performance	Partially Met	Met	Partially Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
ABHLA	Improving Rates for IET of AOD, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees	Improving Receipt of Global Developmental Screening in the First Three Years of Life
Indicator rates, numerators and denominators				
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Met	Met	Met
7. Discussion (Final PIP Report)				
a. Interpretation of extent to which PIP is successful	Partially Met	Partially Met	Partially Met	Partially Met
8. Next Steps (Final PIP Report)				
a. Lessons Learned	Met	Partially Met	Partially Met	Met
b. System-level changes made and/or planned	Met	Partially Met	Met	Met
c. Next steps for each intervention	Partially Met	Partially Met	Met	Met

ABHLA: Aetna Better Health of Louisiana; PIP: performance improvement project; IET: Initiation and Engagement of . . . Treatment; AOD: Alcohol and Other Drug; FUA: Follow-Up After Emergency Department Visit for AOD Abuse or Dependence; POD: Pharmacotherapy for Opioid Use Disorder; HCV: Hepatitis C Virus ; COVID-19: 2019 novel coronavirus; MCO: managed care organization; QI: quality improvement.

COVID 19 PIP

Through a review conducted in May 2021, IPRO determined that the following validation elements of the Covid-19 PIP baseline report submitted by ABHL did not achieve full compliance:

2b: Partially Met. The Plan did set a goal of 10 percentage point increase which is a target rate typically set for PIPs; however, on May 4, 2021, President Biden set a goal for 70% of U.S. adults to have received at least one COVID-19 vaccine dose by July 4, 2021. Therefore, it is recommended that the Plan use this benchmark goal to set the same target rate of 70% by July 4, 2021.

3c: Partially Met. In the section, “Describe how plan will monitor ITMs for ongoing QI”, indicate how you will obtain ongoing feedback from members and providers regarding COVID-19 vaccination drivers (what is working) and barriers (what is not working).

4a: Partially Met. Based on your findings regarding the race/ethnicity disparity performance indicators, barrier/root cause analysis is merited to address Barrier #4 in greater detail. Interventions should be developed to tailor and target interventions to address Barrier #4, based upon the race/ethnicity disparity performance indicator findings.

4b: Partially Met. Each month, the Plan should obtain direct member feedback to identify barriers and adapt/adopt interventions to address barriers. New barriers can be summarized in table 4, in the intervention row, beneath each intervention to which the barrier applies. If additional space is needed to elaborate newly identified barriers for each month, footnote each month separately and describe both the barrier and the adapted/adopted intervention to address each barrier in a monthly footnote beneath table 4.

4c: Partially Met. Each month, the Plan should obtain direct provider feedback to identify drivers (what works) and spread successes, as well as barriers (what does not work) and adapt/adopt interventions to address barriers. New barriers can be summarized in table 4, in the intervention row, beneath each intervention to which the barrier applies. If additional space is needed to elaborate newly identified barriers for each month, footnote each month separately and describe both the barrier and the adapted/adopted intervention to address each barrier in a monthly footnote beneath table 4.

5a: Partially Met. Based on your findings regarding the race/ethnicity disparity performance indicators, barrier/root cause analysis is merited to address Barrier #4 in greater detail. Interventions should be developed to tailor and target interventions to address Barrier #4, based upon the race/ethnicity disparity performance indicator findings. Pending recalculation and re-evaluation of disparity performance indicators, negative percentage point differences indicate underperformance for nonwhite enrollees and positive percentage point differences indicate underperformance for white enrollees. What are the barriers? Vaccine hesitancy? Access? Mistrust? Other? How will interventions be tailored and targeted to address barriers?

5d: Partially Met. Pending reporting of ITM data for ITMs 2, 3a, 3b, 4a, 4b, 5a.

6a: Partially Met. For Performance Indicator #1, report numerator, denominator, and rate, for the measure as specified in the Performance Indicator table in the Methodology Section. In addition, disparity Performance Indicators 2 and 3 were calculated incorrectly. Per the most recent COVID-vaccine PIP template, these indicators should be calculated as the % of Black individuals minus % white individuals; % of Hispanic/Latino individuals minus % white individuals; and % Other/Unknown/Missing minus % white individuals. Recalculate and compare against the below table:

	At least one dose	Complete vaccine series
% Black minus % White	4.34 percentage points	3.08 percentage points
% Hispanic/Latino minus % White	-1.96 percentage points	-1.44 percentage points
% Other/Unknown minus % White	6.17 percentage points	3.70 percentage points

6b: Partially Met. The Plan did set a goal of 10 percentage point increase which is a target rate typically set for PIPs; however, on May 4, 2021, President Biden set a goal for 70% of U.S. adults to have received at least one COVID-19 vaccine dose by July 4, 2021. Therefore, it is recommended that the Plan use this benchmark goal to set the same target rate of 70% by July 4, 2021.

Developmental Screening PIP

Through a review conducted in May 2021, IPRO determined that the following validation elements of the Developmental Screening baseline report submitted by ABHL did not achieve full compliance:

3c: Partially Met. The data collection for the chart review was addressed in the objectives section by elaborating on the chart review procedure and should also be explained in the data collection section. In addition, elaboration is merited in the validity and reliability section to explain the IRR process, including the process to ensure IRR feedback correction of items not meeting IRR. The data collection procedure section also merits a summary of how direct provider input will be obtained on an ongoing basis. Data analysis/how plan will monitor ITMs for ongoing QI should explain how stagnating or declining ITM trends will trigger a root cause/barrier analysis with findings used to inform modifications/new interventions.

3d: Partially Met. The planned chart review sampling methodology was explained in the objectives section and should also be explained in the data collection section. If the chart selection methodology is pending a determination of COVID-imposed limitations, possible alternatives to a random sample should be considered.

For example, if the plan will use an existing record sample, was that sample randomly selected? Does that sample represent the PIP eligible population? Further discussion is merited at the next Collaborative PIP meeting.

4b: Partially Met. The Data Collection and Analysis Procedures does address plans for ongoing care manager outreach + surveys to obtain ongoing member feedback on barriers. However, Table 4 does not include any barrier analyses to inform initial interventions. Might there be existing surveys, such as CAHPS, that identify barriers that might inform interventions? The first quarterly update report provides an opportunity to address this comment. In addition, further discussion is merited at the next Collaborative PIP meeting.

4c: Not Met. Table 4 does not include any barrier analyses to inform initial interventions. Are there scheduled meetings and/or provider outreach than provide opportunities for provider input about barriers and opportunities for improvement? In addition, the data collection procedure section merits a summary of how direct provider input will be obtained on an ongoing basis. The first quarterly update report provides an opportunity to address this comment. In addition, further discussion is merited at the next Collaborative PIP meeting.

5a: Partially Met. The interventions described are pertinent to the known barriers and, it as the PIP proceeds, the provider and member feedback obtained, as well as stratified data on susceptible subpopulations (e.g., children without six or more well-child visits during the first 15 months of life [HEDIS W15]), can be used to inform interventions that are tailored to the plan's members' needs. The worksheet for Analysis of Disproportionate Under-Representation-6+ Well-Child Visits first 15 months of life (HEDIS W15) provides a tool for MCOs to identify these susceptible subgroups, then develop and implement tailored and targeted interventions. The first quarterly update report provides an opportunity to address this comment. In addition, further discussion is merited at the next Collaborative PIP meeting.

6b: Partially Met. Table 2 indicates the target rate and rationale, and this should also be documented in the Results Table 5.

Table 5: ABHLA PIP Summaries, 2020–2021

ABHLA: PIP Summaries	
PIP 1: 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	
Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk.	
Aim	<p>The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020), as well as Pharmacotherapy for Opioid Use Disorder (POD) by implementing enhanced interventions to test the change concepts indicated in the Driver Diagram (Appendix D) to achieve the following objectives:</p> <ol style="list-style-type: none"> 1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs: <ul style="list-style-type: none"> • The American Society of Addiction Medicine (ASAM) National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning) • Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) — 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, 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,

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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
2. Link primary care providers 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), 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.
 3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
 4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).
 5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

Interventions

1. First-line medical provider education supporting screening, brief intervention and referral for the following Providers:
 - ob/gyn
 - EDs
 - Pain Management
 - PCP (Family Practice, Internal Medicine)
 - Pediatricians
 - Urgent Care (Stage of Change, Motivational interviewing knowledge of available treatment/services/providers)
2. Educate providers about evidence based SBIRT screening best practices (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers) and billing procedures
3. Increasing number of MAT prescribers in rural areas of regions 5, 6, and 7 outside of Lake Charles, Alexandria and Shreveport.
4. Increasing outreach to educate providers of local SUD treatment and concurrent psychosocial treatment and referral procedures for higher levels of care with a focus in rural areas of regions 5, 6, and 7 outside of Lake Charles, Alexandria and Shreveport
5. Educate ED providers and follow-up practitioners on the appropriate care and provision of a resource list
6. Monitor education of outpatient providers who would follow-up for AOD after ED about evidence-based follow-up care
7. Monitor MCO CM referral and appointment scheduling of transitions in care from ED to community (Recovery Coach)
8. Enhance case management for the SUD involved SHCN populations, including increased face-to-face contact, and care coordination for members to ensure appropriate continuity of care.
9. Enhanced case management for the SUD-involved Justice Involved populations, including increased face-to-face contact, and care coordination for members to ensure appropriate continuity of care
10. Enhance case management for the involved Adolescent population, including referrals to Breakthrough and care coordination for members to ensure appropriate continuity of care
11. Utilization of TeleMed to assist in the management for the involved members within this population who have had a hospitalization 7 Days prior to ensure appropriate follow-up visit occur after hospitalization
12. Reduce 30-day readmission rates for members that have been in a residential or inpatient setting receiving services specifically for detox (medical) and/or residential services. Through increased continuity of care to treatment (ASAM 3.7, 3.5, 3.3 or perhaps 2.1 as indicated) following discharge from 4-WM (medically managed detox in the hospital
13. Proposal ITMs (new OTP Patients enrolled in CM). This requested ITM helps to support not only the POD metric, but also the network of OTPs that administer Methadone.

Performance Improvement Summary

Strengths:

The following performance indicators represent strengths because they showed improvement from baseline to final

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remeasurement of at least 3 percentage points¹:

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

Opportunities for improvement:

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

- Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort
- Indicator 7: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within 30 days of the ED visit
- Indicator 8: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit

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

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

PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk.

Aim

Improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by ten percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective: 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
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (United States Preventive Services Task Force, 2013; American Association for the Study of Liver Diseases/Infectious Diseases Society of America, 2018), and coordinate referrals for screening and treatment.

