



**External Quality Review
FINAL Annual Technical Report
Aggregate Report**

**Louisiana Department of Health
State Fiscal Year 2021
Review Period: July 1, 2020–June 30, 2021**

Table of Contents

I. EXECUTIVE SUMMARY	I-5
PURPOSE OF REPORT.....	I-5
SCOPE OF EXTERNAL QUALITY REVIEW ACTIVITIES CONDUCTED	I-5
HIGH-LEVEL PROGRAM FINDINGS AND RECOMMENDATIONS	I-6
CONCLUSION	I-9
RECOMMENDATIONS FOR LDH	I-10
RECOMMENDATIONS FOR MCOS	I-10
II. LOUISIANA MEDICAID MANAGED CARE PROGRAM	II-11
MANAGED CARE IN LOUISIANA	II-11
LOUISIANA MEDICAID QUALITY STRATEGY	II-12
IPRO’S ASSESSMENT OF THE LOUISIANA MEDICAID QUALITY STRATEGY	II-12
STRENGTHS	II-12
OPPORTUNITIES FOR IMPROVEMENT	II-13
RECOMMENDATIONS.....	II-14
HEALTH DISPARITIES QUESTIONNAIRE	II-15
SUMMARY OF ACLA RESPONSE	II-15
SUMMARY OF ABHLA RESPONSE	II-15
SUMMARY OF HBL RESPONSE	II-15
SUMMARY OF LHCC RESPONSE	II-15
SUMMARY OF UHC RESPONSE.....	II-16
III. VALIDATION OF PERFORMANCE IMPROVEMENT PROJECTS.....	III-17
OBJECTIVES	III-17
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	III-18
DESCRIPTION OF DATA OBTAINED.....	III-20
CONCLUSIONS AND COMPARATIVE FINDINGS	III-20
IV. REVIEW OF COMPLIANCE WITH MEDICAID AND CHIP MANAGED CARE REGULATIONS	IV-65
OBJECTIVES	IV-65
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	IV-65
DESCRIPTION OF DATA OBTAINED.....	IV-66
CONCLUSIONS AND COMPARATIVE FINDINGS	IV-66
MCO FINDINGS BY DOMAIN	IV-68
V. VALIDATION OF PERFORMANCE MEASURES	V-69
OBJECTIVES	V-69
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	V-69
DESCRIPTION OF DATA OBTAINED.....	V-70
CONCLUSIONS AND COMPARATIVE FINDINGS	V-70
VI. VALIDATION OF QUALITY OF CARE SURVEYS – CAHPS MEMBER EXPERIENCE SURVEY.....	VI-74
OBJECTIVES	VI-74
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	VI-74
DESCRIPTION OF DATA OBTAINED.....	VI-74
CONCLUSIONS AND COMPARATIVE FINDINGS	VI-74
VII. VALIDATION OF NETWORK ADEQUACY	VII-78
GENERAL NETWORK ACCESS REQUIREMENTS.....	VII-78
GEOACCESS PROVIDER NETWORK ACCESSIBILITY	VII-78
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	VII-78
DESCRIPTION OF DATA OBTAINED.....	VII-79
CONCLUSIONS AND COMPARATIVE FINDINGS	VII-79
PROVIDER APPOINTMENT AVAILABILITY	VII-81
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	VII-81
DESCRIPTION OF DATA OBTAINED.....	VII-82

CONCLUSIONS AND COMPARATIVE FINDINGS	VII-82
RECOMMENDATION	VII-82
VIII. MCO QUALITY RATINGS	VIII-83
OBJECTIVES	VIII-83
TECHNICAL METHODS OF DATA COLLECTION AND ANALYSIS	VIII-83
DESCRIPTION OF DATA OBTAINED.....	VIII-84
CONCLUSIONS AND COMPARATIVE FINDINGS	VIII-84
IX. EQRO'S ASSESSMENT OF MCO RESPONSES TO THE PREVIOUS EQR RECOMMENDATIONS.....	IX-87
ACLA RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	IX-88
ABHLA RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-92
HBL RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	IX-97
LHCC RESPONSE TO PREVIOUS EQR RECOMMENDATIONS.....	IX-101
UHC RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-106
X. MCO STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS.....	X-113
ACLA STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-113
ABHLA STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS.....	X-117
HBL STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-121
LHCC STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-125
UHC STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-129
XI. APPENDIX A	XI-133
MCO VERBATIM RESPONSES TO IPRO'S HEALTH DISPARITIES QUESTIONNAIRE	XI-133
ACLA RESPONSE.....	XI-133
ABHLA RESPONSE	XI-135
HBL RESPONSE	XI-138
LHCC RESPONSE.....	XI-139
UHC RESPONSE	XI-141
XII. APPENDIX B	XII-143
IPRO'S ASSESSMENT OF THE LOUISIANA MEDICAID QUALITY STRATEGY	XII-143
EVALUATION METHODOLOGY	XII-143

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List of Tables

TABLE 1: LIST OF CURRENT LOUISIANA MEDICAID MCOS BY ENROLLMENT	II-11
TABLE 2: MCO PIP TOPICS	III-18
TABLE 3: PIP VALIDATION REVIEW DETERMINATIONS	III-19
TABLE 4: PIP VALIDATION RESULTS FOR PIP ELEMENTS — ACLA	III-20
TABLE 5: PIP VALIDATION RESULTS FOR PIP ELEMENTS — ABHLA	III-22
TABLE 6: PIP VALIDATION RESULTS FOR PIP ELEMENTS — HBL	III-24
TABLE 7: PIP VALIDATION RESULTS FOR PIP ELEMENTS — LHCC	III-27
TABLE 8: PIP VALIDATION RESULTS FOR PIP ELEMENTS — UHC	III-29
TABLE 9: 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 — DECEMBER 2020	III-31
TABLE 10: IMPROVE SCREENING FOR CHRONIC HEPATITIS C VIRUS (HCV) AND PHARMACEUTICAL TREATMENT INITIATION — DECEMBER 2020	III-32
TABLE 11: MCO PIP VALIDATION RESULTS — ENSURING ACCESS TO THE COVID-19 VACCINE — MAY 2021	III-34
TABLE 12: MCO PIP VALIDATION RESULTS — IMPROVING RECEIPT OF GLOBAL DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE — MAY 2021	III-36
TABLE 13: ACLA PIP SUMMARIES, 2020–2021	III-37
TABLE 14: ABHLA PIP SUMMARIES, 2020–2021	III-41
TABLE 15: HBL PIP SUMMARIES, 2020–2021	III-45
TABLE 16: LHCC PIP SUMMARIES, 2020–2021	III-49
TABLE 17: UHC PIP SUMMARIES, 2020–2021	III-52
TABLE 18: ASSESSMENT OF MCO PIP INDICATOR PERFORMANCE — MEASUREMENT YEAR 2 (2020)	III-56
TABLE 19: REVIEW DETERMINATION DEFINITIONS	IV-66
TABLE 20: CFR STANDARDS TO STATE CONTRACT CROSSWALK	IV-67
TABLE 21: MCO COMPLIANCE WITH INFORMATION SYSTEM STANDARDS — MY 2020	V-70
TABLE 22: MCO HEDIS EFFECTIVENESS OF CARE MEASURES — MY 2020	V-71
TABLE 23: MCO HEDIS ACCESS TO/AVAILABILITY OF CARE MEASURES — MY 2020	V-73
TABLE 24: MCO HEDIS USE OF SERVICES MEASURES — MY 2020	V-73
TABLE 25: MCO HEDIS MEASURES SUMMARY — MY 2020	V-73
TABLE 26: CAHPS PERFORMANCE — ADULT MEMBER	VI-75
TABLE 27: CAHPS PERFORMANCE — CHILD MEMBER (WITHOUT CHRONIC CONDITIONS)	VI-76
TABLE 28: CAHPS PERFORMANCE — CHILD MEMBER WITH CHRONIC CONDITION(S)	VI-77
TABLE 29: LOUISIANA NETWORK ACCESS STANDARDS	VII-78
TABLE 30: MCO ADULT PCP-TO-MEMBER RATIOS, MY 2018–MY 2020	VII-79
TABLE 31: MCO PEDIATRIC PCP-TO-MEMBER RATIOS, MY 2018–MY 2020	VII-79
TABLE 32: MCO ADHERENCE TO PROVIDER NETWORK DISTANCE STANDARDS, JUNE 2021	VII-79
TABLE 33: APPOINTMENT AVAILABILITY FOR NETWORK PROVIDERS, SECOND HALF OF 2021	VII-82
TABLE 34: IPRO ASSESSMENT DETERMINATION LEVELS	IX-87
TABLE 35: ACLA RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-88
TABLE 36: ABHLA RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-92
TABLE 37: HBL RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-97
TABLE 38: LHCC RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-101
TABLE 39: UHC’S RESPONSE TO PREVIOUS EQR RECOMMENDATIONS	IX-106
TABLE 40: ACLA STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-113
TABLE 41: ABHLA STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-117
TABLE 42: HBL STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-121
TABLE 43: LHCC STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-125
TABLE 44: UHC STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT, AND EQR RECOMMENDATIONS	X-129

List of Figures

FIGURE 1: MCO QUALITY REPORT CARD	85
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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 plans (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 Louisiana (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 **Plan-Level Summaries and 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:** Each MCO showed improvement in at least two performance indicators related to timeliness and access. UHC led with six indicators showing improvement while ACLA showed improvement in two.
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
 - **Strength:** Each MCO showed improvement in at least three performance indicators related to quality and access. ABHLA led with seven indicators showing improvement while HBL showed improvement in three.

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

Healthy Louisiana MCOs achieved a “full” compliance review in the following domains: Availability of Services, Coverage and Authorization of Services, Provider Selection, Grievance and Appeal Systems, Sub-contractual Relationships and Delegation, Practice Guidelines, and Quality Assurance and Performance Improvement (QAPI). There were no review domains in which any of the MCOs received a review determination of “minimal”, or “not met”. A complete summary of MCO compliance results for Medicaid and CHIP Managed Care regulations can be found within Section I – Conclusions and Comparative Findings, Table 5.

Validation of Performance Measures

IPRO’s validation of the MCOs’ 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 each MCO 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 each MCO’s independent auditor, IPRO found that all MCOs were 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

The MCOs reported a total of 66 HEDIS measures/submeasures. Of those measures, 17 were incentive measures. ACLA and UHC reported better results with 30 (45%) of the measures equal or greater than the NCQA 50th percentile benchmark. ABHLA demonstrated lower rates among the MCOs with 16 (24%) of the measures equal or greater than the NCQA 50th percentile benchmark. Among the incentive measures, ACLA and UHC achieved rates above the NCQA 50th percentile benchmark in 6 and 7 measures respectively.

Quality of Care Surveys

Member Satisfaction

Healthy Louisiana's adult member Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores met or exceeded the national Medicaid benchmarks presented in the NCQA *Quality Compass*® for the following measures: Customer Service, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan. Of note, the Rating of All Health Care satisfaction score for adult members fell within the 75th percentile.

State-wide averages and MCO specific CAHPS results for adult members can be found within **Section VI – Conclusions and Comparative Findings, Table 26**

For child members without chronic condition(s) Healthy Louisiana ranked between the 50th and 75th percentile for five (5) measures: Getting Needed Care, Getting Care Quickly, Customer Service, Rating of Specialist Seen Most Often, and Rating of Health Plan. Healthy Louisiana was at or above the 75th percentile on three measures: How Well Doctors Communicate, Rating of All Health Care, and Rating of Personal Doctor. All MCOs ranked at or above the 50th percentile across all eight (8) CAHPS measures. State-wide averages and MCO specific CAHPS results for child members with chronic condition(s) can be found within **Section II – Conclusions and Comparative Findings, Table 27**.

For child members with chronic condition(s) Healthy Louisiana was between the 50th and 75th percentile for six (6) measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Specialist Seen Most Often, and Rating of Health Plan. Healthy Louisiana was at or above the 75th percentile for two measures: Rating of All Health Care, and Rating of Personal Doctor. All MCOs ranked at or above the 50th percentile across all eight (8) CAHPS measures. State-wide averages and MCO specific CAHPS results for child members with chronic condition(s) can be found within **Section II – Conclusions and Comparative Findings, Table 28**.

Network Adequacy

All MCOs declined for adult PCP to member ratio from MY 2018 to MY 2020, and three of five MCOs dropped for pediatric PCP to member ratio from MY 2018 to MY 2020. With regard to provider network distance standards, HBL, the top-performing MCO, met 30% of the standards, while LHCC, the lowest-performing MCO, met 9% of the standards.

Quality Ratings

In the category of overall consumer experience, UHC had the highest rating with four and a half stars (out of five), followed by ACLA with four stars. Member satisfaction with plan services and network physicians was also high, with most MCOs reporting at least four stars.

Opportunities Related to Quality, Timeliness and Access

Performance Improvement Projects

Each MCO demonstrated opportunities to improve on one or more performance indicator. A summary of all performance indicators is shown in **Section III**.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

Healthy Louisiana MCOs received less than a “full” review determination in the following domains: Assurances of Adequate Capacity and Services, Coordination and Continuity of Care, Confidentiality, and Health Information Systems (HIMS). A review determination of “substantial” was provided across all MCOs for the domain of Assurances of Adequate Capacity and Services. A complete summary of MCO compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV – Conclusions and Comparative Findings, Table 5**.

Performance Measures

HEDIS – Quality, Access, and Timeliness

The MCOs should target interventions to improve rates for the measures that fell below the NCQA 50th percentile.