Interventions

1. Enhanced Case Management Outreach for HCV Treatment Initiation
2. Enhanced Case Management Outreach for HCV Screening: Utilize MCO claims/encounter data to identify at-risk members for HCV screening and schedule a screening appointment with the member's PCP
3. Enhanced Case Management Outreach for HCV Screening
4. Launch education campaigns for risks and recommend members get tested
5. Enhanced Outreach for HCV Screening through Member Services
6. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.

ABHLA: PIP Summaries

7. Provider education of how to treat members once screened via Algorithm and other education material
8. Inform Providers of their patients who are at risk by distributing to each PCP their listing of eligible members with instructions to contact patients to schedule an appointment for HCV follow-up
9. Conduct screenings in community events at least once a month
10. Enhanced Outreach for HCV Screening for children born to an HCV-positive mother. Reviewing screening of children in general as a potential gap. CDC protocol is to screen at or over 18 months for an accurate screening.
11. CDC guidelines for screening a specific subpopulation
12. CDC guidelines for at risk population for screening; subpopulation crossover based on behavior and outcomes

Performance Improvement Summary

Strengths:

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

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

Opportunities for improvement:

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

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

PIP 3: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older

Validation Summary: N/A.

Aim

Ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.

Interventions

1. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management.
2. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management
3. Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed.
4. Develop campaign for members who require second dose of the vaccination.
5. Identify the regions and areas of the state where vaccination hesitancy is high; identify the populations within that region that are most hesitant and work to relay issues
6. Developing a process for homebound members to receive the COVID-19 vaccination

Performance Improvement Summary

Not yet available.

PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life

Validation Summary: N/A

Aim

ABHLA: PIP Summaries

Increase the percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second or third birthday.

Interventions

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a PCP chart review of:
 - a. random sample of 30 eligible population charts with CPT Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.
 - b. random sample of 30 eligible population charts without CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9-month, 18-month or 30-month visit.
5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.
6. Tailored and targeted intervention for Susceptible subpopulation 6a. Work with community outreach to leverage external partner in regions 1, 4, 7, and 2 to increase education on developmental global screening
7. Tailored and targeted intervention for Susceptible subpopulation 6b. Work with behavioral health staff to ensure continuity of care for members identified with autism.
8. Increase the number of members receiving screens through telemedicine.

Performance Improvement Summary

Not yet available.

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

ABHLA: Aetna Better Health of Louisiana; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health centers; LMHP: licensed mental health professional; MCO: managed care organization; ED: emergency department; UM: Utilization Management; CM: Care Management; ob/gyn: obstetrician/gynecologist; PCP: primary care provider; MAT: medication-assisted treatment; SUD: substance use disorder; SHCN: special health care needs; ITM: intervention tracking measure; OTP: opioid treatment program; LDH: Louisiana Department of Health; OPH: Office of Public Health; HIV: human immunodeficiency virus; COVID-19: 2019 novel coronavirus; N/A: not applicable; CPT: Current Procedural Terminology.

Table 6 shows IPRO's assessment of PIP indicator performance for MY 2020 by topic and MCO.

Table 6: Assessment of ABHLA PIP Indicator Performance – Measurement Year 2 (2020)

Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET) and (2) Follow-Up After ED Visit for AOD Abuse or Dependence		
1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort. Baseline: 48.63% Final: 51.78% Target: 52.37%	Target not met, but performance improvement demonstrated.
2	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 62.07% Final: 64.79% Target: 67.01%	Target not met, but performance improvement demonstrated.

Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
3	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 50.66% Final: 53.27% Target: 53.17%	Target not met, but performance improvement demonstrated.
4	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 13.26% Final: 14.57% Target: 16.39%	Target not met, but performance improvement demonstrated.
5	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 27.24% Final: 30.30% Target: 32.41%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 16.14% Final: 17.67% Target: 18.12%	Target not met, but performance improvement demonstrated.
7	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within 30 days of the ED visit Baseline: 13.78% Final: 14.87% Target: 17.75%	Target not met, but performance improvement demonstrated.
8	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow up visit within 7 days of the ED visit Baseline: 9.25% Final: 8.08% Target: 11.41%	Target not met, but performance improvement demonstrated.
PIP 2: Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation		
1a	Universal Screening Baseline: 14.00% Final: 17.87% Target: 26.00%	Target not met, but performance improvement demonstrated.
1b	Birth Cohort Screening Baseline: 16.00% Final: 20.00% Target: 28.00%	Target not met, but performance improvement demonstrated.
2a	Non-Birth Cohort/Risk Factor Screening- ever screened Baseline: 29.00% Final: 37.67% Target: 43.00%	Target not met, but performance improvement demonstrated.
2b	Non-Birth Cohort/Risk Factor Screening- Annual Screening Baseline: 10.00% Final: 16.28% Target: 27.00%	Target not met, but performance improvement demonstrated.

Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
3a	HCV Treatment Initiation-Overall Baseline: 6.00% Final: 27.51% Target: 26.00%	Target met and performance improvement demonstrated.
3b	HCV Treatment Initiation-Drug Users Baseline: 4.00% Final: 25.98% Target: 24.00%	Target met and performance improvement demonstrated.
3c	HCV Treatment Initiation-Persons with HIV Baseline: 2.00% Final: 42.10% Target: 17.00%	Target met and performance improvement demonstrated.

MCO: managed care organization; PIP: performance improvement project; AOD: Alcohol or Other Drug; ED: emergency department; HIV/AIDS: human immunodeficiency virus/acquired immune deficiency syndrome; red: target not met, and performance decline demonstrated; yellow: target not met, but performance improvement demonstrated; green: target met and performance improvement demonstrated.

IV. Review of Compliance with Medicaid and CHIP Managed Care Regulations

Objectives

Federal regulations at 42 CFR 438.358 delineate that a review of an MCO's compliance with standards established by the state to comply with the requirements of § 438 Subpart E is a mandatory EQR activity. Further, this review must be conducted within the previous 3-year period, by the state, its agent, or the EQRO.

LDH annually evaluates the MCO's performance against contract requirements and state and federal regulatory standards through its EQRO, as well as by an examination of each MCO's accreditation review findings.

IPro conducted Compliance Audits on behalf of the LDH in 2019 and 2020. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The last full compliance audit occurred in 2019. The 2020 annual compliance audit was a partial review of each MCO's compliance with contractual requirements during the period of April 1, 2019, through March 31, 2020.

The next full audit is scheduled for July/August 2022, covering the time period January 1, 2021, to December 31, 2021.

Technical Methods of Data Collection and Analysis

To determine which regulations must be reviewed annually, IPro performs an assessment of the MCO's performance on each of the federal managed care regulations over the prior three-year period. Results of both the EQRO reviews and accreditation survey are examined. The following guidelines are used to determine which areas are due for assessment:

- regulations for which accrediting organization standards have been cross-walked and do not fully meet equivalency with federal requirements;
- regulations that are due for evaluation, based on the three-year cycle;
- regulations for which the MCO received less than full compliance on the prior review by either the EQRO or accrediting organization;
- state- and contract-specific requirements beyond the federal managed care regulatory requirements;
- areas of interest to the state, or noted to be at risk by either the EQRO and/or state; and
- note that Quality Management: Measurement and Improvement – Quality Assessment and Performance improvement (QAPI; 42 CFR 438.240) is assessed annually, as is required by federal regulations.

In developing its review protocols, IPro followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPro prepared standard-specific review tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of federal regulation and related federal regulations;
- statement of state regulations;
- statement of state and MCO contract requirement(s);
- suggested evidence;
- reviewer determination;
- prior results;
- descriptive reviewer findings and comments related to findings; and
- MCO response and action plan.

IPro's Compliance Audit included a comprehensive evaluation of policies, procedures, files and other materials corresponding to the following 11 domains:

1. Availability of services
2. Assurances of adequate capacity and services
3. Coordination and continuity of care
4. Coverage and authorization of services
5. Provider selection
6. Confidentiality
7. Grievance and appeal systems
8. Subcontractual relationships and delegation
9. Practice guidelines
10. Health information systems
11. QAPI

During these audits, determinations of full compliance, substantial compliance, minimal compliance and compliance not met were used for each element under review. Definitions for these review determinations are presented in **Table 7**.

Table 7: Review Determination Definitions

Level of Compliance	Meaning
Full compliance	MCO has met or exceeded the standard
Substantial	The MCO has met most of the requirements of the standard but has minor deficiencies.
Minimal	The MCO has met some of the requirements of the standard, but has significant deficiencies that require corrective action
Not Met	MCO has not met the standard

MCO: managed care organization.

During this review period, Magellan was the only behavioral health PAHP and MCNA was the only dental PAHP. The PAHPs have different compliance requirements than the MCO so they are not compared directly to the MCO in this report.

Description of Data Obtained

In advance of the review, IPro requested documents relevant to each standard under review to support each MCO's compliance with federal and state regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI program description, work plan, and annual evaluation; member and provider handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis, and follow-up. Supplemental documentation was also requested for areas where IPro deemed it necessary to support compliance.

Conclusions

ABHLA was the least compliant Healthy Louisiana MCO with less than full compliance in 3 domains: assurances of adequate capacity and services, confidentiality, and health information systems. A crosswalk of CFR standard names, CFR citations, and compliance levels of each MCO is presented in **Table 8**.

Table 8: CFR Standards to State Contract Crosswalk

CFR Standard Name	CFR Citation	ABHLA
Availability of services	438.206	Full
Assurances of adequate capacity and services	438.207	Full
	438.680	Substantial
Coordination and continuity of care	438.208	Full
Coverage and authorization of services	438.114	Full
	438.404	Full
	438.210	Full
Provider selection	438.214	Full
Confidentiality	438.224	Full
	438.56	Full
	438.100	Full
	438.10	Substantial
Grievance and appeal systems	438.228	Full
	438.402	Full
	438.406	Full
	438.408	Full
	438.410	Full
	438.420	Full
	438.424	Full
Subcontractual relationships and delegation	438.230	Full
Practice guidelines	438.236	Full
Health information systems	438.242	Substantial
QAPI	438.330	Full
	438.240	Full
	438.242	Full

CFR: Code of Federal Regulations; ABHLA: Aetna Better Health of Louisiana; QAPI: Quality Assurance and Performance Improvement.

Findings by Domain

Domain: Adequate Capacity and Service

- Distance and/or time requirements were not met for Dermatology, Endocrinology, and metabolism.

Domain: Confidentiality

- A “web-based machine readable” was not included in the policy.
- The MCO website does not offer the member a hardcopy to be printed and/or sent to the member.
- The online provider search does not include information about the provider’s cultural competency training status. Proof that this training was completed by the provider is not available.

V. Validation of Performance Measures

Objectives

Federal requirements from the Balanced Budget Act of 1997 (BBA), as specified within the CFR at 42 CFR 438.358, require that states ensure their MCOs collect and report performance measures annually. The requirement allows states, agents that are not managed care organizations, or an EQRO to conduct the performance measure validation (PMV). LDH contracted with IPRO to conduct the functions associated with validating PMs.

LDH has established quality measures and standards to evaluate MCO performance in key program areas. The selected measures align with specific priorities, goals, and/or focus areas of the Louisiana Medicaid Quality Strategy and include measures in the HEDIS.

Performance results can be calculated and reported to the state by the managed care organization, or the state can calculate the managed care organization's performance measure results for the preceding 12 months. LDH required its Medicaid MCOs to calculate their own performance measures rates and have them audited by an NCQA Certified Auditor.

Technical Methods of Data Collection and Analysis

Each MCO contracted with an independent licensed organization (LO) and underwent an NCQA HEDIS Compliance Audit for HEDIS MY 2020. To ensure that each MCO calculated its rates based on complete and accurate data and according to NCQA's established standards and that each MCO's independent auditors performed the audit using NCQA's guidelines, IPRO reviewed the final audit reports (FARs) produced for each MCO by the MCO's independent auditor. Once the MCOs' compliance with NCQA's established standards was examined, IPRO objectively analyzed the MCOs' HEDIS MY 2020 results and evaluated each MCO's current performance levels relative to *Quality Compass* national Medicaid percentiles.

IPRO evaluated each MCO's IS capabilities for accurate HEDIS reporting. This evaluation was accomplished by reviewing each FAR submitted by the MCOs that contained the LO's assessment of IS capabilities. The evaluation specifically focused on aspects of the MCO's system that could affect the HEDIS Medicaid reporting set.

The term "IS" – Information Systems – included the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The LOs determined the extent to which the MCOs had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the MY 2020 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, the LOs evaluated compliance with NCQA's IS standards. NCQA's IS standards detail the minimum requirements of an MCO's IS, as well as criteria that must be met for any manual processes used to report HEDIS information.

For each HEDIS measure, the MCO was evaluated on how their rate compared to the HEDIS MY 2020 *Quality Compass* national Medicaid HMO 50th percentile.

Description of Data Obtained

IPRO used the Final Audit Report (FAR) and the MCO rates provided on the Interactive Data Submission System (IDSS) file as the primary data sources. The FAR includes information on the MCOs' IS capabilities, findings for each measure, supplemental data validation results, medical record review validation (MRRV) results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. The final audit results included final determinations of validity made by the auditor for each performance measure. The IDSS file detailed all rates that were submitted to NCQA and whether the auditor deemed them to be reportable. The IDSS file is "locked" by the auditor so that no changes can be made to the results.

Conclusions

The MCO's independent auditors determined that the rates reported by the MCOs were calculated in accordance with NCQA's defined specifications and there were no data collection or reporting issues identified by the independent auditors.

Based on a review of the FARs issued by each MCOs independent auditor, IPRO found that ABHLA was determined to be *fully compliant* with all seven of the applicable NCQA Information System (IS) standards. HEDIS rates produced by ABHLA were reported to the NCQA. ABHLA's compliance with IS standards is highlighted in **Table 9**.

Table 9: ABHLA Compliance with Information System Standards – MY 2020

IS Standard	ABHLA
HEDIS Auditor	
1.0 Medical Services Data	Met
2.0 Enrollment Data	Met
3.0 Practitioner Data	Met
4.0 Medical Record Review Processes	Met
5.0 Supplemental Data	Met
6.0 Data Preproduction Processing	Met

ABHLA: Aetna Better Health of Louisiana; MY: measurement year; IS: information system;
HEDIS: Healthcare Effectiveness Data and Information Set.

For SFY 2021, LDH required each contracted MCO to collect and report on 24 HEDIS measures which includes 66 total measures/submeasures indicators for HEDIS MY 2020 (measurement year 2020) specified in the provider agreement. The measurement set includes 13 incentive measures. **Table 10–Table 12** display the 66 measures indicators required by LDH. Red cells indicate that the measure fell below the NCQA 50th percentile, green indicates that the measure was at or above the 50th percentile. **Table 13** displays a summary of ABHLA's HEDIS measure performance.

Table 10: ABHLA HEDIS Effectiveness of Care Measures – MY 2020

HEDIS Measure	ABHLA	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	57.70%	53.40%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	57.80%	53.24%
Effective Continuation Phase Treatment	42.97%	37.45%
Asthma Medication Ratio (AMR)		
Total	57.59%	65.24%
Breast Cancer Screening (BCS)	54.13%	55.43%

HEDIS Measure	ABHLA	Statewide Average
Cervical Cancer Screening (CCS)	50.61%	56.11%
Childhood Immunization Status (CIS)		
Combo 2	69.10%	72.77%
Combo 3	66.42%	68.61%
Combo 4	64.72%	66.45%
Combo 5	57.66%	59.76%
Combo 6	33.09%	30.68%
Combo 7	56.69%	58.08%
Combo 8	32.85%	30.26%
Combo 9	29.68%	28.04%
Combo 10	29.44%	27.69%
DTaP	70.32%	74.04%
Hepatitis A	81.27%	83.76%
Hepatitis B	88.56%	92.28%
HiB	86.86%	89.61%
Influenza	36.25%	35.81%
IPV	87.83%	91.92%
MMR	86.13%	88.55%
Pneumococcal conjugate	72.26%	75.15%
Rotavirus	68.37%	72.13%
VZV	86.62%	88.27%
Chlamydia Screening in Women (CHL) – Total	59.81%	61.98%
Colorectal Cancer Screening (COL)	32.78%	36.06%
Comprehensive Diabetes Care (CDC)		
Comprehensive Diabetes Care – BP control (< 140/90 mm Hg)	47.93%	50.56%
Comprehensive Diabetes Care – Eye exam (retinal) performed	53.04%	56.13%
Comprehensive Diabetes Care – HbA1c control (< 8.0%)	39.66%	40.62%
Comprehensive Diabetes Care – HbA1c poor control (> 9.0%)*	52.55%	50.96%
Comprehensive Diabetes Care – HbA1c Testing (CDC)	82.97%	81.74%
Controlling High Blood Pressure (CBP)	42.34%	48.24%
Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications (SSD)	79.19%	79.00%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	37.91%	35.78%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	19.74%	21.66%
Within 30 Days of Discharge	37.46%	41.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	39.30%	41.24%
Continuation Phase	58.24%	55.84%
Immunization Status for Adolescents (IMA)		
Combo 1	80.29%	87.96%
Combo 2	32.12%	45.78%
HPV	32.36%	46.67%
Meningococcal	82.00%	88.78%
Tdap/Td	81.02%	89.06%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	75.76%	72.68%
Discussing Cessation Medications	50.91%	50.32%
Discussing Cessation Strategies	51.53%	46.05%
Plan All-Cause Readmissions (PCR)		

HEDIS Measure	ABHLA	Statewide Average
Expected Readmissions Rate	9.89%	9.59%
Observed Readmission (Num/Den)	11.02%	10.28%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.1142	1.0714
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	81.38%	80.00%
Statin Adherence 80%: Total	70.38%	64.45%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Body Mass Index Assessment for Children/Adolescents (WCC)		
BMI percentile documentation	71.78%	67.84%
Counseling for nutrition	57.42%	62.72%
Counseling for physical activity	45.74%	53.57%

* A lower rate is desirable.

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; DTaP: diphtheria, tetanus, and acellular pertussis; Hib: Haemophilus influenzae type b; IPV: polio vaccine, inactivated; MMR: measles, mumps, and rubella; VZV: varicella-zoster virus; BP: blood pressure; HPV: human papillomavirus; Tdap/Td: tetanus, diphtheria, and pertussis/tetanus and diphtheria; BMI: body mass index; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

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

HEDIS Measure	ABHLA	Statewide Average
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	70.46%	75.53%
Prenatal and Postpartum Care (PPC)		
Postpartum Care	76.64%	76.50%
Prenatal Care	77.13%	80.06%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	55.99%	54.28%
15 Months–30 Months	67.00%	66.98%

ABHLA: Aetna Better Health of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

Table 12: ABHLA HEDIS Use of Services Measures – MY 2020

HEDIS Measure	ABHLA	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM*	58.98	54.82
Outpatient Visits/1,000 MM	556.98	379.97
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	48.58%	50.80%
12–17 years	40.64%	48.08%
18–21 years	22.51%	26.36%
Total	41.95%	45.81%

* A lower rate is desirable.

ABHLA: Aetna Better Health of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

Table 13: ABHLA HEDIS Measures Summary – MY 2020

Measure Status	ABHLA
> 50th NCQA National Benchmark	15
< 50th NCQA National Benchmark	48
NCQA National Benchmark Unavailable	3
Total	66

ABHLA: Aetna Better Health of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

VI. Validation of Quality of Care Surveys – CAHPS Member Experience Survey

Objectives

LDH requires quality assessment and improvement activities to ensure that Healthy Louisiana Medicaid MCO enrollees receive high-quality health care services (42 CFR Part 438). These activities include surveys of enrollees' experience with health care. LDH requires the MCOs to contract with an NCQA-certified HEDIS survey vendor to conduct annual CAHPS Health Plan Surveys. LDH contracted with IPRO to analyze the MCOs' Measurement Year (MY) 2020 survey data and report the results. Each of the five Healthy Louisiana's MCOs participated in the MY 2020 CAHPS Medicaid Health Plan Surveys.

Technical Methods of Data Collection and Analysis

LDH required the MCOs to administer the MY 2020 CAHPS Surveys according to NCQA HEDIS Specifications for Survey Measures.

The standardized survey instruments administered in MY 2020 were the CAHPS 5.1H Adult Medicaid Health Plan Survey. Adult members from each MCO completed the surveys from February to May 2021.

CAHPS survey questions ask about experiences in a variety of areas. Results presented in this report include three global ratings: rating of health plan, rating of all health care, and rating of personal doctor, as well as individual survey responses for the following domains: Health Plan Ratings, Access to Care, Experience of Health Care Services, Preventive Care, and Health Status. Responses are summarized as achievement scores from 0 to 100.

To determine common strengths and opportunities for improvement across all MCOs, IPRO compared CAHPS MCO-specific and statewide averages for adults (**Table 14**), children without chronic conditions (**Table 15**), and children with chronic conditions (**Table 16**) to the national Medicaid benchmarks presented in the *Quality Compass 2021*. Measures performing at or above the 75th percentile were considered strengths; measures performing at the 50th percentile were considered average, while measures performing below the 50th percentile were identified as opportunities for improvement. IPRO used the member files to create detailed reports for the Louisiana Medicaid population.

Description of Data Obtained

IPRO received a copy of the final study report produced by each MCOs certified CAHPS vendor. In addition, de-identified member level files were received from each MCO.