Quality of Care Surveys

Member Satisfaction

Healthy Louisiana’s adult member CAHPS scores ranked below the 50th percentile for the following measures: Customer Service, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Rating of Specialist Seen Most Often. State-wide averages and MCO specific CAHPS results for adult members can be found within **Section VI – Conclusions and Comparative Findings, Table 26**.

Though Louisiana’s statewide average exceeded the national average across all right CAHPS measures for child members without chronic condition(s), individual MCOs were identified as ranking below the 50th percentile. MCO specific CAHPS results for child members without chronic condition(s) can be found within **Section VI – Conclusions and Comparative Findings, Table 27**.

Though Louisiana’s statewide average exceeded the national average across all right CAHPS measures for child members with chronic condition(s), individual MCOs were identified as ranking below the 50th percentile. MCO specific CAHPS results for child members with chronic condition(s) can be found within **Section VI – Conclusions and Comparative Findings, Table 28**.

Network Adequacy

IPRO recommends that LDH work with the managed care organizations (MCOs) and neurologists. It is important for members to be able to access providers and obtain appointments with providers.

Quality Ratings

The member survey results for the following areas generally rated two stars across MCOs and are areas for improvement: Cancer Screening, Diabetes Treatment, Heart Disease Treatment and Mental and Behavioral Health Treatment.

Conclusion

Findings from SFY 2021 EQR activities highlight the MCOs’ 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 among all of the MCOs.

Recommendations for LDH

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

Recommendations for MCOs

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 ABH. 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 MCO responses is presented below. Full verbatim responses are displayed in **Appendix A**.

Summary of ACLA Response

AmeriHealth Caritas Louisiana reviews member responses from the CAHPS survey and HEDIS outcomes to identify opportunities for improvement among groups. CAHPS and HEDIS results are stratified by geography (urban/rural), race, ethnicity and language for comparison. Initiatives include provider engagement/education, and programs targeted towards Hispanic and Black, as well as maternal care and well child visits.

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.

Summary of HBL Response

HBL implemented interventions to reduce/eliminate differences in health outcomes/status and improve the quality of care for members with at-risk characteristics. The interventions were specifically tailored to meet the physical health/behavioral health care needs of members. Among the provider interventions were prevention measures for cardiovascular health and obesity and identification of members with social determinants of health issues. Among the member initiatives were COVID-19 vaccination events, enhanced inpatient member interaction and post-hospital discharge management.

Summary of LHCC Response

LHCC has developed a health equity approach that identifies disparities in member demographics such as race, ethnicity, language, and geography, prioritizes opportunities at the neighborhood and health plan level, and collaborates across the community to reduce disparities by targeting member, provider, and community interventions. Population health management initiatives are reviewed to assure cultural issues and social determinants of health are identified, considered, and addressed. Included among LHCC’s initiatives are monthly work groups to identify barriers to care and interventions to be implemented, value-added benefits and member and provider incentives to support health outcomes and collective engagement in member health needs, expanded promotion of telemedicine as an alternative to ensure continued access to care

during pandemic, community outreach efforts to address enrollee needs during the COVID-19 pandemic, and hurricane recovery community outreach to address enrollee needs related to Hurricane Laura.

Summary of UHC Response

UHC conducted studies, initiatives, and interventions to identify and/or reduce differences in health outcomes, health status, or quality of care in the Medicaid population and within targeted subgroups and areas. Among the initiatives were COVID-19 vaccination programs; maternal health grants awarded to improve maternal health outcomes, reduce disparities, and expand access to care; and partnerships with local clinics and food stores to address the disparities of individuals who are dually diagnosed (physical / behavioral health issues) and not able to access care due to social determinants of health (SDoH) barriers (transportation, food, housing, utilities). UHC also began the process of creating a Health Equity and SDoH Collaborative Council in the first quarter of 2021 to address the environmental and social inequities on the health of enrollees that had been heightened from the effects of natural disasters and the pandemic.

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 MCPs 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 MCP. 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 each MCO 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 each MCO's PIP report. The reports included the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

Conclusions and Comparative Findings

All PIPs conducted by each MCO in SFY 2021 were determined by IPRO to be methodologically sound. IPRO's detailed PIP validation findings are summarized in **Table 4–Table 12**. For each MCO, PIP summaries including aim, interventions, and performance summary are displayed in **Table 13–Table 17**.

For the 2020 PIPs, each MCO showed improvement in at least two performance indicators related to timeliness and access. While it is still too early to assess the overall results of the 2021 PIPs, there were no validation findings which indicate that the credibility of the PIP results are at risk.

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.

Tables 4–Table 8 show the validation results of the above PIPs by MCO.

Table 4: PIP Validation Results for PIP Elements — ACLA

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
		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
ACLA	Improving Rates for IET of AOD, FUA, and POD			
1. Topic/ Rationale				
a. Impacts the maximum proportion of members that is feasible	Met	Met	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

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
ACLA	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
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 baseline data and strength of interventions, with rationale (e.g., benchmark)	Met	Met	Met	Met
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	Not Applicable
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	Met	Met	Met
c. Provider feedback	Partially Met	Met	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	Met	Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Met	Met	Met
d. With corresponding monthly or quarterly intervention tracking (process) measures (i.e., numerator/denominator, specified in proposal and	Partially Met	Partially Met	Partially Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
ACLA	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 PIP reports, with actual data reported in Interim and Final PIP Reports)				
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)				
a. Table shows Performance Indicator rates, numerators and denominators	Partially Met	Partially Met	Met	Met
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	Met	Met	Met	Met
8. Next Steps (Final PIP Report)				
a. Lessons Learned	Met	Met	Met	Met
b. System-level changes made and/or planned	Met	Met	Met	Met
c. Next steps for each intervention	Partially Met	Met	Met	Met

PIP: performance improvement project; ACLA: AmeriHealth Caritas Louisiana; 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.

Table 5: 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

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
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 baseline data and strength of interventions, with rationale (e.g., benchmark)	Met	Met	Partially Met	Met
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

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
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 Indicator rates, numerators and denominators	Partially Met	Met	Partially Met	Met
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.

Table 6: PIP Validation Results for PIP Elements — HBL

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
HBL	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	Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
HBL	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
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	Partially 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 baseline data and strength of interventions, with rationale (e.g., benchmark)	Met	Met	Met	Met
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	Met	Partially Met	Met	Met
c. Provider feedback	Partially Met	Partially Met	Met	Met
d. QI Process data (“5 Why’s”, fishbone diagram)	Partially Met	Met	Met	Met
5. Robust Interventions that are Measurable using Intervention Tracking Measures				
a. Informed by barrier analysis	Partially Met	Partially Met	Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
HBL	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
b. Actions that target member, provider and MCO	Partially Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	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	Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)				
a. Table shows Performance Indicator rates, numerators and denominators	Partially Met	Met	Partially Met	Met
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	Met	Met	Partially Met	Met
8. Next Steps (Final PIP Report)				
Lessons Learned	Met	Partially Met	Met	Met
System-level changes made and/or planned	Met	Met	Met	Met
Next steps for each intervention	Partially Met	Partially Met	Met	Met

HBL: Healthy Blue 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.

Table 7: PIP Validation Results for PIP Elements — LHCC

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
LHCC	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	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 baseline data and strength of interventions, with rationale (e.g., benchmark)	Met	Met	Met	Met
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	Met	Met	Met	Met
c. Provider feedback	Met	Met	Met	Met
d. QI Process data ("5 Why's", fishbone diagram)	Met	Met	Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
LHCC	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
5. Robust Interventions that are Measurable using Intervention Tracking Measures				
a. Informed by barrier analysis	Met	Partially Met	Met	Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	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)	Met	Partially Met	Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)				
a. Table shows Performance Indicator rates, numerators and denominators	Met	Met	Met	Met
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Met	Partially Met	Met
7. Discussion (Final PIP Report)				
a. Interpretation of extent to which PIP is successful	Met	Met	Partially Met	Met
8. Next Steps (Final PIP Report)				
Lessons Learned	Met	Met	Met	Met
System-level changes made and/or planned	Met	Met	Met	Met
Next steps for each intervention	Met	Met	Met	Met

LHCC: Louisiana Healthcare Connections; 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.

Table 8: PIP Validation Results for PIP Elements — UHC

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
UHC	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	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	Partially 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 baseline data and strength of interventions, with rationale (e.g., benchmark)	Met	Met	Met	Met
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	Met	Partially Met	Met	Met
c. Provider feedback	Met	Partially Met	Met	Met
d. QI Process data ("5 Why's", fishbone diagram)	Met	Partially Met	Met	Met

PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4
UHC	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
5. Robust Interventions that are Measurable using Intervention Tracking Measures				
a. Informed by barrier analysis	Met	Partially Met	Met	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)	Met	Partially Met	Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)				
a. Table shows Performance Indicator rates, numerators and denominators	Met	Partially Met	Met	Partially Met
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	Met	Partially Met	Met	Met
8. Next Steps (Final PIP Report)				
Lessons Learned	Met	Partially Met	Met	Met
System-level changes made and/or planned	Met	Met	Met	Met
Next steps for each intervention	Met	Partially Met	Met	Met

UHC: UnitedHealthcare Community Plan 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.

Table 9–Table 10 show the validation elements and results of the PIPs active during the ATR review period by MCO.

Table 9: 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 – December 2020

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
1. Topic/ Rationale					
a. Impacts the maximum proportion of members that is feasible	Met	Met	Met	Met	Met
b. Potential for meaningful impact on member health, functional status or satisfaction	Met	Met	Met	Met	Met
c. Reflects high-volume or high-risk conditions	Met	Met	Met	Met	Met
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	Met	Met	Met	Met	Met
2. Aim					
a. Specifies Performance Indicators for improvement with corresponding goals	Met	Met	Met	Met	Met
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)	Met	Met	Met	Met	Met
c. Objectives align aim and goals with interventions	Met	Met	Met	Met	Met
3. Methodology					
a. Annual Performance Measures indicated	Met	Met	Met	Met	Met
b. Specifies numerator and denominator criteria	Met	Met	Met	Met	Met
c. Procedures indicate methods for data collection and analysis	Met	Met	Met	Met	Met
d. Sampling method explained for each hybrid measure	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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	Met	Met	Met	Met
b. Member feedback	Partially Met	Partially Met	Met	Met	Met
c. Provider feedback	Partially Met	Partially Met	Partially Met	Met	Met
d. QI Process data (“5 Why’s”, fishbone diagram)	Met	Met	Partially Met	Met	Met

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
5. Robust Interventions that are Measurable using Intervention Tracking Measures					
a. Informed by barrier analysis	Partially Met	Partially Met	Partially Met	Met	Met
b. Actions that target member, provider and MCO	Met	Partially Met	Partially Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Met	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	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)					
a. Table shows Performance Indicator rates, numerators and denominators	Partially Met	Partially Met	Partially Met	Met	Met
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Met	Met	Met	Met
7. Discussion (Final PIP Report)					
a. Interpretation of extent to which PIP is successful	Met	Met	Met	Met	Met
8. Next Steps (Final PIP Report)					
a. Lessons Learned	Met	Met	Met	Met	Met
b. System-level changes made and/or planned	Met	Met	Met	Met	Met
c. Next steps for each intervention	Partially Met	Partially Met	Partially Met	Met	Met

IET: Initiation and Engagement of . . . Treatment; PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; MCO: managed care organization; QI: quality improvement.

Table 10: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation – December 2020

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
1. Topic/ Rationale					
a. Impacts the maximum proportion of members that is feasible	Met	Met	Met	Met	Met
b. Potential for meaningful impact on member health, functional status or satisfaction	Met	Met	Met	Met	Met
c. Reflects high-volume or high-risk conditions	Met	Met	Met	Met	Met

PIP Validation Element	ACLA	ABHLA	HLB	LHCC	UHC
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	Met	Met	Partially Met	Met	Partially Met
2. Aim					
a. Specifies Performance Indicators for improvement with corresponding goals	Met	Met	Met	Met	Met
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)	Met	Met	Met	Met	Met
c. Objectives align aim and goals with interventions	Met	Met	Met	Met	Met
3. Methodology					
a. Annual Performance Measures indicated	Met	Met	Met	Met	Met
b. Specifies numerator and denominator criteria	Met	Met	Met	Met	Met
c. Procedures indicate methods for data collection and analysis	Met	Met	Met	Met	Met
d. Sampling method explained for each hybrid measure	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met
b. Member feedback	Met	Partially Met	Partially Met	Met	Partially Met
c. Provider feedback	Met	Met	Partially Met	Met	Partially Met
d. QI Process data ("5 Why's", fishbone diagram)	Met	Met	Met	Met	Partially Met
5. Robust Interventions that are Measurable using Intervention Tracking Measures					
a. Informed by barrier analysis	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Partially Met	Met	Met	Partially 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	Partially Met	Partially Met

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)					
a. Table shows Performance Indicator rates, numerators and denominators	Partially Met	Met	Met	Met	Partially Met
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Met	Met	Met	Met
7. Discussion (Final PIP Report)					
a. Interpretation of extent to which PIP is successful	Met	Partially Met	Met	Met	Partially Met
8. Next Steps (Final PIP Report)					
a. Lessons Learned	Met	Partially Met	Partially Met	Met	Partially Met
b. System-level changes made and/or planned	Met	Partially Met	Met	Met	Met
c. Next steps for each intervention	Met	Partially Met	Partially Met	Met	Partially Met

MCO: managed care organization; PIP: performance improvement project; IET: Initiation and Engagement of . . . Treatment; PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; MCO: managed care organization; QI: quality improvement.

Table 11: MCO PIP Validation Results – Ensuring Access to the COVID-19 Vaccine – May 2021

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
1. Topic/ Rationale					
a. Impacts the maximum proportion of members that is feasible	Met	Partially Met	Met	Met	Met
b. Potential for meaningful impact on member health, functional status or satisfaction	Met	Met	Met	Met	Met
c. Reflects high-volume or high-risk conditions	Met	Met	Met	Met	Met
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	Met	Met	Met	Met	Met
2. Aim					
a. Specifies Performance Indicators for improvement with corresponding goals	Met	Met	Met	Met	Met
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)	Met	Partially Met	Met	Met	Met
c. Objectives align aim and goals with interventions	Met	Met	Met	Met	Met

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
3. Methodology					
a. Annual Performance Measures indicated	Met	Met	Met	Met	Met
b. Specifies numerator and denominator criteria	Met	Met	Met	Met	Met
c. Procedures indicate methods for data collection and analysis	Met	Met	Met	Met	Met
d. Sampling method explained for each hybrid measure	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
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	Met	Met	Met	Met
b. Member feedback	Met	Partially Met	Met	Met	Met
c. Provider feedback	Met	Partially Met	Met	Met	Met
d. QI Process data ("5 Why's", fishbone diagram)	Met	Met	Met	Met	Met
5. Robust Interventions that are Measurable using Intervention Tracking Measures					
a. Informed by barrier analysis	Met	Partially Met	Met	Met	Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Met	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	Met	Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)					
a. Table shows Performance Indicator rates, numerators and denominators	Met	Partially Met	Partially Met	Met	Met
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Met	Met	Partially Met	Met
7. Discussion (Final PIP Report)					
a. Interpretation of extent to which PIP is successful	Met	Partially Met	Partially Met	Partially Met	Met
8. Next Steps (Final PIP Report)					
a. Lessons Learned	Met	Partially Met	Met	Met	Met
b. System-level changes made and/or planned	Met	Met	Met	Met	Met

PIP Validation Element	ACLA	ABHLA	HBL	LHCC	UHC
c. Next steps for each intervention	Met	Met	Met	Met	Met

MCO: managed care organization; PIP: performance improvement project; COVID-19: 2019 novel coronavirus; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; QI: quality improvement.

Table 12: MCO PIP Validation Results – Improving Receipt of Global Developmental Screening in the First Three Years of Life – May 2021

PIP Validation Elements	ACLA	ABHLA	HBL	LHCC	UHC
1. Topic/ Rationale					
a. Impacts the maximum proportion of members that is feasible	Met	Met	Met	Met	Met
b. Potential for meaningful impact on member health, functional status or satisfaction	Met	Met	Met	Met	Met
c. Reflects high-volume or high-risk conditions	Partially Met	Met	Partially Met	Partially Met	Partially Met
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	Met	Met	Met	Met	Met
2. Aim					
a. Specifies Performance Indicators for improvement with corresponding goals	Met	Met	Met	Met	Met
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)	Met	Met	Met	Met	Met
c. Objectives align aim and goals with interventions	Met	Met	Met	Met	Met
3. Methodology					
a. Annual Performance Measures indicated	Met	Met	Met	Met	Met
b. Specifies numerator and denominator criteria	Met	Met	Met	Met	Met
c. Procedures indicate methods for data collection and analysis	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met
d. Sampling method explained for each hybrid measure	Not Met	Partially Met	Partially Met	Partially Met	Partially 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	Not Applicable until 12/10/21	Not Applicable until 12/10/21	Not Applicable until 12/10/21	Not Applicable until 12/10/21	Not Applicable until 12/10/21
b. Member feedback	Not Met	Partially Met	Not Met	Partially Met	Not Met
c. Provider feedback	Partially Met	Not Met	Not Met	Not Met	Not Met

PIP Validation Elements	ACLA	ABHLA	HBL	LHCC	UHC
d. QI Process data (“5 Why’s”, fishbone diagram)	Met	Met	Met	Met	Not Met
5. Robust Interventions that are Measurable using Intervention Tracking Measures					
a. Informed by barrier analysis	Partially Met	Partially Met	Partially Met	Partially Met	Partially Met
b. Actions that target member, provider and MCO	Met	Met	Met	Met	Met
c. New or enhanced, starting after baseline year	Met	Met	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)	Met	Met	Met	Met	Met
6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years)					
a. Table shows Performance Indicator rates, numerators and denominators	Met	Met	Met	Met	Met
b. Table shows target rates and rationale (e.g., next highest <i>Quality Compass</i> percentile)	Met	Partially Met	Met	Partially Met	Met

MCO: managed care organization; PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; QI: quality improvement.

Table 13: ACLA PIP Summaries, 2020–2021

ACLA 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.
<p>Aim</p> <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.</p> <p>Interventions</p> <ol style="list-style-type: none"> 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,

ACLA PIP Summaries

PCPs, obstetricians, ER physicians, FQHC and urgent care providers.

- The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
 - ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
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) (<https://www.samhsa.gov/sbirt/resources>) and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
 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, and 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).

Performance Improvement Summary

Strengths: The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points⁵:

- Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence 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

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

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

- The MCO was advised to obtain direct member feedback from Care Management outreach in response to poorly performing ITMs.
- There is an opportunity to derive updated barrier analysis information by conducting focus groups with provider organizations.
- There is an opportunity to address geographic disparity areas identified in the driver diagram by implementing PIP interventions in those areas.
- ITMs indicate that members with co-morbid serious mental illness are more successfully outreached and receiving follow-up compared to those with SUD. There is an opportunity to add an intervention to improve member receipt of psychosocial SUD treatment.
- Indicator 8 did not have the correct denominator in the results table.

⁵ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

ACLA PIP Summaries

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 (USPSTF⁶, 2013; AASLD⁷/IDSA⁸, 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 / Treatment Initiation
3. Enhanced Case Management Outreach for HCV Screening
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
5. DAA Treatment Initiation of OPH Confirmed / Probable Members
6. Enhanced Member Outreach to Increase Awareness of HCV Screening / Treatment Initiative via Mailed Member Newsletter
7. Enhanced Member Outreach to Increase Awareness of HCV Screening / Treatment Initiative via Texting Campaign

Performance Improvement Summary

Strengths: The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement⁹:

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

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

- Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)

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

- There was an opportunity to conduct a systematic barrier analysis to identify susceptible subpopulations.
- There was an opportunity to stratify performance indicators by member characteristics such as geographic area.

⁶ United States Preventive Services Task Force

⁷ American Association for the Study of Liver Diseases

⁸ Infectious Diseases Society of America

⁹ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

ACLA PIP Summaries

- An ITM for Intervention 2a was incorrectly calculated.
- There were discrepancies in the denominator of performance indicator 3 (OPH).

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 (the project was not completed until 12/31/2021)

Aim

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

Interventions

1. CM Managers will telephonically outreach to members enrolled in CM to assist with scheduling vaccine appointment.
2. Care Coordinator and Community Navigators will telephonically outreach members not enrolled in CM to assist with scheduling vaccine appointment.
3. One week prior to due for 2nd dose administration and overdue 2nd dose, a telephonic outreach will be utilized to remind and assist members with obtaining 2nd dose. This outreach is being performed by Case Managers, Care Coordinators and Community Navigators.
4. Spanish-speaking Community Health Educators to engage with Spanish-speaking enrollees and assist with the transportation benefit provided through ACLA.
5. Provide transportation for enrollees reporting transportation difficulty.
6. Work with providers to assist homebound members with receiving the 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

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:
 - 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.
 - 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.

Performance Improvement Summary

Not yet available.

ACLA: AmeriHealth Caritas 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; ITM: intervention tracking measure; SUD: substance use disorder; OPH: Office of Public Health; DAA: direct-acting antiviral; HIV: human immunodeficiency virus; LDH: Louisiana Department of Health; COVID-19: 2019 novel coronavirus; N/A: not applicable; CPT: Current Procedural Terminology.

Table 14: 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

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:

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:
 - 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, 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

ABHLA: PIP Summaries

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 remeasurement of at least 3 percentage points :

- Indicator 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort
- Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort
- Indicator 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 (USPSTF¹⁰, 2013; AASLD¹¹/IDSA¹², 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.
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.

¹⁰ United States Preventive Services Task Force

¹¹ American Association for the Study of Liver Diseases

¹² Infectious Diseases Society of America

ABHLA: PIP Summaries

- 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

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.

PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; 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 15: HBL PIP Summaries, 2020–2021

HBL: PIP Summaries
<p>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</p> <p>Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk.</p>
<p>Aim</p> <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, 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) (https://www.samhsa.gov/sbirt/resources) and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers. 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. <p>Interventions</p> <ol style="list-style-type: none"> 1. Targeted CM outreach post-ED visit related to alcohol/SUD 2. Targeted CM outreach post Hospitalization related to alcohol/SUD 3. Provider education about evidence based SBIRT screening best practices (Stages of Change, Motivational interviewing techniques, knowledge of available treatment/services/providers) and billing practices 4. Inpatient Readmission Outreach Case management and Discharge Planning Program 5. Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an ED with referral to treatment and follow-up. 6. Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an inpatient admission with referral to treatment and follow-up. 7. Enroll members text educational campaigns to educate members on resource tools available through Common Ground Library targeting Behavioral Health needs 8. Educate Healthy Blue members on the telehealth platform for provider visits

HBL: PIP Summaries

9. CM to use stratified population health reporting to identify all new and current pregnant mothers with SUD's with goal to engage in CM services
10. CM to use stratified population health reporting to identify all Justice involved members and have a SUD diagnosis with goal to engage in CM services
11. Educate providers on the guidelines for use of MAT therapy with SUD/ODU
12. Engage providers in Aunt Bertha® training and reviewing monthly utilization to increase SDOH assessments/referrals/follow-up
13. Educate providers on ATLAS, a free online SUD treatment locator tool
14. Increase coordination of care with new OTP members for engagement in CM
15. Engagement of CM members with Comorbid conditions related to SUD/Alcohol

Performance Improvement Summary

Strengths:

The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement¹³:

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

Opportunities for improvement:

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

- Performance Indicator 1a (Universal Screening)
- Performance Indicator 1b (Birth Cohort Screening)
- Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)
- Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)

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

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

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 from 2019 baseline 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):
 - a. Beneficiaries born between the years 1945 and 1965
 - b. Current or past injection drug use

¹³ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

HBL: PIP Summaries

- c. Persons ever on long-term hemodialysis
 - d. Persons who were ever incarcerated
 - e. Persons with HIV infection
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (USPSTF, 2013; AASLD/IDSA, 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
3. Enhanced Case Management Outreach for HCV Screening of at-risk members
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Eplusa: Preferred) prescription.
5. Virtual provider outreach and education to PCP on HCV screenings and treatment options
6. Identify current members with HIV diagnosis for targeted outreach efforts
7. Identify current members with SUD/SMI diagnosis for targeted outreach efforts
8. Identify current members on the OPH list and assist PCPs with outreach and appointments for treatment of HCV
9. Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd

Performance Improvement Summary

Strengths:

The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement¹⁴:

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

Opportunities for improvement:

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

- Performance Indicator 1a (Universal Screening)
- Performance Indicator 1b (Birth Cohort Screening)
- Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)
- Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening)

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

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

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.

¹⁴ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

HBL: PIP Summaries

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. Member calls initiated to those who have not completed the vaccination series (not received second dose).
5. Targeted outreach efforts with members identified as susceptible populations. Partner with community entity to provide vaccine to underserved regions.
6. Members with transportation issues will be transported to vaccination locations as needed.

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

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. Collaborating with community partners to educate provider practices on community resources to incorporate developmental screenings
3. Develop member gap reports, stratify by provider and distribute to providers.
4. Targeted outreach efforts to providers with member gaps in targeted regions.
5. Develop a provider survey to assess for types of developmental screening tools providers use and associated barriers
6. Conduct enhanced care coordination outreach/education to parents of members on gap report.
7. Distribute educational materials/fliers to parents on importance of developmental screenings.
8. Enroll members/parents in text educational campaigns to educate members on resource tools available through Health Crowd targeting Developmental Screenings.
9. 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.
10. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

Performance Improvement Summary

Not yet available.

HBL: Healthy Blue of Louisiana; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health center; LMHP: licensed medical health professional; ED: emergency department; MCO: managed care organization; UM: Utilization Management; CM: Care Management; SUD: substance use disorder; SMI: serious mental illness; MAT: medication-assisted treatment; SDoH: social determinants of health; OTP: opioid treatment program; SUD: substance use disorder; LDH: Louisiana Department of Health; ITM: intervention tracking measure; HIV: human immunodeficiency virus; OPH: Office of Public Health; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology.

Table 16: LHCC PIP Summaries, 2020–2021**LHCC: 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

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:

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:
 - 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, 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).

Interventions

1. Provider Education: Expand and promote ASAM-related educational offerings to Providers within identified LA geographic disparity areas
2. Provider Education/Resources: Focused SBIRT resources and education offerings for ED Providers, to include training on Stages of Change and Motivational Interviewing techniques.
3. Provider Education/Resources: Focused SBIRT resources and education offerings for PCP Providers, to include training on Stages of Change and Motivational Interviewing techniques
4. Monthly data collection to measure utilization via claims data re: SBIRT billing codes
5. Provider Education: Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas
6. Provider Education: Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas
7. Provide PCPs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended patient placement in type (WM or treatment)/ level of care which may or may not include MAT.
8. Provide EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended patient placement in type (WM or treatment)/ level of care which may or may not include MAT.
9. CM Outreach: Increase IET members enrolled in CM through targeted CM outreach and strategic care coordination

LHCC: PIP Summaries

for identified members with AOD in identified disparity areas.