Conclusions

IPRO's review of adult members surveyed (**Table 14**) found that ABHLA ranked below the 50th percentile for How Well Doctors Communicate. ABHLA ranked at or above the 50th percentile for the Getting Needed Care, Customer Service, and Rating of Health Plan measures. ABHLA ranked at or above the 75th percentile for Getting Care Quickly, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often measures. Small sample sizes were identified for Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Rating of Specialist Seen Most Often measures.

Table 14: CAHPS Performance – Adult Member

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	85.30%*	84.09%	83.58%
Getting Care Quickly	87.01%*	80.78%	81.83%
How Well Doctors Communicate	91.67%*	92.01%	92.17%
Customer Service	89.42%*	90.10%	88.94%
Coordination of Care	84.78%*	85.22%	N/A
Rating of All Health Care	83.64%	81.22%	77.63%
Rating of Personal Doctor	85.59%	84.21%	83.23%
Rating of Specialist Seen Most Often	86.57%*	82.38%	83.56%
Rating of Health Plan	79.35%	81.40%	78.32%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems ; ABHLA: Aetna Better Health of Louisiana; MY: measurement year; green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile; N/A: national Medicaid benchmark data not available in Quality Compass.

IPRO's review of child members without chronic condition(s) (**Table 15**) found that ABHLA ranked below the 50th percentile for Rating of Personal Doctor and Rating of Health Plan measures. ABHLA ranked at or above the 50th percentile for the Getting Needed Care, How Well Doctors Communicate, and Rating of Specialist Seen Most Often measures. ABHLA ranked at or above the 75th percentile for Getting Care Quickly, Customer Service, Rating of All Health Care measures. A small sample size was identified for the Rating of Specialist Seen Most Often measure.

Table 15: CAHPS Performance – Child Member (without chronic conditions)

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	87.23%	87.86%	85.65%
Getting Care Quickly	90.06%	89.76%	86.90%
How Well Doctors Communicate	95.80%	96.24%	94.36%
Customer Service	93.24%	89.68%	88.32%
Coordination of Care	90.63%*	85.82%	N/A
Rating of All Health Care	92.07%	92.70%	88.91%
Rating of Personal Doctor	90.39%	92.86%	90.53%
Rating of Specialist Seen Most Often	88.06%*	89.69%	87.42%
Rating of Health Plan	83.75%	87.70%	86.63%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems ; ABHLA: Aetna Better Health of Louisiana; MY: measurement year; green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile; N/A: national Medicaid benchmark data not available in Quality Compass.

IPRO's review of child members with chronic condition(s) (**Table 16**) found ABHLA ranked below the 50th percentile across seven (7) of the eight (8) CAHPS measures: Getting Needed Care, Getting Care Quickly

How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan. ABHLA ranked at or above the 50th percentile for Customer Service. However, the Customer Service measure was also identified as having a small sample size.

Table 16: CAHPS Performance – Child Member with Chronic Condition(s)

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	86.93%	88.94%	87.47%
Getting Care Quickly	89.88%	91.78%	90.83%
How Well Doctors Communicate	93.91%	95.57%	94.62%
Customer Service	92.86%*	92.35%	91.21%
Coordination of Care	82.20%	76.37%	N/A
Rating of All Health Care	86.57%	90.76%	87.76%
Rating of Personal Doctor	89.39%	91.77%	89.52%
Rating of Specialist Seen Most Often	86.92%	88.75%	87.51%
Rating of Health Plan	81.45%	85.63%	83.88%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; ABHLA: Aetna Better Health of Louisiana; MY: measurement year; green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile; N/A: national Medicaid benchmark data not available in Quality Compass.

Table 17–Table 19 show trends in ABHLA’s CAHPS measures between 2018 and 2021 and the Quality Compass national benchmark met/exceeded in 2021.

Table 17: ABHLA Adult CAHPS 5.0H – 2018–2021

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	78.06%	80.16%	79.25%	Small sample	N/A
Getting Care Quickly	78.87%	80.48%	80.37%	Small sample	N/A
How Well Doctors Communicate	93.08%	91.92%	94.31%	Small sample	N/A
Customer Service	Small sample	88.26%	Small sample	Small sample	N/A
Coordination of Care	83.52%	87.29%	Small sample	Small sample	N/A
Rating of All Health Care	68.61%	71.83%	73.26%	83.64%	90th
Rating of Personal Doctor	83.00%	84.49%	83.05%	85.59%	75th
Rating of Specialist	83.00%	84.68%	Small sample	Small sample	N/A
Rating of Health Plan	78.07%	76.56%	74.39%	79.35%	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.”

² Benchmark excludes PPOs and EPOs.

ABHLA: Aetna Better Health of Louisiana; 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 available.

Table 18: ABHLA Child CAHPS 5.0H General Population – 2018–2021

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	87.52%	89.16%	Small sample	87.23%	50th
Getting Care Quickly	89.59%	94.03%	Small sample	90.06%	75th
How Well Doctors Communicate	94.65%	95.54%	94.55%	95.80%	50th
Customer Service	Small sample	Small sample	Small sample	93.24%	95th
Coordination of Care	83.67%	92.05%	Small sample	Small sample	N/A
Rating of All Health Care	86.15%	87.60%	88.00%	92.07%	75th
Rating of Personal Doctor	88.69%	90.20%	89.13%	90.39%	33.33rd
Rating of Specialist	Small sample	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	80.62%	85.02%	84.24%	83.75%	10th

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

² Benchmark excludes PPOs and EPOs.

ABHLA: Aetna Better Health of Louisiana; 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 available.

Table 19: ABHLA Child CAHPS 5.0H CCC Population – 2018–2021

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	88.17%	84.66%	87.06%	86.93%	33.33rd
Getting Care Quickly	93.50%	92.14%	94.93%	89.88%	25th
How Well Doctors Communicate	95.69%	95.15%	96.25%	93.91%	33.33rd
Customer Service	94.44%	90.71%	Small sample	Small sample	N/A
Coordination of Care	82.79%	78.88%	Small sample	82.20%	95th
Rating of All Health Care	87.46%	87.20%	86.27%	86.57%	33.33rd
Rating of Personal Doctor	91.30%	89.29%	92.12%	89.39%	33.33rd
Rating of Specialist	84.72%	86.14%	Small sample	86.92%	33.33rd
Rating of Health Plan	84.69%	82.01%	88.00%	81.45%	10th

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

² Benchmark excludes PPOs and EPOs.

ABHLA: Aetna Better Health of Louisiana; 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 available.

VII. Validation of Network Adequacy

General Network Access Requirements

In the absence of a CMS protocol for 42 CFR § 438.358 Activities related to external quality review (b)(1)(iv), IPRO assessed MCO compliance with the standards of 42 CFR § 438.358 Network adequacy standards and Section 7.0 of the state's Medicaid Services Contract.

Per section 7.1.1 the Contractor shall ensure that members have access to providers within reasonable time (or distance) parameters. The MCOs are required to maintain and monitor a network of appropriate providers that is supported by written network provider agreements and that is sufficient to provide adequate access to all services covered the contract for all members, including those with limited English proficiency or physical or mental disabilities.

Contractor shall also provide available, accessible and adequate numbers of institutional facilities, service locations, service sites, and professional personnel for the provision of services, including all specialized behavioral health emergency services, and shall take corrective action if there is failure to comply by any provider. At a minimum, this shall include:

GeoAccess Provider Network Accessibility

Objectives

Per section 7.3 of the state contract, the MCO shall comply with the maximum travel time and/or distance requirements as specified in the **Provider Network Companion Guide**. Requests for exceptions as a result of prevailing community standards must be submitted in writing to LDH for approval. Such requests should include data on the local provider population available to the non-Medicaid population. If LDH approves the exception, the MCO shall monitor member access to the specific provider type on an ongoing basis and provide the findings to LDH as part of its annual Network Provider Development Management Plan.

Table 20 displays the LDH-established access, distance, and time standards that were applicable in CY 2021 to PCPs, specialists and behavioral health providers.

Table 20: Louisiana Network Access Standards

Access Requirements
Distance requirements for PCPs
Rural: Within 30 miles
Urban: Within 10 miles
Distance requirements for behavioral health providers and specialty providers
Laboratory and Radiology: Rural (within 30 miles), Urban (within 20 miles)
OB/GYN: Rural (within 30 miles), Urban (within 15 miles)

PCP: primary care provider; ob/gyn: obstetrician/gynecologist.

Technical Methods of Data Collection and Analysis

IPRO's evaluation was performed using the MCOs' quarterly GeoAccess reports, which document the geographic availability of network providers including PCPs, hospitals, pharmacies, and each specialty type listed in the **Provider Network Companion Guide**. IPRO compared each MCO's calculated distance analysis by specialty and by region to the LDH standards and a determination of whether the standard was met or not met was made.

Description of Data Obtained

The data and information obtained from the MCOs were related to: provider counts, member geographical access, provider panel status, PCP-to-member ratios, distance analysis, and MCO narrative on improvement activities. These data were generally reported by region (rural, urban, and all). Additionally, each quarter, the MCOs are required to calculate and report the PCP-member ratio to LDH.

Conclusions

Table 21 displays the ABHLA ratios for adult PCPs to members for CY 2018, CY 2019, and CY 2020. **Table 22** displays the ABHLA ratios for pediatric PCPs to members for CY 2018, CY 2019, and CY 2020.

Table 21: ABHLA Adult PCP-to-Member Ratios, MY 2018–MY 2020

Year	ABHLA
2018	2.56%
2019	3.90%
2020	2.12%

ABHLA: Aetna Better Health of Louisiana; PCP: primary care provider; MY: measurement year.

Table 22: ABHLA Pediatric PCP-to-Member Ratios, MY 2018–MY 2020

Year	ABHLA
2018	1.31%
2019	1.04%
2020	5.70%

ABHLA: Aetna Better Health of Louisiana; PCP: primary care provider; MY: measurement year.

Table 23 displays ABHLA's performance with regard to its adherence to GeoAccess urban and rural distance standards.