10. Monitor successful outreach by Community Health Outreach team
11. Monitor percentage of members receiving concurrent MAT and psychosocial SUD treatment
12. Monitor percentage of members with OUD and mental health diagnoses being treated concurrently for both OUD and mental health

Performance Improvement Summary

Strengths:

The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points¹⁵:

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

Opportunities for improvement:

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

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

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

- Specify the ITM to monitor use of SBIRT billing codes, as indicated, for greater clarity and accuracy of monitoring the intervention to educate providers about evidence-based SBIRT screening guidelines and billing.
- Specify ASAM education intervention and corresponding ITMs to show how provider education for ASAM was targeted to the appropriate provider types.
- Implement interventions to educate ED providers and PCPs about SBIRT.
- Add an ITM to monitor the intervention to provide ED providers with listings of qualified providers for referral of members with suspected SUD for appropriate ASAM 6 Dimension risk evaluation.
- Implement an intervention that targets case management outreach to members with special health care needs with a corresponding ITM to monitor progress of this intervention.

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):

¹⁵ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

LHCC: PIP Summaries

- a. Beneficiaries born between the years 1945 and 1965
 - b. Current or past injection drug use
 - c. Persons ever on long-term hemodialysis
 - d. Persons who were ever incarcerated
 - e. Persons with HIV infection
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (USPSTF, 2013; AASLD/IDSA, 2018), and coordinate referrals for screening and treatment.

Interventions

1. Enhanced Case Management Outreach for HCV Treatment Initiation
2. CM Outreach: Enhanced Case Management Outreach for HCV Screening
3. Provider Outreach: Provide PCPs with customized list of members for whom HCV screening and treatment is indicated.
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa: Preferred) prescription.
5. Provider Outreach: Provide PCP education to include prior authorization is not required for Epclusa generic and applicable billing guidelines for HCV DAA agents and Medicaid reimbursement.
6. CM Outreach: Increase members enrolled in CM through targeted CM outreach and strategic care coordination for identified members with HCV.
7. Enhanced case management/ongoing outreach to support members through course of therapy
8. Treatment completion: Member compliance with course of treatment as prescribed.

Performance Improvement Summary

Strengths:

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

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

Opportunities for improvement:

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

- Performance Indicator 1a (Universal Screening)
- Performance Indicator 1b (Birth Cohort Screening)

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

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

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.

LHCC: PIP Summaries

2. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management.
3. Distribute eligible enrollee lists to PCPs and facilitate referrals as needed.
4. Distribute vaccination site lists to PCPs.
5. Eligible enrollees pending the 2nd dose of COVID vaccine will be outreached with reminder communications to facilitate completion of vaccination series.
6. MCO to develop interventions tailored and targeted to susceptible subpopulations in order to address each observed disparity.
7. Eligible enrollees with transportation barriers/homebound status will be outreached to assess vaccination status and connection to plan resources to facilitate vaccination access.

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

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.
 - a. Provider knowledge and use of global developmental screening CPT code
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.
 - a. Member reported fear of COVID-19 exposure related to seeking preventive care.
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.

Performance Improvement Summary

Not yet available.

LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set; PIP: performance improvement project; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health center; LMHP: licensed medical health professional; ED: emergency department; MCO: managed care organization; UM: Utilization Management; CM: Case Management; MAT: medication-assisted treatment; LA: Louisiana; OUD: Other Drug Abuse or Dependence; ITM: intervention treatment measure; SUD: substance use disorder; OPH: Office of Public Health; HIV: human immunodeficiency virus; DAA: direct-acting antiviral; LDH: Louisiana Department of Health; N/A: not applicable; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology;

Table 17: UHC PIP Summaries, 2020–2021

UHC: 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

The aim of the project was to improve both the total rate of initiation and the total rate of engagement for alcohol and other drug abuse or dependence treatment (AOD) in members ages 13 years and older with a new AOD diagnosis, increase the rate of Follow-Up After an Emergency Department Visit for Alcohol and Other Drug Abuse/Dependence, as well as increase the rate of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180

UHC: PIP Summaries

or more days among members age 16 and older with a diagnosis of OUD.

Objectives:

1. Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in training programs,
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),
3. Partner with hospital emergency departments to improve timely initiation and engagement in treatment,
4. Provide enhanced member care coordination,
5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

Interventions

1. Enhanced provider education, including information on MAT, SBIRT, the engagement of members with SUD diagnoses, and appropriate level of care referral.
2. Distribute electronically ATLAS, the free, on-line SUD Treatment Locator at <https://www.treatmentatlas.org/> to all first-line medical and behavioral health providers
3. Promote the use of Providers Clinical Support System (PCSS) free online training
4. Identify MAT prescribers with lower compliance rates of engaging members in psychosocial treatment and provide targeted education that includes information on MAT best practices, motivational interviewing and additional resources.
5. Educate and link area EDs with specialized SUD programming, which provide medication and psychosocial components of care, as well as comprehensive evaluation and referral to appropriate level of care. Specific focus on Florida Parishes and Metropolitan districts, based analysis of POD measure and overdose data
6. Develop member facing materials to increase member engagement with SUD treatment, as well as engagement with case management. Material to include information on SUD helpline and MAT.
7. Increase statewide availability of peer support programs to provide additional treatment and support options to members with SUD diagnoses.
8. Educate providers, case management, and utilization management to increase use of peer support services to provide additional treatment and support options to members with SUD diagnoses.
9. Provide enhanced case management services through the Focused Care Advocacy program, which targets members that have had three or more admissions in a 6-month period and a total cost of 50k in the last 12 months. These members will get specialized staffing and will receive more intensive focus to identify the barriers that are impeding them from engaging in care.
10. Provide MAT education to providers, case management, and utilization management to increase knowledge of appropriate Vivitrol® administration and prior authorization.

Performance Improvement Summary

Strengths:

The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points¹⁶:

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

Opportunities for improvement:

¹⁶ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

UHC: PIP Summaries

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

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

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

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

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):
 - a. Beneficiaries born between the years 1945 and 1965
 - b. Current or past injection drug use
 - c. Persons ever on long-term hemodialysis
 - d. Persons who were ever incarcerated
 - e. Persons with HIV infection
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (USPSTF, 2013; AASLD/IDSA, 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
3. Enhanced Case Management Outreach for HCV Screening Education
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Eplusa: Preferred) prescription.
5. PCP education regarding HCV members assigned to them and associated high-risk cohorts and comorbid conditions
6. Provider education regarding HCV program including HCV clinician support line and additional resources available.
7. Provider education regarding the HCV program to targeted ER departments and outpatient substance abuse providers.

Performance Improvement Summary

Strengths:

The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement.¹⁷

- 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)

¹⁷ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

UHC: PIP Summaries

Opportunities for improvement:

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

- Performance Indicator 1a (Universal Screening)
- Performance Indicator 1b (Birth Cohort Screening)
- Performance Indicator 2a (Non-Birth Cohort/Risk Factor Screening- ever screened)

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

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

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. Remind enrollees to get their 2nd dose in a timely manner

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

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

UHC: PIP Summaries

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.

Performance Improvement Summary

Not yet available.

UHC: UnitedHealthcare Community Plan of Louisiana; PIP: performance improvement project; MCO: managed care organization; MAT: medication-assisted treatment; ED: emergency department; N/A: not applicable; LDH: Louisiana Department of Health; OPH: Office of Public Health; PCP: primary care provider; HIV: human immunodeficiency virus; ER: emergency room; ITM: intervention treatment measure; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology.

Table 18 shows IPRO's assessment of PIP indicator performance for MY 2020 by topic and MCO.

Table 18: Assessment of MCO PIP Indicator Performance – Measurement Year 2 (2020)

MCO	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			
ABHLA	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.
	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	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
		Baseline: 16.14% Final: 17.67% Target: 18.12%	
	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.
AHCL	1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 55.86% Final: 56.25% Target: 63.76%	Target not met, but performance improvement demonstrated.
	2	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 72.23% Final: 71.12% Target: 77.06%	Target not met, and performance decline demonstrated.
	3	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 61.56% Final: 58.79% Target: 65.64%	Target not met, and performance decline demonstrated.
	4	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 17.72% Final: 17.01% Target: 23.89%	Target not met, and performance decline demonstrated.
	5	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 31.09% Final: 36.68% Target: 40.83%	Target not met, but performance improvement demonstrated.
	6	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 22.17% Final: 20.1% Target: 27.14%	Target not met, and performance decline demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	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: 9.86% Final: 13.67% Target: 26.55%	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: 5.46% Final: 8.29% Target: 16.97%	Target not met, but performance improvement demonstrated.
HBL	1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 57.45% Final: 59.65% Target: 62.86%	Target not met, but performance improvement demonstrated.
	2	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 69.45% Final: 72.17% Target: 79.95%	Target not met, but performance improvement demonstrated.
	3	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 58.29% Final: 60.75% Target: 63.62%	Target not met, but performance improvement demonstrated.
	4	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 16.46% Final: 18.75% Target: 19.34%	Target not met, but performance improvement demonstrated.
	5	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 30.70% Final: 26.34% Target: 36.87%	Target not met, and performance decline demonstrated.
	6	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 19.83% Final: 20.71% Target: 24.82%	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	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: 10.94% Final: 15.17% Target: 13.78%	Target met and performance improvement demonstrated.
	7a	The percentage of ED visits for members 13 years of age and older with a diagnosis of HIV/AIDS and principal diagnosis of AOD abuse or dependence who had a follow up visit for AOD within 30 days of the ED visit Baseline: 9.09% Final: 8.11% Target: 28.00%	Target not met, and performance decline 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: 6.33% Final: 10.63% Target: 11.56%	Target not met, but performance improvement demonstrated.
	8a	The percentage of ED visits for members 13 years of age and older with a diagnosis of HIV/AIDS and a principal diagnosis of AOD abuse or dependence who had a follow up visit within 7 days of the ED visit Baseline: 9.09% Final: 8.11% Target: 19.67%	Target not met, and performance decline demonstrated.
LHCC	1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 46.93% Final: 50.42% Target: 56.93%	Target not met, but performance improvement demonstrated.
	2	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 58.95% Final: 66.67% Target: 68.95%	Target not met, but performance improvement demonstrated.
	3	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 47.95% Final: 50.99% Target: 57.95%	Target not met, but performance improvement demonstrated.
	4	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 11.67% Final: 13.06% Target: 16.43%	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	5	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 27.02% Final: 32.42% Target: 35.15%	Target not met, but performance improvement demonstrated.
	6	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 15.67% Final: 15.87% Target: 18.45%	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: 10.11% Final: 10.98% Target: 17.91%	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: 5.88% Final: 7.09% Target: 11.56%	Target not met, but performance improvement demonstrated.
UHC	1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 43.29% Final: 55.32% Target: 56.28%	Target not met, but performance improvement demonstrated.
	2	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 58.23% Final: 66.18% Target: 68.42%	Target not met, but performance improvement demonstrated.
	3	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 45.67% Final: 53.51% Target: 53.89%	Target not met, but performance improvement demonstrated.
	4	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 12.75% Final: 16.31% Target: 18.49%	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	5	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Baseline: 24.45% Final: 31.70% Target: 35.11%	Target not met, but performance improvement demonstrated.
	6	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort Baseline: 15.46% Final: 18.94% Target: 24.82%	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: 10.46% Final: 11.62% Target: 17.83%	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: 6.84% Final: 7.94% Target: 16.97%	Target not met, but performance improvement demonstrated.
PIP 2: Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation			
ABHLA	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.
	3a	HCV Treatment Initiation-Overall Baseline: 6.00% Final: 27.51% Target: 26.00%	Target met and performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	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.
ACLA	1a	Universal Screening Baseline: 15.47% Final: 19.01% Target: 30.47%	Target not met, but performance improvement demonstrated.
	1b	Birth Cohort Screening Baseline: 8.53% Final: 25.85% Target: 23.53%	Target met and performance improvement demonstrated.
	2a	Non-Birth Cohort/Risk Factor Screening- ever screened Baseline: 10.99% Final: 30.19% Target: 25.99%	Target met and performance improvement demonstrated.
	2b	Non-Birth Cohort/Risk Factor Screening- Annual Screening Baseline: 10.37% Final: 10.22% Target: 25.37%	Target not met, and performance decline demonstrated.
	3a	HCV Treatment Initiation-Overall Baseline: 13.91% Final: 18.09% Target: 28.91%	Target not met, but performance improvement demonstrated.
	3b	HCV Treatment Initiation-Drug Users Baseline: 12.92% Final: 17.65% Target: 27.92%	Target not met, but performance improvement demonstrated.
	3c	HCV Treatment Initiation-Persons with HIV Baseline: 17.26% Final: 26.41% Target: 32.26%	Target not met, but performance improvement demonstrated.
HBL	1a	Universal Screening Baseline: 14.31% Final: 16.17% Target: 24.31%	Target not met, but performance improvement demonstrated.
	1b	Birth Cohort Screening Baseline: 19.66% Final: 20.73% Target: 29.66%	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	2a	Non-Birth Cohort/Risk Factor Screening- ever screened Baseline: 30.84% Final: 33.35% Target: 40.84%	Target not met, but performance improvement demonstrated.
	2b	Non-Birth Cohort/Risk Factor Screening- Annual Screening Baseline: 14.59% Final: 8.77% Target: 24.59%	Target not met, and performance decline demonstrated.
	3a	HCV Treatment Initiation-Overall Baseline: 16.44% Final: 22.24% Target: 26.44%	Target not met, but performance improvement demonstrated.
	3b	HCV Treatment Initiation-Drug Users Baseline: 15.27% Final: 23.25% Target: 25.27%	Target not met, but performance improvement demonstrated.
	3c	HCV Treatment Initiation-Persons with HIV Baseline: 22.03% Final: 30.71% Target: 32.03%	Target not met, but performance improvement demonstrated.
LHCC	1a	Universal Screening Baseline: 9.46% Final: 11.96% Target: 20.31%	Target not met, but performance improvement demonstrated.
	1b	Birth Cohort Screening Baseline: 12.96% Final: 14.36% Target: 23.61%	Target not met, but performance improvement demonstrated.
	2a	Non-Birth Cohort/Risk Factor Screening- ever screened Baseline: 21.73% Final: 26.23% Target: 33.16%	Target not met, but performance improvement demonstrated.
	2b	Non-Birth Cohort/Risk Factor Screening- Annual Screening Baseline: 5.02% Final: 8.42% Target: 18.82%	Target not met, but performance improvement demonstrated.
	3a	HCV Treatment Initiation-Overall Baseline: 0.40% Final: 11.47% Target: 21.99%	Target not met, but performance improvement demonstrated.
	3b	HCV Treatment Initiation-Drug Users Baseline: 0.45% Final: 12.18% Target: 22.25%	Target not met, but performance improvement demonstrated.

MCO	Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	3c	HCV Treatment Initiation-Persons with HIV Baseline: 0.81% Final: 14.14% Target: 24.34%	Target not met, but performance improvement demonstrated.
UHC	1a	Universal Screening Baseline: 14% Final: 15% Target: 24%	Target not met, but performance improvement demonstrated.
	1b	Birth Cohort Screening Baseline: 18% Final: 20% Target: 28%	Target not met, but performance improvement demonstrated.
	2a	Non-Birth Cohort/Risk Factor Screening- ever screened Baseline: 22% Final: 23% Target: 32%	Target not met, but performance improvement demonstrated.
	2b	Non-Birth Cohort/Risk Factor Screening- Annual Screening Baseline: 4% Final: 17% Target: 14%	Target met and performance improvement demonstrated.
	3a	HCV Treatment Initiation-Overall Baseline: 15% Final: 22% Target: 25%	Target not met, but performance improvement demonstrated.
	3b	HCV Treatment Initiation-Drug Users Baseline: 11% Final: 21% Target: 21%	Target met and performance improvement demonstrated.
	3c	HCV Treatment Initiation-Persons with HIV Baseline: 14% Final: 27% Target: 24%	Target met and performance improvement demonstrated.

MCO: managed care organization; PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; AHCLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community of Louisiana; 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 19**.

Table 19: 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 MCOs so they are not compared directly to the MCOs in this aggregate 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 and Comparative Findings

ACLA, HBL, and LHCC demonstrated full compliance in all 11 domains except for assurances of adequate capacity and services. UHC was fully compliant in all but two domains: assurances of adequate capacity and services, and coordination and continuity of care. ABHLA was the least compliant 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 20**.

Table 20: CFR Standards to State Contract Crosswalk

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

CFR: Code of Federal Regulations; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; QAPI: Quality Assurance and Performance Improvement.

MCO Findings by Domain

AmeriHealth Caritas Louisiana

Adequate Capacity and Service

- Distance and/or time requirements were not met for urban and rural parishes.
- The MCO did not provide evidence that “the plan shall specifically assess the extent to which the MCO’s in-state network is sufficient to meet the needs of this population.”

Aetna Better Health of Louisiana

Adequate Capacity and Service

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

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.

Healthy Blue

Adequate Capacity and Service

- Distance and/or time requirements were not met for allergy/immunology, Dermatology, Hematology/Oncology, Endocrinology, and Metabolism.

Louisiana Healthcare Connections

Adequate Capacity and Service

- Distance and/or time requirements were not met for OB/GYN, Endocrinology, and Metabolism specialties.

UnitedHealthcare Community Plan of Louisiana

Adequate Capacity and Service

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

Coordination and Continuity of Care

- Ten (10) case management files were reviewed with the following findings: file(s) were missing an individual care plan based on the needs assessment, missing care plans that also included short and long term goals, and a plan for addressing crisis to prevent unnecessary hospitalization.

Health Information Systems

- This standard 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.

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 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.

LDH contracted with IPRO to conduct the functions associated with validating PMs.

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 and Comparative Findings

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 the MCOs were determined to be *fully compliant* with all seven of the applicable NCQA Information System (IS) standards. HEDIS rates produced by the MCOs were reported to the NCQA. MCOs' compliance with IS standards are highlighted in **Table 21**.

Table 21: MCO Compliance with Information System Standards – MY 2020

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

MCO: managed care organization; MY: measurement year; IS: information system; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; 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 22–Table 24** 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 25** displays a summary of MCO HEDIS measures.

Table 22: MCO HEDIS Effectiveness of Care Measures – MY 2020

HEDIS Measure	ABHLA	ACLA	HBL	LHCC	UHC	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	57.70%	59.53%	49.83%	51.05%	52.59%	53.40%
Antidepressant Medication Management (AMM)						
Effective Acute Phase Treatment	57.80%	54.16%	52.46%	49.72%	55.33%	53.24%
Effective Continuation Phase Treatment	42.97%	38.61%	36.88%	34.24%	38.71%	37.45%
Asthma Medication Ratio (AMR)						
Total	57.59%	59.43%	67.80%	67.48%	67.49%	65.24%
Breast Cancer Screening (BCS)	54.13%	56.36%	54.11%	56.72%	55.02%	55.43%
Cervical Cancer Screening (CCS)	50.61%	54.77%	54.01%	61.31%	54.74%	56.11%
Childhood Immunization Status (CIS)						
Combo 2	69.10%	74.45%	72.99%	73.24%	72.26%	72.77%
Combo 3	66.42%	71.53%	68.61%	68.86%	67.64%	68.61%
Combo 4	64.72%	70.07%	66.91%	65.94%	65.69%	66.45%
Combo 5	57.66%	62.29%	59.37%	58.39%	61.07%	59.76%
Combo 6	33.09%	32.12%	33.33%	29.93%	28.71%	30.68%
Combo 7	56.69%	61.56%	58.15%	56.20%	59.12%	58.08%
Combo 8	32.85%	31.63%	33.09%	29.68%	27.98%	30.26%
Combo 9	29.68%	28.71%	30.41%	27.49%	26.52%	28.04%
Combo 10	29.44%	28.71%	30.17%	27.25%	25.79%	27.69%
DTaP	70.32%	76.64%	74.70%	74.21%	73.24%	74.04%
Hepatitis A	81.27%	88.32%	83.70%	82.97%	83.45%	83.76%
Hepatitis B	88.56%	91.97%	92.70%	91.73%	93.67%	92.28%
HiB	86.86%	91.24%	89.54%	90.75%	88.32%	89.61%
Influenza	36.25%	35.52%	38.44%	35.28%	34.79%	35.81%
IPV	87.83%	92.21%	92.21%	92.46%	91.97%	91.92%
MMR	86.13%	90.51%	88.08%	88.81%	88.32%	88.55%
Pneumococcal conjugate	72.26%	78.10%	76.64%	74.70%	74.21%	75.15%
Rotavirus	68.37%	73.97%	72.02%	70.32%	74.45%	72.13%
VZV	86.62%	89.05%	87.83%	88.32%	88.56%	88.27%
Chlamydia Screening in Women (CHL) – Total	59.81%	63.51%	61.57%	63.19%	60.53%	61.98%
Colorectal Cancer Screening (COL)	32.78%	38.98%	33.43%	35.67%	39.42%	36.06%
Comprehensive Diabetes Care (CDC)						
Comprehensive Diabetes Care – BP control (< 140/90 mm Hg)	47.93%	50.36%	52.31%	48.18%	52.55%	50.56%
Comprehensive Diabetes Care – Eye exam (retinal) performed	53.04%	54.50%	49.64%	57.91%	60.58%	56.13%
Comprehensive Diabetes Care – HbA1c control (< 8.0%)	39.66%	41.85%	37.23%	31.63%	50.85%	40.62%
Comprehensive Diabetes Care – HbA1c poor control (> 9.0%)*	52.55%	48.66%	52.31%	61.07%	41.36%	50.96%
Comprehensive Diabetes Care – HbA1c Testing (CDC)	82.97%	81.75%	81.27%	80.54%	82.73%	81.74%
Controlling High Blood Pressure (CBP)	42.34%	50.85%	52.55%	43.55%	50.36%	48.24%
Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications (SSD)	79.19%	79.21%	79.92%	77.12%	79.93%	79.00%

HEDIS Measure	ABHLA	ACLA	HBL	LHCC	UHC	Statewide Average
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	37.91%	37.04%	32.43%	36.19%	35.33%	35.78%
Follow-up After Hospitalization for Mental Illness (FUH)						
Within 7 Days of Discharge	19.74%	20.33%	18.78%	23.16%	23.68%	21.66%
Within 30 Days of Discharge	37.46%	41.99%	38.31%	43.22%	44.26%	41.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)						
Initiation Phase	39.30%	40.17%	38.67%	41.70%	42.53%	41.24%
Continuation Phase	58.24%	56.38%	55.18%	55.69%	55.90%	55.84%
Immunization Status for Adolescents (IMA)						
Combo 1	80.29%	86.75%	90.02%	88.32%	87.83%	87.96%
Combo 2	32.12%	45.58%	47.20%	47.20%	45.01%	45.78%
HPV	32.36%	46.46%	48.42%	47.93%	45.99%	46.67%
Meningococcal	82.00%	87.65%	90.51%	89.05%	88.81%	88.78%
Tdap/Td	81.02%	87.76%	91.48%	89.05%	89.29%	89.06%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)						
Advising Smokers and Tobacco Users to Quit	75.76%	71.68%	71.97%	69.48%	74.48%	72.68%
Discussing Cessation Medications	50.91%	50.68%	41.40%	55.84%	52.78%	50.32%
Discussing Cessation Strategies	51.53%	42.15%	43.59%	46.10%	46.85%	46.05%
Plan All-Cause Readmissions (PCR)						
Expected Readmissions Rate	9.89%	9.69%	9.75%	9.51%	9.40%	9.59%
Observed Readmission (Num/Den)	11.02%	10.96%	10.92%	9.54%	9.91%	10.28%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.1142	1.1304	1.1201	1.0035	1.0539	1.0714
Statin Therapy for Patients with Cardiovascular Disease (SPC)						
Received Statin Therapy: Total	81.38%	79.61%	80.74%	79.67%	79.49%	80.00%
Statin Adherence 80%: Total	70.38%	65.45%	64.46%	60.31%	65.61%	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%	71.88%	62.29%	57.42%	81.02%	67.84%
Counseling for nutrition	57.42%	60.68%	63.02%	56.45%	71.53%	62.72%
Counseling for physical activity	45.74%	53.39%	54.50%	45.74%	63.50%	53.57%

* A lower rate is desirable.

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan 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 23: MCO HEDIS Access to/Availability of Care Measures – MY 2020

HEDIS Measure	ABHLA	ACLA	HBL	LHCC	UHC	Statewide Average
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	70.46%	74.56%	75.39%	76.03%	77.19%	75.53%
Prenatal and Postpartum Care (PPC)						
Postpartum Care	76.64%	78.42%	76.64%	72.99%	79.32%	76.50%
Prenatal Care	77.13%	83.88%	78.59%	80.54%	79.56%	80.06%
Well-Child Visits in the First 30 Months of Life (W30)						
First 15 Months	55.99%	55.88%	55.10%	50.77%	56.69%	54.28%
15 Months–30 Months	67.00%	66.08%	67.12%	67.24%	66.93%	66.98%

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

Table 24: MCO HEDIS Use of Services Measures – MY 2020

HEDIS Measure	ABHLA	ACLA	HBL	LHCC	UHC	Statewide Average
Ambulatory Care (AMB)						
Emergency Department Visits/ 1,000 MM*	58.98	57.56	57.36	53.75	52.21	54.82
Outpatient Visits/1,000 MM	556.98	352.54	373.04	359.44	374.13	379.97
Child and Adolescent Well-Care Visits (WCV)						
3–11 years	48.58%	51.29%	49.59%	51.02%	51.35%	50.80%
12–17 years	40.64%	49.03%	46.08%	48.52%	49.12%	48.08%
18–21 years	22.51%	27.66%	25.30%	26.47%	26.85%	26.36%
Total	41.95%	46.49%	44.36%	46.11%	46.52%	45.81%

* A lower rate is desirable.

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL of Louisiana: Healthy Blue; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

Table 25: MCO HEDIS Measures Summary – MY 2020

Measure Status	ABHLA	ACLA	HBL	LHCC	UHC
> 50th NCQA National Benchmark	15	30	26	23	30
< 50th NCQA National Benchmark	48	33	37	40	33
NCQA National Benchmark Unavailable	3	3	3	3	3
Total	66	66	66	66	66

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

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.

The following five MCOs participated in the MY 2020 CAHPS Medicaid Health Plan Surveys: ACLA, ABHLA, HBL, LHCC, and UHC.

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 26**), children without chronic conditions (**Table 27**), and children with chronic conditions (**Table 28**) 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 and Comparative Findings

IPRO's review of adult members surveyed (**Table 26**) found that ACLA and ABHLA ranked above the 50th percentile for the Getting Needed Care measure while ABHLA and HBL ranked above the 50th percentile for the Rating of Specialist Seen Most Often measure. For Getting Care Quickly, ABHLA was the only provider to score above the 50th percentile. For the Customer Service measure, LHCC and UHC ranked below the 50th percentile. However, both scores were impacted by small sample sizes.