Table 23: ABHLA Adherence to Provider Network Distance Standards, June 2021

Specialty	Region	Standard	ABHLA
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 Miles	92.3%
	Rural	1 in 30 Miles	99.9%
Adult primary care	Urban	1 in 10 Miles	98.2%
	Rural	1 in 30 Miles	100.0%
Allergy/Immunology	All	1 in 60 Miles	94.2%
Cardiology	All	1 in 60 Miles	99.9%
Dermatology	All	1 in 60 Miles	92.0%
Endocrinology and Metabolism	All	1 in 60 Miles	98.9%
FQHCs	Urban	1 in 10 Miles	90.2%
	Rural	1 in 30 Miles	99.9%
Gastroenterology	All	1 in 60 Miles	99.9%
Hematology/Oncology	All	1 in 60 Miles	97.9%
Hemodialysis Center	Urban	1 in 10 Miles	87.7%
	Rural	1 in 30 Miles	73.7%
Laboratory	Urban	1 in 20 Miles	87.4%
	Rural	1 in 30 Miles	61.5%
Nephrology	All	1 in 60 Miles	98.2%

Specialty	Region	Standard	ABHLA
Neurology	All	1 in 60 Miles	99.9%
Ob/gyn	Urban	1 in 15 Miles	96.4%
	Rural	1 in 30 Miles	95.6%
Ophthalmology	All	1 in 60 Miles	99.9%
Orthopedics	All	1 in 60 Miles	99.9%
Otorhinolaryngology/ Otolaryngology	All	1 in 60 Miles	99.9%
Pediatrics	Urban	1 in 10 Miles	98.3%
	Rural	1 in 30 Miles	100.0%
Pharmacy	Urban	1 in 10 Miles	97.9%
	Rural	1 in 30 Miles	100.0%
Radiology	Urban	1 in 10 Miles	98.5%
	Rural	1 in 30 Miles	94.1%
RHCs	Urban	1 in 10 Miles	23.0%
	Rural	1 in 30 Miles	100.0%
Urology	All	1 in 60 Miles	99.9%

ABHLA: Aetna Better Health of Louisiana; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; gray: rate unavailable; green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.

Provider Appointment Availability

Objectives

Minimum appointment availability standards have been established by LDH to ensure that members' needs are sufficiently met. LDH monitors the MCO's compliance with these standards through regular reporting as shown in Louisiana's **Provider Network Companion Guide**. The MCO ensures that appointments with qualified providers are on a timely basis, as follows:

- Emergent or emergency visits immediately upon presentation at the service delivery site. Emergent, crisis or emergency behavioral health services must be available at all times and an appointment shall be arranged within one (1) hour of request;
- Urgent Care within twenty-four (24) hours. Provisions must be available for obtaining urgent care, including behavioral health care, 24 hours per day, 7 days per week. Urgent care may be provided directly by the PCP or directed by the MCO through other arrangements. An appointment shall be arranged within forty-eight (48) hours of request;
- Non-urgent sick care within 72 hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition;
- Routine, non-urgent, or preventative care visits within 6 weeks. For behavioral healthcare, routine, non-urgent appointments shall be arranged within fourteen (14) days of referral;
- Specialty care consultation within 1 month of referral or as clinically indicated;
- Lab and X-ray services (usual and customary) not to exceed three weeks for regular appointments and 48 hours for urgent care or as clinically indicated; and
- Maternity Care
Initial appointment for prenatal visits for newly enrolled pregnant women shall meet the following timetables from the postmark date the MCO mails the member's welcome packet for members whose basis of eligibility at the time of enrollment in the MCO is pregnancy. The timeframes below apply for existing member or new members whose basis of eligibility is something other than pregnancy from the date the MCO or their subcontracted provider becomes aware of the pregnancy.
 - Within their first trimester within 14 days;
 - Within the second trimester within 7 days;

- Within their third trimester within 3 days;
- High-risk pregnancies within 3 days of identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists;
- Follow-up to ED visits in accordance with ED attending provider discharge instructions.
- In-office waiting time for scheduled appointments should not routinely exceed 45 minutes, including time in the waiting room and examining room.
- If a provider is delayed, patients shall be notified immediately. If the wait is anticipated to be more than 90 minutes, the patient shall be offered a new appointment.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures.
- Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.

Technical Methods of Data Collection and Analysis

IPRO's evaluation was performed using the MCOs' network data, provider directories, and policies and procedures submitted to LDH by the MCOs. Relevant information collected by IPRO during the Compliance Review was also utilized during this validation activity and incorporated into this report when applicable.

Description of Data Obtained

In late December 2020, each MCO electronically submitted their provider network data that are used to populate their web directory to IPRO. To conduct the survey, IPRO selected providers for each of the state's five MCOs.

The project comprised two types of calls and four provider types. Calls were made for routine appointments and non-urgent appointments. The four provider types were endocrinologists, dermatologists, neurologists, and orthopedic surgeons.

A "secret shopper" methodology was used to conduct the phone call survey. Surveyors were instructed to role-play as Medicaid managed care (MMC) members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by LDH, surveyors attempted to get appointments for care. Calls for the project were conducted between late February 2021 and April 2021.

Conclusions

Table 24 shows the results of the secret shopper calls by ABHLA and appointment type.

Table 24: Appointment Availability for Network Providers, First Half of 2021

Appointment Type	ABHLA
Routine¹ Cardiologist	
# of providers surveyed	31
# of appointments made	13
Compliance Rate	41.9%
Routine¹ ENT	
# of providers surveyed	20
# of appointments made	6
Compliance Rate	30.0%
Non-Urgent² Cardiologist	
# of providers surveyed	25
# of appointments made	1
Compliance Rate	4.0%

Appointment Type	ABHLA
Non-Urgent ² ENT	
# of providers surveyed	16
# of appointments made	0
Compliance Rate	0.0%

¹ Appointment standard for routine appointments is within 6 weeks.

² Appointment standard for non-urgent appointments is within 72 hours.

ABHLA: Aetna Better Health of Louisiana; ENT: ear, nose, and throat.

Recommendation

IPRO recommends that LDH work with ABHLA to increase contact and appointment rates for cardiologists and ENTs.

VIII. MCO Quality Ratings

Objectives

As part of its contract with the LDH, IPRO is responsible for developing a report card to evaluate the performance of the five Healthy Louisiana MCOs. The health plan quality rating system (QRS) is designed to increase health plans' transparency and accountability for the quality of services they provide their members. Consumers use these scorecards to help them choose a health plan. Many states use ratings for plan oversight and to make contracting decisions. Currently there is no CMS protocol for the Quality Rating Scorecard. States must create their own methodology until that time that CMS releases protocols.

Technical Methods of Data Collection and Analysis

IPRO's approach to the QRS for Report Year 2021, developed in consultation with NCQA, was as follows:

1. Based on the overall categories and measures identified by NCQA and LDH as those included in both the prior year 2020 LA QRS Scorecard and the NCQA 2021 Measures List [excluding retired measures Adult BMI Assessment (ABA) and Medication Management for People with Asthma (MMA)], IPRO created a spreadsheet with (a) the selected HEDIS / CAHPS measures, (b) their NCQA 2021 weighting, (c) MCO RY 2021 HEDIS / CAHPS results (MY 2020), and (d) HEDIS RY 2020 Medicaid NCQA *Quality Compass* (QC) Percentiles (MY 2019).
2. IPRO scored individual CAHPS and HEDIS measures by comparing each unweighted MCO RY 2021 measure rate to each corresponding unweighted QC RY 2020 measure percentile rates (National All Lines of Business):
 - A plan that is ≥ 90 th Percentile: Score = 5
 - A plan that is ≥ 66.67 th and < 90 th Percentiles: Score = 4
 - A plan that is ≥ 33.33 rd and < 66.67 th Percentiles: Score = 3
 - A plan that is ≥ 10 th and < 33.33 rd Percentiles: Score = 2
 - A plan that is < 10 th Percentile: Score = 1
3. IPRO applied the NCQA RY 2021 measure weights to each MCO RY 2021 measure score (i.e., weight X score).
4. IPRO aggregated individual measure rates into QRS categories (e.g., Getting Care, Satisfaction with Plan Physicians, Satisfaction with Plan Services, Children and Adolescent Well-Care, Women's Reproductive Health, Cancer Screening, Other Preventive Services, Treatment, Behavioral Health, Other Treatment Measures, and Overall Rating), as follows: (Sum of weighted scores) \div (Sum of weights); then apply the NCQA rounding rules (NCQA 2021 Health Plan Ratings Methodology, p. 3). A .5 bonus is added to the overall MCO rating for accreditation.
5. IPRO assigned QRS 2021 star ratings by assigning the same number of stars to match the rounded scores (0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0).
6. Exception in response to COVID-19's impact to Health Plans: If QRS 2021 star rating $<$ QRS 2020 star rating, then QRS 2020 star rating will be reported.

For prior Report Year (RY) 2020, LDH utilized the NCQA 2020 Report Card, which compared MCO MY 2019 rates to *Quality Compass* MY 2019 rates. This year, LDH has requested that IPRO develop a QRS Scorecard for RY 2021 that uses the same methodology used by NCQA, with the following exception: The Healthy Louisiana 2021 QRS Scorecard is required prior to the release of the 2021 Medicaid *Quality Compass* Percentiles for MY 2020 (release date: September 24, 2021). Therefore, IPRO's methodology will differ from NCQA's in that MCO 2020 MY rates will be compared to *Quality Compass* 2019 MY rates. To address the potential for temporal confounding due comparisons between MCO rates measured during the COVID-19 pandemic (MY 2020) and *Quality Compass* rates measured pre-COVID (MY 2019), last year's QRS ratings will be used for those MCO QRS items with current 2021 scores lower than scores from last year. In response to LDH's request, IPRO met with NCQA to ensure that application of the scoring methodology is consistent with that used by NCQA.

Description of Data Obtained

IPRO received a final IDSS file from each of the MCOs, as well as the CAHPS member-level data files and the CAHPS vendor-produced summary reports.

Conclusions

The 2020 star rating results for ABHLA are displayed in **Figure 1**, which shows that ABHLA scored high in satisfaction with plan physicians (four stars) and overall consumer satisfaction (three and a half stars), while scoring low (two stars) on overall treatment, treatment of asthma, diabetes and mental/behavioral health (**Figure 1**).

Figure 1: MCO Quality Report Card

HEALTH PLAN REPORT CARD					
					
Issued 08/2021					
The ratings below compare the performance of Louisiana's Medicaid health plans. This report card shows the results of care in the areas of Consumer Satisfaction, Prevention and Treatment, and can aid you and your family when deciding on a health plan.					
Performance Key	Lowest ★	Low ★★	Average ★★★	High ★★★★	Highest ★★★★★
	Aetna Better Health of Louisiana	AmeriHealth Caritas Louisiana	Healthy Blue	Louisiana Healthcare Connections	UnitedHealthcare Community Plan of Louisiana
Overall Rating	★★★★	★★★★↓	★★★★↓	★★★★	★★★★↓
CONSUMER SATISFACTION					
Overall Consumer Satisfaction	★★★★↓	★★★★★	★★★★↓	★★★★↓	★★★★★↓
Getting Care: How easily and quickly did members get appointments, preventive care, tests, and treatments?	★★★★	★★★★↓	★★★★	★★★↓	N/A
Satisfaction with plan physicians: How happy are members with their doctors and other healthcare providers?	★★★★★	★★★★★	★★★★★↓	★★★★★↓	★★★★★↓
Satisfaction with plan services: How happy are members with their plan's customer service and how benefits are handled?	★★★↓	★★★★★	★★★★↓	★★★★★	★★★★★↓
PREVENTION					
Overall Prevention	★★	★★↓	★★↓	★★↓	★★↓
Children/ adolescent well-care: Do children and adolescents receive the care they need to stay healthy, such as vaccines, well-child visits, and dental visits?	★★	★★★★	★★★★	★★★↓	★★★↓
Women's health: Do women receive important screenings for health problems? Do women receive care before and after their babies are born?	★★★↓	★★★↓	★★★↓	★★	★★★★

continued on next page...