All MCOs ranked above the 50th percentile for Rating of All Health care and Rating of Health Plan measures. ABHLA ranked at or above the 50th percentile across all measures except How Well Doctors Communicate. However, it should be noted that ABHLA's score for this measure was impacted by a small sample size.

Healthy Louisiana was below the 50th percentile for four adult member measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Rating of Specialist Seen Most Often. Louisiana was between the 50th and 75th percentile on Customer Service, Rating of Personal Doctor and Rating of Health Plan; and at or over the 75th percentile on Rating of All Health Care.

Table 26: CAHPS Performance – Adult Member

CAHPS Measure	ACLA	ABHLA	HBL	LHCC	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	84.88%	85.30%*	83.74%	82.92%	83.66%	84.09%	83.58%
Getting Care Quickly	81.60%	87.01%*	78.71%	80.03%	77.95%	80.78%	81.83%
How Well Doctors Communicate	92.74%	91.67%*	93.15%	91.09%	91.28	92.01%	92.17%
Customer Service	92.52%	89.42%*	91.70%*	88.83%*	86.25%*	90.10%	88.94%
Coordination of Care	88.35%	84.78%*	86.84%*	83.33%*	80.95%*	85.22%	N/A
Rating of All Health Care	81.59%	83.64%	82.24%	80.22%	78.74%	81.22%	77.63%
Rating of Personal Doctor	82.43%	85.59%	82.84%	85.59%	85.31%	84.21%	83.23%
Rating of Specialist Seen Most Often	83.17%	86.57%*	84.44%*	81.00%	75.81%*	82.38%	83.56%
Rating of Health Plan	80.00%	79.35%	79.40%	84.01%	84.04%	81.40%	78.32%

* Small sample size.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan 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 27**) found that LHCC was the only MCO to score below the 50th percentile for the Getting Needed Care measure, and ABHLA was the only MCO to score below the 50th percentile for member's Rating of Personal Doctor. LHCC and UHC ranked below the 50th percentile for the Customer Service measure. However, both scores were impacted by small sample sizes. ACLA and ABHLA ranked below the 50th percentile for the Rating of Health Plan measure.

All MCOs ranked above the 50th percentile for Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, and Rating of Specialist Seen Most Often measures. HBL ranked at or above the 75th percentile across all measures, and all MCOs also ranked at or above the 75th percentile for the Rating of All Health Care measure.

Healthy Louisiana was between the 50th and 75th percentile for five measures: Getting Needed Care, Getting Care Quickly, Customer Service, Rating of Specialist Seen Most Often, and Rating of Health Plan. Healthy Louisiana was at or above the 75th percentile on three measures: How Well Doctors Communicate, Rating of All Health Care, and Rating of Personal Doctor.

Table 27: CAHPS Performance – Child Member (without chronic conditions)

CAHPS Measure	ACLA	ABHLA	HBL	LHCC	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	89.28%	87.23%	90.76%	82.65%	87.89%*	87.86%	85.65%
Getting Care Quickly	90.84%	90.06%	90.10%	89.55%	87.73%*	89.76%	86.90%
How Well Doctors Communicate	95.45%	95.80%	96.53%	97.09%	96.20%	96.24%	94.36%
Customer Service	90.39%*	93.24%	91.44%	85.83%*	81.91%*	89.68%	88.32%
Coordination of Care	75.34%*	90.63%*	85.00%	89.39%*	88.68%*	85.82%	N/A
Rating of All Health Care	92.68%	92.07%	93.66%	91.18%	93.7%	92.70%	88.91%
Rating of Personal Doctor	93.16%	90.39%	94.51%	93.31%	92.57%	92.86%	90.53%
Rating of Specialist Seen Most Often	88.89%*	88.06%*	91.58%*	88.89%*	90.24%*	89.69%	87.42%
Rating of Health Plan	85.40%	83.75%	90.30%	88.42%	90.39%	87.70%	86.63%

* Small sample size.

CAHPS: Consumer Assessment of Healthcare Providers and Systems ; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan 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 28**) found ABHLA and LHCC scoring below the 50th percentile for the Getting Needed Care, Getting Care Quickly, and Rating of Specialist Seen Most Often. However, LHCC's rating of Specialist Seen Most Often score was impacted by a small sample size.

ABHLA ranked below the 50th percentile for Rating of Health Plan. ABHLA and ACLA ranked below the 50th percentile for How Well Doctors Communicate. LHCC and UHC ranked below the 50th percentile for Customer Service. However, both Customer Service scores were impacted by small sample sizes.

ACLA ranked at or above the 50th percentile across all CAHPS measures except How Well Doctors Communicate. UHC ranked within or above the 75th percentile for all measures except Customer Service.

For child members with chronic condition(s) Healthy Louisiana was between the 50th and 75th percentile for six measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Specialist Seen Most Often, and Rating of Health Plan. Louisiana was at or above the 75th percentile for two measures: Rating of All Health Care, and Rating of Personal Doctor.

Table 28: CAHPS Performance – Child Member with Chronic Condition(s)

CAHPS Measure	ACLA	ABHLA	HBL	LHCC	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	89.88%	86.93%	90.62%	86.38%	90.53%	88.94%	87.47%
Getting Care Quickly	93.11%	89.88%	92.51%	89.76%	93.71%	91.78%	90.83%
How Well Doctors Communicate	94.86%	93.91%	95.64%	95.08%	98.38%	95.57%	94.62%
Customer Service	94.44%*	92.86%*	94.13%	89.01%*	90.52%*	92.35%	91.21%
Coordination of Care	73.66%*	82.20%	76.75%	71.60%*	74.79%	76.37%	N/A
Rating of All Health Care	89.44%	86.57%	92.50%	91.41%	93.68%	90.76%	87.76%
Rating of Personal Doctor	91.46%	89.39%	93.02%	90.63%	94.12%	91.77%	89.52%
Rating of Specialist Seen Most Often	92.54%*	86.92%	89.76%	83.75%*	91.11%*	88.75%	87.51%
Rating of Health Plan	86.49%	81.45%	84.46%	88.74%	88.79%	85.63%	83.88%

* Small sample size.

CAHPS: Consumer Assessment of Healthcare Providers and Systems ; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan 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.

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

Table 29: 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 and Comparative Findings

Table 30 displays the MCO ratios for adult PCPs to members for CY 2018, CY 2019, and CY 2020. **Table 31** displays the MCO ratios for pediatric PCPs to members for CY 2018, CY 2019, and CY 2020.

Table 30: MCO Adult PCP-to-Member Ratios, MY 2018–MY 2020

Year	ABHLA	ACLA	HBL	LHCC	UHC
2018	2.56%	1.58%	1.63%	1.38%	1.53%
2019	3.90%	1.76%	1.54%	1.00%	1.10%
2020	2.12%	1.52%	1.20%	0.88%	1.02%

MCO: managed care plan; PCP: primary care provider; MY: calendar year; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HB: Healthy Blue; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

Table 31: MCO Pediatric PCP-to-Member Ratios, MY 2018–MY 2020

Year	ABHLA	ACLA	HB	LHCC	UHC
2018	1.31%	2.36%	2.57%	1.26%	1.73%
2019	1.04%	2.12%	2.61%	0.99%	1.38%
2020	5.70%	1.05%	2.14%	1.13%	1.16%

MCO: managed care plan; PCP: primary care provider; MY: calendar year; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

Table 32 displays MCO performance with regard to their GeoAccess urban and rural rates for distance.

Table 32: MCO Adherence to Provider Network Distance Standards, June 2021

Specialty	Region	Standard	ABHLA	ACLA	HBL	LHCC	UHC
Physical health							
Acute Inpatient Hospitals	Urban	1 in 10 Miles	92.3%	91.0%	89.9%	85.3%	90.4%
	Rural	1 in 30 Miles	99.9%	98.5%	99.8%	99.9%	99.9%
Adult primary care	Urban	1 in 10 Miles	98.2%	97.6%	98.7%	98.2%	98.7%
	Rural	1 in 30 Miles	100.0%	100.0%	100.0%	100.0%	100.0%
Allergy/Immunology	Urban	1 in 60 Miles		94.0%	99.9%		97.8%
	Rural	1 in 60 Miles		82.4%	96.7%		88.6%
	All	1 in 60 Miles	94.2%			98.5%	
Cardiology	Urban	1 in 60 Miles		99.9%	99.9%		100.0%
	Rural	1 in 60 Miles		100.0%	100.0%		100.0%
	All	1 in 60 Miles	99.9%			99.9%	
Dermatology	Urban	1 in 60 Miles		90.8%	99.9%		98.1%
	Rural	1 in 60 Miles		79.2%	97.0%		94.6%
	All	1 in 60 Miles	92.0%			96.1%	
Endocrinology and Metabolism	Urban	1 in 60 Miles		95.2%	96.4%		97.9%
	Rural	1 in 60 Miles		88.9%	98.1%		92.1%
	All	1 in 60 Miles	98.9%			91.6%	

Specialty	Region	Standard	ABHLA	ACLA	HBL	LHCC	UHC
FQHCs	Urban	1 in 10 Miles	90.2%	87.4%	93.2%	87.8%	89.5%
	Rural	1 in 30 Miles	99.9%	99.8%	100.0%	63.1%	99.9%
Gastroenterology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		100.0%	100.0%		99.9%
	All	1 in 60 Miles	99.9%			99.9%	
Hematology/Oncology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		96.1%	98.1%		100.0%
	All	1 in 60 Miles	97.9%			99.6%	
Hemodialysis Center	Urban	1 in 10 Miles	87.7%	91.4%	92.5%	90.0%	89.8%
	Rural	1 in 30 Miles	73.7%	98.3%	98.9%	98.6%	98.7%
Laboratory	Urban	1 in 20 Miles	87.4%	98.5%	99.8%	99.0%	99.2%
	Rural	1 in 30 Miles	61.5%	99.9%	100.0%	99.9%	99.9%
Nephrology	Urban	1 in 60 Miles		100.0%	99.9%		99.9%
	Rural	1 in 60 Miles		99.4%	100.0%		99.2%
	All	1 in 60 Miles	98.2%			99.9%	
Neurology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		100.0%	100.0%		99.9%
	All	1 in 60 Miles	99.9%			99.9%	
Ob/gyn	Urban	1 in 15 Miles	96.4%	94.9%	95.7%	95.2%	95.6%
	Rural	1 in 30 Miles	95.6%	95.0%	96.0%	92.7%	94.6%
Ophthalmology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		100.0%	100.0%		100.0%
	All	1 in 60 Miles	99.9%			99.9%	
Orthopedics	Urban	1 in 60 Miles		100.0%	100.0%		100.0%
	Rural	1 in 60 Miles		100.0%	100.0%		100.0%
	All	1 in 60 Miles	99.9%			99.9%	
Otorhinolaryngology/ Otolaryngology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		99.9%	99.9%		99.9%
	All	1 in 60 Miles	99.9%			99.9%	
Pediatrics	Urban	1 in 10 Miles	98.3%	92.0%	98.9%	98.5%	98.5%
	Rural	1 in 30 Miles	100.0%	99.1%	100.0%	100.0%	100.0%
Pharmacy	Urban	1 in 10 Miles	97.9%	97.9%	97.5%	97.6%	98.0
	Rural	1 in 30 Miles	100.0%	100.0%	100.0%	100.0%	100.0%
Radiology	Urban	1 in 10 Miles	98.5%	99.0%	99.1%	98.9%	98.3%
	Rural	1 in 30 Miles	94.1%	98.6%	99.8%	99.9%	99.9%
RHCs	Urban	1 in 10 Miles	23.0%	24.4%	93.2%	42.5%	50.1%
	Rural	1 in 30 Miles	100.0%	100.0%	100.0%	84.3%	99.9%
Urology	Urban	1 in 60 Miles		99.9%	99.9%		99.9%
	Rural	1 in 60 Miles		99.7%	99.9%		99.1%
	All	1 in 60 Miles	99.9%			99.8%	

Note: ABHLA and LHCC only submitted statewide rates for some specialties and regions, while other plans submitted rates for both urban and rural regions.

MCO: managed care organization; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan 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 at the time of the study: ABHLA, AHCLA, HBL, LHCC, and UHC.

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 and Comparative Findings

Table 33 shows the results of the secret shopper calls by MCO and appointment type.

The overall compliance rates of 19.3% and 3.2% for routine and non-urgent calls, respectively, are substantially below the standard of 80%. Approximately 16% of the surveyed providers were not able to be contacted among routine and non-urgent calls. Also, 73% were able to be contacted, but no appointment was made. (data not shown).

Table 33: Appointment Availability for Network Providers, Second Half of 2021

Appointment Type	ABHLA	ACLA	HBL	LHCC	UHC
Routine ¹ Cardiologist					
# of providers surveyed	31	28	29	29	24
# of appointments made	13	12	11	7	10
Compliance Rate	41.9%	42.9%	37.9%	24.1%	41.7%
Routine ¹ ENT					
# of providers surveyed	20	22	15	18	19
# of appointments made	6	9	3	7	7
Compliance Rate	30.0%	40.9%	20.0%	38.9%	36.8%
Non-Urgent ² Cardiologist					
# of providers surveyed	25	23	30	26	25
# of appointments made	1	2	3	1	0
Compliance Rate	4.0%	8.7%	10.0%	3.8%	0.0%
Non-Urgent ² ENT					
# of providers surveyed	16	20	15	18	15
# of appointments made	0	2	4	2	1
Compliance Rate	0.0%	10.0%	26.7%	11.1%	6.7%

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; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; ENT: ear, nose, and throat.

Recommendation

IPRO recommends that LDH work with the MCOs to increase contact and appointment rates for endocrinologists, dermatologists, orthopedic surgeons, and neurologists. It is important for members to be able to access providers and obtain appointments with providers.

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 and Comparative Findings

The 2020 star rating results for each MCO are displayed in **Figure 1**, which shows that, with regard to overall rating of health plan, ACLA, HBL, and UHC each received three and a half stars, while ABHLA and LHCC both received three stars.

In the category of overall Consumer Satisfaction, UHC had the highest rating at four and a half stars, followed by ACLA at four stars. In the category of Prevention, each plan scored two and a half stars except for ABHLA (two stars). In the Treatment category, HBL and UHC both received two and a half stars while the remainder of the MCOs scored two stars (**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.” **Tables 35–38** display the MCOs’ responses to the recommendations for QI made by IPRPO during the previous EQR, as well as IPRO’s assessment of these responses.

Table 34: 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.

ACLA Response to Previous EQR Recommendations

Table 35 displays ACLA's progress related to the *State of Louisiana Department of Health AmeriHealth Caritas Louisiana Annual External Quality Review Technical Report FINAL REPORT: April 2021*, as well as IPRO's assessment of ACLA's response.

Table 35: ACLA Response to Previous EQR Recommendations

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>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 data correction required for one of the performance indicators. 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 discrepancies in the denominator of 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>	<p>Performance Indicator and Intervention Tracking Measure data is validated and monitored as appropriate through trending, PDSA cycles, run charts, and other QI tools to analyze impact and effectiveness. To assure measures are calculated correctly, AmeriHealth Caritas Louisiana has implemented a second level data review by the Quality Team Lead to validate calculations.</p>	<p>Addressed</p>
<p>Seventeen of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low-performing HEDIS measures have shown little improvement from prior year with</p>	<p>AmeriHealth Caritas Louisiana is committed to improving the quality of care and health outcomes for our members. The plan strives to exceed the NCQA Quality Compass 50th percentile in HEDIS metrics and performs month-over-month trending and benchmarking against Quality Compass to drive root cause analyses for successes and opportunities for improvement. AmeriHealth Caritas Louisiana's bi-weekly Health Outcomes Workgroup consists of our leadership team that includes our CEO, CMO, COO, Quality Director, Population Health Director, Member Services Director, and Provider Supports Director, among other key topic participants. The Health Outcomes</p>	<p>Partially addressed</p>

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>the exception of:</p> <ul style="list-style-type: none"> • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity • Access to other services <ul style="list-style-type: none"> ○ Prenatal care ○ Postpartum care <p>The MCO should develop specific interventions to address the worst performing HEDIS measures:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management - Acute Phase (< 25th percentile) • Antidepressant Medication Management - Continuation Phase (< 25th percentile) • Asthma Medication Ratio (5–64 Years) (< 25th percentile) • Controlling High Blood Pressure (< 25th percentile) • Adults' Access to Preventive/Ambulatory Services 65+ years (< 10th percentile) • Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile; a lower rate is desirable) 	<p>Workgroup provides a forum to review interim HEDIS rates, trends, and intervention effectiveness.</p> <p>Interdepartmental workgroups are held quarterly with department subject matter experts to communicate barriers, modify/develop interventions, and evaluate intervention effectiveness. Priority HEDIS metrics are shared with the plan's Quality of Clinical Care Committee and the Quality Assessment and Performance Improvement Committee for discussion and feedback. Additionally, AmeriHealth Caritas Louisiana conducts an annual evaluation of the QM/QI program. The following activities were continued, enhanced, initiated, or are planned for initiation to address low performing HEDIS metrics:</p> <ul style="list-style-type: none"> • Perform monthly HEDIS data trending and analysis. • Perform segmentation analysis by diagnosis, age, race, ethnicity, parish and provider/facility access and availability. • Analyze utilization patterns to detect potential areas to improve overutilization and underutilization rates and barriers to receiving the right care. • Continued and enhanced Quality Improvement Activities on all priority measures. • Developed and implemented a comprehensive provider support strategy to include training, technology, data and alternative payment methods. • Performed targeted provider education through a multidisciplinary team approach. • Provided provider care gap reports and performance report cards. • Provided resources to assist practices in following evidenced-based practice guidelines and optimizing quality enhancement program payments. • Promoted telemedicine services and billing • Conduct member outreach via face to face encounters, texting campaigns, telephonic, mailings, social media and community events. • Promote wellness and prevention by engaging and empowering members to seek preventive care, complete age-appropriate screenings, and make healthy choices. • Offered a vigorous Case Management program to members, presenting interventions such as care coordination, medication education and reconciliations, transition of care, depression screening tools, and social determinants of health assessment. AmeriHealth Caritas Louisiana's Case Management Team is also prepared to begin an <i>Asthma Navigation Program</i> in 2022. • Collaborate with the School Based Health Centers to promote well visits and immunizations. • Partnered with the American Academy of Pediatrics (AAP) on the following: <ul style="list-style-type: none"> ○ Improve the treatment and health outcomes of children with Attention Deficit Hyperactivity Disorder (ADHD). ○ Back to the Office Campaign 	

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<ul style="list-style-type: none"> • Partner with Capital Area United Way and Care South to execute and support a 2-month pilot program to provide fresh fruits and vegetables to identified members in definite communities with a diagnosis of obesity that may also have diabetes or hypertension. • Partnered with Our Lady of the Lake for an Asthma Camp initiative wherein school-aged members with asthma diagnosis are invited to attend and gain tools for asthma management • Equip members with tools, education, and care coordination to effectively self-manage chronic conditions. • Offered a variety of community-focused activities such as <i>virtual WHAM (Whole Health Action Management) classes</i>, which included tips on healthy lifestyle changes, and <i>communal baby showers</i> at our Community Wellness Centers. ACLA has also partnered with LSU Agricultural Center to plan a robust <i>Choose to Lose weight management class</i> to begin, in-person, in 2022. • Partnered with American Society of Addiction Medicine (ASAM) for Medication-Assisted-Training (MAT). • Executed plan-wide quality activities and communications, including all-employee trainings. • Offered member Care Card incentives for a variety of services, such as wellness care, certain preventive screenings, annual diabetic screenings, and some immunizations. • Partnered with Vheda Health to deliver a digital chronic disease management program for our high-risk member population enrolled in the Complex Case Management Program. • Continued and enhanced the Make Every Calorie Count program, a weight-loss program designed to encourage lifestyle change. Membership includes an option of gym membership or home fitness plan. • Implemented programs to outreach members for follow-up after emergency department visit for mental illness or alcohol and other drug abuse or dependence, or recent hospitalization for mental illness. The plan outreaches members via text messaging, member letters, and phone calls. 	
<p>Nine (9) 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 	<p>AmeriHealth Caritas Louisiana consistently works to improve CAHPS scores for both the Adult and Children surveys by identifying opportunities where the Plan performs below the NCQA 50th percentile. AmeriHealth Caritas Louisiana continued its CAHPS workgroup of multidisciplinary internal departments.</p> <p>Through this collaboration, we have addressed several priority CAHPS Work Plan items. We have improved our internal associates' CAHPS awareness through enterprise-wide presentations of general CAHPS information, specifics of the Adult and Children surveys, and a detailed breakdown of the Final Results Report. Further, we have presented a more comprehensive analysis to all</p>	Partially addressed

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>CAHPS measures:</p> <ul style="list-style-type: none"> ○ Adult population: <ul style="list-style-type: none"> ▪ Getting Care Quickly (< 25th percentile) ▪ How Well Doctors Communicate (< 25th percentile) ○ Child General population: <ul style="list-style-type: none"> ▪ How Well Doctors Communicate (< 25th percentile) 	<p>member-facing associates and/or departments with an emphasis on CAHPS-centered initiatives, such as end-of-call scripting. In addition to increasing our associates' and members' awareness of CAHPS, we developed provider education/newsletters to be sent to all providers. Similar to our associate-directed CAHPS education goals, these provider newsletters were developed to provide a generalized overview of the Adult and Child CAHPS surveys, as well as a detailed breakdown of the provider-driven elements of the Final Results Report.</p> <p>AmeriHealth Caritas Louisiana provides numerous opportunities for enrollee and family member feedback to improve satisfaction and care. In addition to the CAHPS and behavioral health enrollee satisfaction surveys, AmeriHealth Caritas Louisiana uses pulse surveys that allow enrollees to respond by text and emojis regarding their experience after a provider visit. Additionally, the plan uses community outreach and engagement, the Enrollee Advisory Council, focus groups, technology (mobile app, texts, and social media), as well as complaints and grievances to assess ways to improve enrollee experience and inform strategies for program improvements. In an effort to boost CAHPS response rates, AmeriHealth Caritas Louisiana is implementing a head-of-household mailer to raise CAHPS awareness.</p> <p>Both the Adult and Child CAHPS survey results reflect an increase in scores for 3 of the 9 components from the prior year. However, 6 of the 9 components also saw decreases in scores when compared to the previous year. Further, 3 of the 9 components either met or exceeded the 2019 National Quality Compass 50th Percentile for the Child CAHPS survey, and 4 of the 9 for the Adult survey.</p> <p>Lastly, NCQA Announcements regarding survey changes for 2020 CAHPS indicated the intent to shorten the HEDIS CAHPS surveys to reduce response burden for members. Due to this, Shared Decision Making was removed from the survey. Also for 2020 CAHPS, NCQA no longer produced General Population results for the CCC Population and no longer produced CCC results for the General Population. With these changes, there will no longer be an opportunity to measure effectiveness on our ongoing interventions regarding our lower scores for General Child Shared Decision Making and Child with CCC Shared Decision Making and Rating of Specialist.</p>	
<p>Compliance Monitoring</p> <ul style="list-style-type: none"> • Only 10 of 21 (48%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their federal and state Provider Network access requirements. 	<p>AmeriHealth Caritas Louisiana continues to outreach providers in areas of need to encourage providers to expand or add needed services. In addition, Account Executives outreach PCPs and large groups to expand services or open panels that may be closed due to meeting capacity.</p> <p>There are some rural parishes with very small populations, which restricts the ability to recruit providers to those areas. In most of these areas, AmeriHealth Caritas Louisiana has worked with the existing providers to encourage partnerships and working relationships with larger health systems that are in close proximity.</p> <p>Account Executives are provided with network gap analysis reports, which are reviewed monthly, along with the Network Adequacy report to identify areas and provider types that do not meet</p>	Partially addressed

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
	Provider Network access requirements so that targeted provider visits and outreach can be conducted accordingly. Account Executives educate providers regarding alternate payment models to encourage participating providers to keep panels open and as a mechanism to recruit new providers.	

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.

EQR: external quality review; ACLA: AmeriHealth Caritas Louisiana; MCO: managed care organization; PIP: performance improvement project; PDSA: plan-do-study-act; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; CEO: chief executive officer, CMO: chief medical officer, COO: chief operating officer; QM: quality management; QI: quality improvement; LSU: Louisiana State University; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: children with chronic conditions; PCP: primary care provider.

ABHLA Response to Previous EQR Recommendations

Table 36 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 36: ABHLA Response to Previous EQR Recommendations

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
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	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	Addressed

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>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>Twenty (20) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low-performing HEDIS measures have shown little improvement from prior year with the exception of:</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) 	<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 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>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</p>	<p>Partially addressed</p>

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<ul style="list-style-type: none"> • 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) ○ 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 – 	<p>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 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>	

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Prenatal care (< 25th percentile)</p> <ul style="list-style-type: none"> ▪ 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>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) ▪ Rating of Health Plan (< 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 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>Partially addressed</p>

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<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.

HBL Response to Previous EQR Recommendations

Table 37 displays HB's progress related to the *State of Louisiana Department of Health Healthy Blue Annual External Quality Review Technical Report FINAL REPORT April 2021*, as well as IPRO's assessment of Healthy Blue's response.