Cancer screening: Do members receive important cancer screenings?	★★	★★★↓	★★	★★★★	★★
TREATMENT					
Overall Treatment	★★	★★	★★★★↓	★★	★★★↓
Asthma: Do people with asthma get the services and treatments they need?	★★	★★	★★★★★	★★★★★	★★★★★
Diabetes: Do people with diabetes get the services/treatments they need?	★★	★★	★★	★★	★★★↓
Heart disease: Do people with heart disease get the services/treatments they need?	★★	★★★↓	★★	★★↓	★★★↓
Mental and behavioral health: Do people with mental health issues get the services/treatments they need?	★★	★★	★★	★★	★★
<p><i>The source of data contained herein is based on the categories and measures identified by National Committee for Quality Assurance (NCQA) and LDH as those included in both the prior year 2020 Louisiana Quality Rating System (QRS) Scorecard and the NCQA 2021 Measures List. NCQA reviewed and provided feedback to IPRO on the methodology used. Any analysis, interpretation or conclusion based on the data is solely that of IPRO and NCQA. These materials may not be modified by anyone other than IPRO and NCQA. Anyone desiring to use or reproduce the materials must obtain approval from LDH.</i></p>					

IX. EQRO's Assessment of MCO Responses to the Previous EQR Recommendations

Title 42 CFR § 438.364 External quality review results (a)(6) require each annual technical report include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year’s EQR.” **Table 25** shows a description of the assessment levels used by IPRO to evaluate ABHLA’s response. **Table 26** displays ABHLA’s responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO’s assessment of these responses.

Table 25: IPRO Assessment Determination Levels

Assessment Determinations	Definitions
Addressed	MCO’s QI response resulted in demonstrated improvement.
Partially Addressed	MCO’s QI response was appropriate; however, improvement is still needed.
Remains an Opportunity for Improvement	MCO’s QI response did not address the recommendation; improvement was not observed, or performance declined.

MCO: managed care organization; QI: quality improvement.

ABHLA Response to Previous EQR Recommendations

Table 26 displays ABHLA's progress related to the *State of Louisiana Department of Health Aetna Better Health of Louisiana Annual External Quality Review Technical Report FINAL REPORT April 2021*, as well as IPRO's assessment of Aetna's response.

Table 26: ABHLA Response to Previous EQR Recommendations

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>This recommendation is repeated from the prior annual technical report. For the Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence PIP, it was found that the results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to a performance indicator. Also, for the Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that the results must be interpreted with some caution due to intervention and ITM issues, including the inappropriate modification made to the OPH listing.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>	<p>To ensure the validity of calculated metrics for the PIP, we have created a two-step validation process. Which requires the analyst and the Program Manager for the PIP to review and sign-off. In addition, to ensure that we have the required support, many of the data requirements have been moved to the National team and we have a dedicated program manager for each PIP</p>	<p>Addressed</p>
<p>Twenty (20) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low-performing HEDIS measures have shown little</p>	<ul style="list-style-type: none"> • What has the MCO done/planned to address each recommendation? In 2021, ABHLA expanded our population health team to provide additional support to the low performing HEDIS measures indicated. Specific focus was given to cancer screenings (CCS, COL), chronic conditions (CBP, CDC), ED readmission (AMB, PCR), maternal health (PPC) and both child (WCV, WCC) and adult wellcare (AAP). • When and how was this accomplished? For future actions, when and how will they be 	<p>Partially addressed</p>

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>improvement from prior year with the exception of:</p> <ul style="list-style-type: none"> • Cervical Cancer Screening • Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase • Access to Other Services <ul style="list-style-type: none"> ○ Prenatal ○ Postpartum <p>The MCO should develop specific interventions to address the worst performing HEDIS measures:</p> <ul style="list-style-type: none"> • Adult BMI Assessment (< 25th percentile) • Cervical Cancer Screening (< 25th percentile) • Controlling High Blood Pressure (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for nutrition (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for physical activity (< 25th percentile) • Children and Adolescents' Access to PCPs <ul style="list-style-type: none"> ○ 7–11 years (< 25th percentile) 	<p>accomplished? Throughout 2021, new programs were developed based on analysis of HEDIS data related to each area. Programs were specifically rolled out to improve cancer screening rates, control of high blood pressure, and child wellcare visits related to the updated WCV HEDIS measure population. These programs included member engagement through telephonic outreach, mailers, text/IVR campaigns and webinars. Additionally, provider education materials were developed and distributed to improve proper coding related to measures where the appropriate actions were occurring but not being captured.</p> <p>Globally, internal education was provided to Member Services staff on where they could identify member gaps in care for HEDIS measures related to wellness, chronic conditions and screenings so any member calling in to the plan could be advised accordingly.</p> <p>Child Wellcare – The annual well child visit represents the action point in which all other wellness measures effected and was determined as the primary indicator of member engagement with their doctor. In 2021, a member outreach program was designed around telephonic outreach to all noncompliant members for the WCV (replaced AWC and W34) members to increase the number of member wellness visits. By increasing wellness visits, compliance in weigh assessment and counseling also improve. Additionally, provider education was given in cases where a well visit was performed but a weigh assessment was not, as identified in our audit process.</p> <p>Adult Wellcare – A targeted campaign was developed for telephonic outreach to the state Tribal population to support closure of gaps in care related to Adult Access of Preventative/Ambulatory Services.</p> <p>Cancer Screenings – Cancer screening programs focused on member education on the importance of appropriate screenings, with a colorectal cancer specific webinar campaign launched in 2021. This program is being built upon to include cervical cancer in 2022.</p> <p>Chronic Conditions – Telephonic campaigns took place in 2021 related to both hypertension (CBP) and diabetes (CDC) to provide both education and appointment reminders to members.</p> <p>ED Readmissions – Our ED readmission program was in development during 2021, with focus put on utilizing discharge files the MCO is now receiving. With focus put on high utilizing members, Case Management is working to engage quickly with them to provide education and identify barriers in care that are pushing their utilization. This program will continue to develop in to 2022.</p> <p>Maternal Health – A pilot took place in late 2020 to increase member education on prenatal visits for pregnant members.</p> <ul style="list-style-type: none"> • What is the expected outcome of the actions that were taken or will be taken? <p>The anticipated outcomes of efforts taken in 2021 is to observe an increase in rates across all related measures, although results may vary due to the impacts of the COVID pandemic.</p> <ul style="list-style-type: none"> • What is the MCO's process for monitoring the actions to determine their effectiveness? <p>Rates for all HEDIS measures are reviewed monthly in respect to both the overall plan rate, in</p>	

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<ul style="list-style-type: none"> ○ 12–19 years (< 25th percentile) • Adults’ Access to Preventive/Ambulatory Services <ul style="list-style-type: none"> ○ 20–44 Years (< 25th percentile) ○ 45–64 Years (< 25th percentile) ○ 65+ Years (< 25th percentile) ▪ Access to Other Services – Prenatal care (< 25th percentile) ▪ Adolescent Well-Care Visit (< 25th percentile) ▪ Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile; a lower rate is desirable) ▪ Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (< 25th percentile) 	<p>addition to rates related to the discreet populations within the improvement initiatives. By using both historic and all-population rates as baselines, the effectiveness of an initiative can be assessed through comparison to the program rate to the baseline.</p>	
<p>Eleven (11) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.</p> <ul style="list-style-type: none"> • The MCO should develop specific interventions to address the worst performing CAHPS measures: <ul style="list-style-type: none"> ○ Adult population: <ul style="list-style-type: none"> ▪ Getting Care Quickly (< 25th percentile) ▪ Rating of All Health Care (< 25th percentile) ▪ Rating of Health Plan (< 25th percentile) ○ Child General population: <ul style="list-style-type: none"> ▪ Rating of Personal Doctor (< 25th percentile) 	<p>Adult CAHPS</p> <p>Getting Care Quickly – The MCO identified that many providers were not providing same-day appointments or scheduling appointments in the same day, instead relying on traditional methods of booking appointments weeks or months in advance. Through provider audit, discussions and coordination, the availability of same-day appointments and extended office hours was increased within the provider network. This increase of availability was expected to increase the related score, which was realized in 2021 by a 6.64% increase in the related adult measure.</p> <p>Rating of All Health Care and Rating of Health Plan – The overall rating of all health care and the health plan are closely related and indirectly impacted by the other components of the CAHPS survey (Rating of Personal Doctor, Getting Care Quickly, Getting Needed Care, Customer Service). The steps taken to improve the getting care quickly component of CAHPS are inclusive of actions taken to improve all provider related areas that impact this score. Additionally, the Customer Service aspect of CAHPS has been internally addressed through programs implemented within Member Services, including monthly call reviews and audits to ensure agents have conducted calls properly and in accordance with the department’s guidelines.</p> <p>Child CAHPS</p> <p>Child CAHPS in 2020 fell below the response threshold and resulted in an NA for the related areas, although the responses received placed ABHLA in the 67th percentile. To increase the</p>	<p>Partially addressed</p>

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<ul style="list-style-type: none"> Rating of Health Plan (< 25th percentile) 	<p>number of responses received in 2021, the oversample rate was increased to 28% and then further increased for the 2022 CAHPS year to 35%.</p>	
<p>Compliance Monitoring –</p> <ul style="list-style-type: none"> Only 9 of 29 (31%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. Only 8 of 20 (40%) Marketing and Member Education requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. 	<p>Network Management continues to expand its network engagement and access. In response to the non-compliant items a Network Development plan was created to achieve the following:</p> <ul style="list-style-type: none"> Increasing recruitment efforts for providers; Reviewed and updated policies related to Network Development; Single case agreements for out of network providers; Utilizing Quest Analytics Dashboard to better identify providers; and Expansion of telemedicine with the prior approval of LDH. <p>To ensure compliance all marketing and member education requirements included all contractual and policy language. Policies related to marketing were reviewed and updated.</p>	<p>Partially addressed</p>

¹ IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCO's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.

ABHLA: Aetna Better Health of Louisiana; EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; ITM: intervention treatment measure; OPH: Office of Public Health; HEDIS: Healthcare Effectiveness Data and Information Set; ADHD: attention deficit/hyperactivity disorder; BMI: body mass index; PCP: primary care provider; CCS: Cervical Cancer Screening; COL: colonoscopy; CBP: Controlling High Blood Pressure; CDC: comprehensive diabetes care; ED: emergency department; AMB: ambulatory care; PCR: Plan All Cause Readmissions, Total; PPC: Frequency Of Ongoing Prenatal Care; WCV: Child And Adolescent Well-Care Visits; WCC: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; AAP: Adults' Access to Preventive/Ambulatory Health Services; IVR: interactive voice response; AWC: Adolescent Well-Care Visits; W34: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; COVID: 2019 novel coronavirus; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: children with chronic conditions; LDH: Louisiana Department of Health.

X. MCO Strengths, Opportunities for Improvement, and EQR Recommendations

Tables 27 highlights ABHLA's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2021 EQR activities as they relate to **quality, timeliness, and access**.

ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations

Table 27: ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations

EQR Activity		Quality	Timeliness	Access
Strengths				
PIPs¹ 1. 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	<p>There were no validation findings which indicate that the credibility of the PIP results is at risk.</p> <p>The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points²:</p> <ul style="list-style-type: none"> Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort 	--	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>There were no validation findings which indicate that the credibility of the PIP results is at risk.</p> <p>The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement:</p> <ul style="list-style-type: none"> Performance Indicator 1a (Universal Screening) Performance Indicator 1b (Birth Cohort Screening) Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened) Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening) Performance Indicator 3a (HCV Treatment Initiation- Overall) Performance Indicator 3b (HCV Treatment Initiation-Drug Users) Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV) 	X	--	X
Compliance with Medicaid and CHIP Managed Care Regulations	Aetna demonstrated full compliance for 8 of the 11 domains reviewed.	--	--	--
Performance Measures	<ul style="list-style-type: none"> ABHBA successfully reported HEDIS on time. ABHLA was compliant with the IS standards. 	--	--	--
Quality of Care	In 2021, ABHLA performed better than the national Medicaid	X	X	X

EQR Activity		Quality	Timeliness	Access
Surveys – Member	average for All LOBs (excluding PPOs): Adult CAHPS: <ul style="list-style-type: none"> • Rating of All Health Care • Rating of Personal Doctor • Rating of Health Plan Children With Chronic Conditions (CCC) CAHPS: <ul style="list-style-type: none"> • Coordination of Care Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> • Getting Needed Care • Getting Care Quickly • How Well Doctors Communicate • Customer Service • Rating of All Health Care 			
Network Adequacy	ABHLA pediatric PCP to member ratio increased from 1.31 % to 5.70% from MY 2018 to MY 2020.	--	--	X
Quality Ratings	<ul style="list-style-type: none"> • Satisfaction with plan physicians (four out of five stars) 	X	--	--
NCQA Accreditation	Accredited	X	--	--
Opportunities for Improvement				
PIPs ¹ 1. 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 following performance indicators represent opportunities for improvement because they did not show improvement from baseline to final remeasurement of at least 3 percentage points: <ul style="list-style-type: none"> • Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort • Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort • Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort • Indicator 7: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within 30 days of the ED visit • Indicator 8: The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow up visit for AOD within 7 days of the ED visit • There was an opportunity to obtain direct member feedback from care manager outreach. • There was an opportunity to obtain direct provider feedback. 	--	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	IPRO PIP validation review and LDH's subject matter expert review of the PIP Report submitted on 12/31/20 identified the following opportunities for improvement, and shared this feedback with the plan: <ul style="list-style-type: none"> • The barrier analysis did not include direct member feedback. • CM outreach can be conducted to identify member barriers. 	X	--	X

EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> Several interventions were not implemented. ITMs should have been updated to meaningfully measure intervention progress. The Results section of the final report should not include interpretation of results; that should be done in the Discussion section. Office of Public Health (OPH) member list of members potentially eligible for treatment interventions was modified inappropriately by MCO. 			
Compliance with Medicaid and CHIP Managed Care Regulations	<p>Adequate Capacity and Service</p> <ul style="list-style-type: none"> Finding: Distance and/or time requirements were not met for Dermatology, Endocrinology, and metabolism. <p>Confidentiality</p> <ul style="list-style-type: none"> Finding: A “web-based machine readable” was not included in the policy. Finding: The MCO website does not offer the member a hardcopy to be printed and/or sent to the member. Finding: The online provider search does not include information about the provider’s cultural competency training status. Proof that this training was completed by the provider is not available. 	X	--	X
Performance Measures	In MY 2020, ABHLA had only 15 of 66 HEDIS measures/submeasures equal or greater than 50th NCQA national benchmark, lowest performance of all five MCOs. ABHLA had 5 of 66 HEDIS measures/submeasures lower than 10th NCQA national benchmark, and 13 of 66 HEDIS measures/submeasures between the 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, ABHLA performed below the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Children With Chronic Conditions (CCC) CAHPS:</p> <ul style="list-style-type: none"> 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 <p>Child General (Non-CCC) CAHPS:</p> <ul style="list-style-type: none"> Rating of Personal Doctor Rating of Health Plan 	X	X	X
Network Adequacy	ABHLA adult PCP to member ratio dropped from 2.56% to 2.12% from MY 2018 to MY 2020, and met only 13% of the provider network distance standards.	--	--	X
Quality Ratings	<ul style="list-style-type: none"> Overall prevention (two stars) <ul style="list-style-type: none"> Children/adolescent well-care Cancer screening Overall treatment (two stars) <ul style="list-style-type: none"> Asthma Diabetes 	X	--	--

EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> Heart disease Mental and behavioral health 			
Recommendations to MCO to Address Quality, Timeliness, and Access				
PIPs ¹ 1. 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	<ul style="list-style-type: none"> Interventions that cannot be measured or are not showing improvement should be replaced. In the final report, the MCO should interpret each performance indicator based on change from baseline to final measurement. <p>It was found that the results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to a performance indicator.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>	X	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> Results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to a performance indicator. Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment. <p>it was found that the results must be interpreted with some caution due to intervention and ITM issues, including the inappropriate modification made to the OPH listing.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>	X	--	X
Compliance with Medicaid and CHIP Managed Care Regulations	<p><u>Adequate Capacity and Service</u></p> <ul style="list-style-type: none"> The MCO should improve access to Dermatology and Endocrinology and metabolism specialties. <p><u>Confidentiality</u></p> <ul style="list-style-type: none"> The MCO should include this requirement in its entirety in its policies. Aetna should add directions on how to request a hardcopy, abbreviated version of the provider directory by the Enrollment Broker to the website where the provider directory can be viewed or downloaded online. The MCO should include this information in its online provider search. <p><u>Health Information Systems</u></p> <ul style="list-style-type: none"> <u>This standard</u> is addressed in the A-LA 1501.03 Policy Development Revision Execution and Maintenance. However, the document for the job descriptions is effective 09/14/2020, which is out of the review period. Recommendation: The MCO should include a job 	X	--	X

EQR Activity		Quality	Timeliness	Access
	description within the review period.			
Performance Measures	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Network Adequacy	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

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

ABHLA: Aetna Better Health of Louisiana; EQR: external quality review; PIP: performance improvement project; AOD: alcohol or other drug; HIV: human immunodeficiency virus; MCO: managed care organization; LOBs: lines of business; PPO: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; PCP: primary care provider; MY: measurement year; NCQA: National Committee for Quality Assurance; LDH: Louisiana Department of Health; CM: Care Management; ITM: intervention treatment measure; CHIP: Children’s Health Insurance Program; OPH: Office of Public Health.

XI. Appendix A

MCO Verbatim Responses to IPRO's Health Disparities Questionnaire

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, 2020–June 30, 2021:

Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO'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)?

[Responses and formatting below were taken directly from the MCO submissions]

ABHLA Response

Yes, ABHLA conducted several studies throughout the development of each initiative implemented in 2020 to 2021. In developing these initiatives, ABHLA works collaboratively with our Health Equity Director and Health Equity Engagement Team to identify gaps in equitable care and launched programs and strategies to bridge those gaps.

The Population Health team stratifies the population by RELD and geographic region. When we identify health disparities and establish targets for the subpopulations experiencing disparities in comparison to the highest performing subgroup. The ABHLA Population Health team works with Health Equity team to align these targets with the overall ABHLA Health Equity Plan integrating our specific health equity strategy. We utilize a multimodal approach to addressing root causes of health disparities through Value – Added Benefits (VAB), care management customized to subpopulation clinical and SDOH needs, disease management programs, and targeted community-based programs. Once we have identified subpopulations, we use several evidence-based sources to develop our targeted interventions. First, we rely on external literature reviews for best practices specific to the subpopulations of focus. Second, we look to evaluations of Aetna programs implemented in other states and for other populations, like Medicare. Our ABHLA PHM approach integrates functions across departments throughout the health plan, such as a trauma-informed and culturally responsive staff, care management, network management, provider support, and value-based payment (VBP) teams. We also engage our provider and CBO partners to meet the clinical and SDOH needs of our enrollees. This integrated approach to delivering programs, benefits, and services is central to our ABHLA PHM approach and aligns with the State's goal of decreasing fragmentation across providers and care settings. Once subpopulations are prioritized and improvement targets set and integrated into our VBP programs, our ABHLA Population Health team assigns project managers who pull together interdisciplinary teams to develop an integrated and coordinated programmatic response and ensures that all provider- and enrollee-facing functions of the organization understand how they are accountable for population.

In addition, we have a PHM strategy that incorporates a continuous improvement cycle that begins with an annual population characteristic and health needs assessment of Aetna Better Health of Louisiana's membership. This is accompanied by a risk stratification process and the resulting alignment of members categorized in each segment of the population within our population health pyramid model. As members are stratified, their conditions, diagnoses, risk for future ED visits or inpatient admissions, and gaps in care are identified. Resources are distributed to members based on characteristics identified through population assessment, factors that influence stratification level and subsequent individual level assessments.

Assessments and analyses are completed at the population and individual level. Assessments and analyses include:

- Membership profile analysis
- General Risk Model (GRM) and Consolidated Outreach and Risk Evaluation (CORE) analysis, Aetna's proprietary risk assessment and predictive modeling processes
- Community Health Needs Assessment using CARES Engagement Network
- Federal/state/ parish/ municipal/ community population health surveys and assessments
- Member Health Risk Appraisal (HRA)

- Care Management comprehensive and focused assessments and questionnaires

Aetna Better Health of Louisiana's population assessment informs the programs and activities targeting members, practitioners, providers and others in the system of care to support cost reduction, better health outcomes and individual members in achieving their personal health goals. The programs are intended to serve the specific needs of each group within the population. Member programs are targeted according to members' individual risks identified through stratification and/or member responses to individual assessments. Programs and activities directed towards practitioners or providers and across systems of care are designed to support delivery of care and resources in accordance with population and individual needs.

Each PHM program includes defined and measurable goals that are used as indicators of program effectiveness. These goals and the specific targeted population are defined within each program description. Program impact is regularly monitored and evaluated annually to determine whether the program produced the stated goals within the targeted population groups. Program evaluation results drive further analysis to identify areas for improvements or changes as needed where goals or population needs are not met.

Based on our data analyses, the segmentation of our members in each region is outlined on the map below in Addendum A.

Programs developed to address racial and health disparities:

- ***Healthy Kids, Healthy Pregnancies, Healthy Babies Programs*** - Our ABHLA data identified that African American women had high rates of low birth weight compared to the overall population (41.86% vs. 15.7%) with Region 1 having the highest rate, followed by Regions 2 and 7, and high rates of preterm birth compared to the overall population (33.33% vs. 16.4%) with Region 1 having the highest rate, followed by Regions 7 and 8. We examined gaps from claims data, stratified by race/ethnicity/region and social-economic issues and found an opportunity to address these disparities by implementing a statewide data-driven clinical initiative targeting the administration of 17P, a progesterone medicine to prevent preterm birth. Data analysis identified key areas to better support our enrollees and providers, including transportation, care management, and community resources and partnerships.
- Initiatives for Healthy Kids, Healthy Pregnancies and Healthy Babies program:

Prenatal vitamins & over the counter medications Virtual baby showers Doula and Lactation services New mom kit Pregnancy welcome packet/baby book Case Management referrals Statewide campaigns and education Live outreach calls – gaps in care, scheduling Partnership with Nurse Family Partnership/Parents as teachers	Assisting with attaining a breast pump Optum referrals LDH quit line referrals WIC referrals Provide transportation to and from doctors Provider outreach Ted E Bear program Community outreach events
--	---
- ***Behavioral Health Programs initiatives/programs*** - ABH-LA has approximately 16,435 enrollees with a serious mental illness diagnosis; this represents 11% of the ABH-LA enrollees. The Louisiana Department of Health regions 1, 4, 7 and 2 have the most enrollees with a SMI diagnosis. However, in all regions a greater prevalence of female verses male SMI diagnosis rates has been noted. Enrollees who identify as White make up 50 % of the SMI population, and those who identify as Black make up 32% of the SMI population. Most ABH-LA's enrollees with a SMI diagnosis are 18-65 years old, and 99.6% noted English as their primary language. Furthermore, ABH-LA has approximately 20,539 enrollees with a substance use disorder diagnosis; this represents 14% of the ABH-LA enrollees. The Louisiana Department of Health regions 3, 5, 6 and 9 have the most enrollees with a SUD diagnosis. Across all regions, 54% of males and 46% of females make up ABH-LA's SUD enrollee population, and 99.7% noted English as their primary language. Enrollees who identify as White make up 50% of the SUD population, and those who identify as Black make up 37% of the SUD population. Most ABH-LA's enrollees with a SUD diagnosis are 20-65 years old.
- Initiatives developed for Behavioral Health Program:

Member Outreach Calls (ED and IP discharge and SDoH) Provider Training BH resources text and IVR Provider incentives – VBS/P4Q	Member newsletter with articles focused on mental health articles Increase virtual BH counseling members Value added benefits
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- **Diabetes & hypertension:** The Louisiana Department of Health regions 1,7 and 2 have the most members with a diabetes diagnosis. Members who identify as black make up 46.83% of the diabetes population, those who identify as white make up 34.24% of the diabetic population. Approximately 45.69% of ABH-LA's members with a diabetes diagnosis are 51-64 years old. Of the members that have a diabetes diagnosis, 16.14% living in a Health Provider Shortage Area (HPSA) ranked 18-20 (26 being the highest rank). Regions 1, 2, 4, and 7 have the highest percentage of enrollees with a diagnosis of either diabetes or hypertension

- Initiatives developed for Diabetes and Hypertension program:

Live outreach calls	Provider Incentive – VBS/P4Q
Education of members on resources	Mailing Programs and Reminders
At home visiting for dilated eye exam	Men's health campaigns
Pharmacy health tags	Community outreach
Value Added Benefits	

- **Healthy Adults program – Breast, cervical and colorectal cancer screening** - prevalence of cancer screening care gaps was analyzed by demographic characteristics. The table shows some of the trends observed in this data in Addendum B.

- Initiatives developed for Cancer screenings:

Member Education	Provider Incentive – VBS/P4Q
Community Outreach and Events	Mailing Programs and Reminders
Smoking Cessation	Member & Provider Newsletters
Live Outreach Calls	FBOT Kits for COL Screening
Value Added Benefits	

- Initiatives developed for Communicable disease/Flu/STIs program: All members in all regions

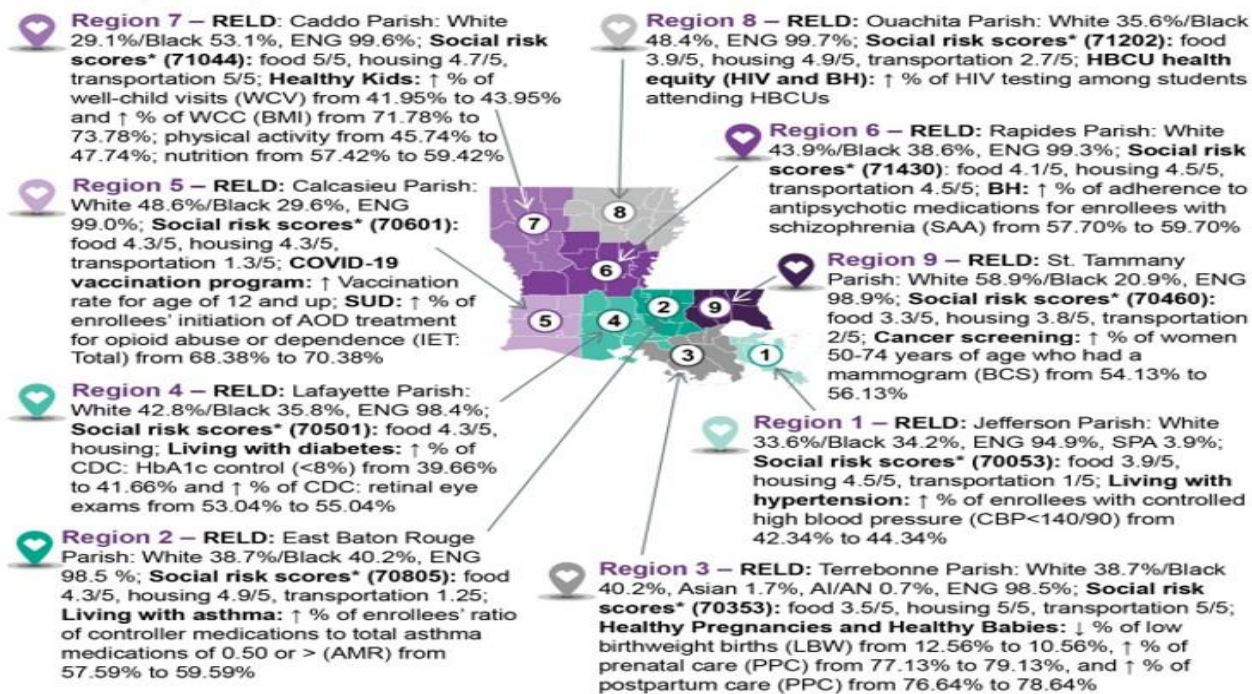
Educational Mailers and Reminders	HealthCrowd SMS and IVR Campaigns
Text Messaging Campaign	Member Services Hold Messages
Pharmacy Health Tags	Member & Provider Newsletters
Case Management Live Outreach Calls	Provider Webinar Series

- **ED diversion program** – for all affected regions and members:

Live outreach calls to high utilizers	Education on resources
Gaps in care: Adults' Access to Preventive care	Member and provider newsletter
Community Health Workers outreach	Link members with PCPs
Provider outreach and collaboration	ED navigation

All members are screened for SDoH and issues are addressed throughout program initiatives by partnering with Community based organizations that can provide assistance in specific regions and parishes. In addition, ABHLA invests in the communities that enhance member lives such as food sources, safe housing, access to transportation, safe environment and assistance with education.

Addendum A



Addendum B

	Breast Cancer Screening Gap in Care	Cervical Cancer Screening Gap in Care	Colorectal Cancer Screening Gap in Care
Members with a gap in care	2,728	15,619	8,479
Top LDH Regions with a gap in care	1,74	1,74	1,72
% of members that identify as white	50.95%	44.47%	44.93%
% of members that identify as black	38.45%	36.97%	40.25%
% of members in a HPSA area (18+)	15.76%	14.85%	15.57%

XII. Appendix B

IPRO's Assessment of the Louisiana Medicaid Quality Strategy

Evaluation Methodology

To evaluate Louisiana's 2019 Medicaid Managed Care Quality Strategy, a review of federal regulations was initially conducted to clearly define the requirements of the Quality Strategy and guide the evaluation methodology.

First, IPRO evaluated the core Healthy Louisiana performance results. This evaluation consisted of data analysis of measures identified in the Quality Strategy from the HEDIS, CAHPS, AHRQ's Preventive Quality Indicators, Louisiana vital records, and CMS-developed measures. This analysis included comparisons of Louisiana HEDIS performance to national benchmarks using the Medicaid NCQA *Quality Compass*®.

Second, IPRO evaluated Louisiana Medicaid's Quality Monitoring activities. This evaluation consisted of a review of Louisiana Department of Health monitoring reports regarding enrollment, network adequacy, quality dashboard, program transparency, medical loss ratio (MLR) and diabetes and obesity reviews. LDH's approach to addressing health disparities and the use of sanctions were also reviewed. Further evaluation of the Quality Strategy consisted of a review of external quality review (EQR) report documents, including performance measure results, compliance review results, access and availability survey findings, behavioral health member satisfaction, and the Annual EQR Technical Reports.

Third, IPRO evaluated State-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and external quality review monitoring reports, other website examples of data transparency such as MCO executed contracts, Medical Care Advisory Committee meeting reports and Informational Bulletins were reviewed.

Fourth, IPRO evaluated Louisiana Medicaid's strategies and interventions to promote quality improvement by reviewing MCO Performance Improvement Project reports, MCO withhold of capitation payments to increase the use of Value-Based Payment and improve health outcomes, and the Louisiana Health Information Technology Roadmap.

Finally, based on key findings, IPRO prepared a summative analysis of program strengths, opportunities for improvement, and recommendations.