Table 37: HBL Response to Previous EQR Recommendations

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Twenty-one (21) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low performing HEDIS measures have shown little improvement from prior year with the exception of:</p> <ul style="list-style-type: none"> Medication Management for People With Asthma Total - Medication Compliance 75% (5–64 Years) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Access to Other Services <ul style="list-style-type: none"> Prenatal Care Postpartum Care Adolescent Well-Care Visits <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) Antidepressant Medication Management - Continuation Phase (< 25th percentile) Antidepressant Medication 	<ul style="list-style-type: none"> What has the MCO done/planned to address each recommendation? Healthy Blue's HEDIS Metrics, were greatly impacted due to consequences related to COVID-19 and natural disasters which occurred in 2020 and continued in 2021. Due to the overall decline across outcomes within the state, Healthy Blue has and will implement interventions to improve upon HEDIS Outcomes. In 2020 & 2021, Healthy Blue continued the HEDIS Taskforce & Provider Outcomes Workgroup which assessed and developed interventions related to barriers and opportunities identified. Interventions include: <ul style="list-style-type: none"> Pharmacy Measures: <ul style="list-style-type: none"> Pharmacy Programs <ul style="list-style-type: none"> Asthma: New Start Program, Provider Notification, Adherence Outreach Calls, Daily late to fill IVR calls, Extended Day Supply Prescriber Outreach Depression: New Start Program, Provider Notification, Adherence Outreach Calls, Daily late to fill IVR calls, Extended Day Supply Prescriber Outreach, Noncompliant 6 mos or > Provider Education Asthma Telehealth Kits Asthma Breathe Initiative Provider Gap in Care Reporting Maternal Care: <ul style="list-style-type: none"> OB Provider Incentive Programs Member Incentive Program New Baby, New Life Maternity Program High Risk Pregnancy Telehealth Kits Doula Pilot Program Health Crowd Text Campaign and Live Member Outreach Value-Added Benefits Children/Adolescent Well-Child <ul style="list-style-type: none"> Provider Incentive Programs Member Incentive Program Developmental Screening Performance Improvement Plan Screening/Mobile Unit Events Health Crowd Text Campaign and Live Member Outreach Community Health Worker Program 	<p>Partially addressed</p>

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Management - Continuation Phase (< 25th percentile)</p> <ul style="list-style-type: none"> • Cervical Cancer Screening (< 25th percentile) • Comprehensive Diabetes Care - HbA1c Testing (< 25th percentile) • Controlling High Blood Pressure (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (< 25th percentile) • Adults' Access to Preventive/Ambulatory Services – 65+ Years (< 25th percentile) • Access to Other Services - Postpartum Care (< 10th percentile) • Ambulatory Care Emergency Department Visits/1,000 Member Months (> 90th percentile); a lower rate is desirable. 	<ul style="list-style-type: none"> ○ Provider Monitoring & Education ○ EPSDT Tool-Kit ○ Tyto Care Telehealth platform ○ LA AAP Partnership on provider surveys, back to office campaign and education ○ School Based Health Clinic Partnerships ○ Provider Gap in Care Reporting <ul style="list-style-type: none"> • <u>Access to Care:</u> <ul style="list-style-type: none"> ○ Home Telehealth Kits ○ Value-Based Custom Incentive Agreements: Integrate Collaborative Care Model- Incentivizes provider collaboration dedicated towards integrated evidence-based guidelines, assessments and care coordination. ○ SDOH Incentive Program: We believe that by collaborating with our providers to identify and assist members with their SDOH needs, we will see improved health outcomes for these members. ○ Mobile Screening Units ○ Multiple modes of member outreach ○ Member Incentives ○ Community Health Worker Program ○ Provider Gap in Care Reporting • <u>Ambulatory Care:</u> <ul style="list-style-type: none"> ○ Navigation Program (Post Discharge Management) This initiative's goal was to reduce ER utilization and inpatient hospitalizations (decrease in frequency and decrease in length of stay). Members are engaged during hospitalizations and/or following discharge. ○ Value-Based Incentive Agreements ○ High Intensity Integrated Team (HIIT) A unique engagement and behavioral change program that improves high risk case outcomes; targets high risk, difficult to engage members in need of outreach, is based on predictive analytics, member segmentation and personalized communication; engages the member in case management, and measures success by decreased inpatient stays and reduction in 30 day re-admits and ER visits. ○ Provider Gap in Care Reporting • When and how was this accomplished? For future actions, when and how will they be accomplished? Interventions are developed and monitored on a monthly basis by the QM department and expanded upon as needed. The HEDIS Taskforce and PIP Workgroups meet at minimum monthly to assess & monitor interventions to identify areas of opportunity. 	

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<ul style="list-style-type: none"> What is the expected outcome of the actions that were taken or will be taken? Improvement of HEDIS Metrics What is the MCO's process for monitoring the actions to determine their effectiveness? Healthy Blue uses multiple quality foundations to assess effectiveness of interventions such as, PDSA cycles, Cause/Effect Diagrams, Benchmark Reporting and Root Cause Analysis. If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. <ul style="list-style-type: none"> New Custom Provider Incentive Programs New Member Text Campaigns New Member Benefit Mobile App Community Health Worker Program Developmental Screening PIP Home Telehealth Kits Mobile Screening Unit 	
<p>Six (6) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.</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"> CCC Child Population: <ul style="list-style-type: none"> How Well Doctors Communicate (< 25th percentile) Rating of All Health Care (< 10th percentile) Rating of Health Plan (< 25th percentile) 	<ul style="list-style-type: none"> What has the MCO done/planned to address each recommendation? Healthy Blue has developed a real-time member pulse satisfaction survey which is distributed to members on a monthly basis and data collected to identify areas of dissatisfaction. Additionally, Healthy Blue is working towards incentivizing providers on member satisfaction metrics as a part of their Value-Based agreements. When and how was this accomplished? For future actions, when and how will they be accomplished? Development of campaign allowing data collection of member responses to CAHPs like satisfaction questions implemented in Q3 2021. What is the expected outcome of the actions that were taken or will be taken? Improvement of CAHP satisfaction scores What is the MCO's process for monitoring the actions to determine their effectiveness? Healthy Blue is monitoring satisfaction results, call center metrics, grievances and appeals through the Service Quality Committee made up multiple disciplines for input on interventions. If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. <p>Member Satisfaction Pulse Survey via Health Crowd</p>	Partially addressed

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Compliance Monitoring</p> <ul style="list-style-type: none"> Only 8 of 17 (47%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their federal and state Provider Network access requirements. 	<p>HBL will continue contracting all eligible providers to improve the network and address gaps. The plan will report network gaps, documenting contracting efforts and corrective action measures each reporting period. Appendix A, details the plans methodology determining network gaps, addressing these gaps, identifying providers to target, and addressing membership needs. Attachment 1, documents parish deficiencies by reporting period forwarded to Network Management and Attachment 2, demonstrates network activity with list of newly contracted providers by plan year and provider type; Attachment 3, is the contracting activity log by deficient provider type.</p> <p>Plan of Action: 4/2019-3/2020</p> <p>A gap analysis is completed after each reporting period, in this case bi-annually and forwarded to the Network Management team. The contracting team is given list of provider types and deficient parishes to target to address the network gaps. The team then identifies providers to target, contacts the providers and attempts to begin the contracting process. When no providers are located within a given parish or region; and/or unwilling to accept Medicaid or incentive to accept Medicaid the plan will request a letter of exception for the deficient provider type and parish.</p> <p>Results: a limited number of providers were added to the network, for the majority of the deficient area no providers were available and it was found very few providers would not accept Medicaid rates. See Attachment 4, for the current plan status.</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.

EQR: external quality review; HBL: Healthy Blue of Louisiana; MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; BMI: body mass index; COVID-19: 2019 novel coronavirus; IVR: interactive voice response; OB: obstetrician; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; LA: Louisiana; AAP: Louisiana Chapter of the American Academy of Pediatrics; SDOH: social determinants of health; ER: emergency room; QM: quality management; PIP: performance improvement project; PDSA: plan-do-study-act; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: Children with Chronic Conditions.

LHCC Response to Previous EQR Recommendations

Table 38 displays LHCC's progress related to the *State of Louisiana Department of Health Louisiana Healthcare Connections Annual External Quality Review Technical Report FINAL REPORT April 2021*, as well as IPRO's assessment of LHCC's response.

Table 38: LHCC Response to Previous EQR Recommendations

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>For the Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence PIP, it was found that the results must be interpreted with some caution due to issues with ITMs. Also, for the Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that the results must be interpreted with some caution also due to issues with intervention tracking measures.</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>LHCC has dedicated staff and resources to ensure PIPs and associated intervention tracking measures (ITM's) are being addressed and progressing towards established goals. Oversight of PIP activities were maintained with leadership engagement through QAPI committee and Performance Improvement Team meetings, with additional multidisciplinary workgroups meeting bi-weekly and/or monthly to develop and monitor interventions and assess outcomes. Workgroup meetings for both IET and HCV PIPs include ongoing collaborations and discussion of interventions, outcomes, identified barriers, and data trends including member and provider feedback collected through case management or provider consultant encounters, as well as updated guidance from IPRO and the Louisiana Department of Health.</p> <p>When considering PIP results and interpretation of outcomes data, it is significant to note the onset and impact of the COVID-19 pandemic on overall healthcare delivery since Q1 2020. State PIPs were paused at the onset of the pandemic, while member and provider outreach activities were also limited for several months to minimize interference with urgent messaging regarding the unfolding public health emergency. Despite the temporary interruption in PIP activities early in the year, LHCC's performance improvement teams continued to monitor member activity and tracking through claims data, while maintaining access to PIP information and resources for both members and providers on LHCC websites and social media platforms. As PIPs resumed in June 2020, ITMs involving member outreach were notably impacted by lower response rates and member abrasion concerns, as MCO's and healthcare providers resumed efforts to re-engage members for wellness and preventive care that had been delayed. Additional barriers to member and provider outreach included continued limitations on face-to-face or field activities, prompting transitions to virtual outreach and engagement where feasible. Unrelated to the COVID-19 pandemic, Louisiana was impacted by multiple hurricanes during 2020 – further stretching the resources and capabilities of health plans and providers across the state. Overlapping outreach initiatives to ensure hurricane preparedness and recovery were compounding outreach attempts for PIPs, care coordination efforts, and routine health activities including HEDIS care gap support. Provider-facing ITM's involving outreach and education were challenging to re-establish as provider scheduling conflicts were realized due to increased sick visit volumes due to the pandemic, as well as provider impacts from hurricane events in key regions. Variability in ITM data for the IET and HCV PIPs were recognized due to the various shifts in interventions and outreach modalities that were necessary to navigate the pandemic and natural disasters that occurred</p>	<p>Addressed</p>

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>during the measurement year. Data collection related to outreach initiatives was also a factor, with automated and manual processes employed for optimal capture of encounter data. LHCC has been steadily exploring and implementing alternative data collection strategies to mitigate these challenges as PIPs continue and the pandemic environment has evolved.</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 improvement from prior year, with the exception of: Access to Other Services - Prenatal Care.</p> <p>The MCO should develop specific interventions to address the worst performing HEDIS measures:</p> <ul style="list-style-type: none"> • Adult BMI Assessment (< 10th percentile) • Antidepressant Medication Management – Acute Phase (< 10th percentile) • Antidepressant Medication Management – Continuation Phase (< 10th percentile) • Comprehensive Diabetes Care – HbA1c Testing (< 25th percentile) • Controlling High Blood Pressure (< 5th percentile) • Medication Management for People With Asthma Total – Medication Compliance 75% (5–64 Years) (< 25th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for 	<p>LHCC is committed to improving the health of our members, leveraging our QAPI program and cross-functional workgroups to monitor HEDIS performance, identify barriers impacting members and providers, and developing interventions to address low performing measures. When considering 2020 HEDIS outcomes and metrics falling below the national 50th percentile, it is significant to note the onset and impact of the COVID-19 pandemic on overall healthcare delivery since Q1 2020 (in particular, the direct impact on hybrid HEDIS measures). Hybrid projects and associated medical record retrievals were ongoing at the time COVID-19 began to emerge in Louisiana, with resulting effects on final measure rates recognized locally and nationwide. Member and provider outreach activities were also limited for several months to minimize interference with urgent messaging regarding the unfolding public health emergency. Providers, including primary care and specialists, reported operational impacts due to both decreased member activity and staffing/administrative burdens as staff were impacted by the virus as well. Outreach efforts were interrupted again as hurricane events impacted members and providers in various areas of the state. HEDIS rates lagged from prior year averages throughout 2020, despite increased promotion and adoption of telemedicine alternatives.</p> <p>Several initiatives were implemented or continued during 2020 to address HEDIS outcomes, including but not limited to the following activities that address the lower performing HEDIS measures noted:</p> <ul style="list-style-type: none"> • Annual updates and deployment of quality trainings and communications across the organization, including addressing alternate approaches to member/provider engagement to address HEDIS care gaps throughout evolving pandemic environment and hurricane recovery efforts. • Maintained monthly HEDIS data trending and analysis, including barrier identification and mitigation strategies, in addition to addressing HEDIS opportunities during monthly physical and behavioral health workgroups (multidisciplinary contributors across departments to identify barriers and develop/monitor interventions) • Resumed member outreach for wellness, preventive, and chronic care needs via telephonic encounters, texting campaigns, mailings, social media and community events; promoted wellness and prevention activities by engaging and empowering members to seek preventive care, complete age-appropriate screenings, and promoting healthy lifestyle choices (inclusive of medication adherence needs as well as wellness visit opportunities for BMI and nutritional assessment, chronic disease monitoring such as diabetes and hypertension) 	<p>Partially addressed</p>

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Children/Adolescents – BMI Percentile (< 10th percentile)</p> <ul style="list-style-type: none"> • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (< 10th percentile) • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (< 10th percentile) • Adults’ Access to Preventive/Ambulatory Services 65+ Years (< 10th percentile) • Access to Other Services – Prenatal Care (< 25th percentile) 	<ul style="list-style-type: none"> • Promoted Provider resources and on-demand access to care gap reports and performance report cards via secure portal • Updated ADHD reminder appointment cards for distribution to members newly prescribed ADHD medications • 90 day medication refills for maintenance medications (including Antidepressant, Asthma and ADHD treatment regimens) • Increased member rewards to promote member engagement/compliance for select chronic conditions including diabetes and associated screenings (i.e., A1C monitoring, eye exams) • Established pilot partnership with Lab2U for direct mailing of HbA1C test kits to members for at home use, easing the burden of in-person visits for laboratory testing (also minimizing COVID-19 exposure risks) • Enhanced Provider incentives to promote engagement/assistance with member care gaps, addressing preventive and chronic care management • Modified member outreach strategies including virtual modalities and promoting telehealth options, including offering support/resources to navigate barriers associated with COVID 19 to encourage continuity of care and annual well-visits (i.e. address member hesitancy/exposure concerns, assist with transportation). Automated dialing (IVR) calls resumed after COVID restrictions lifted, with member outreach campaigns for medication adherence, post-partum and well child/immunization reminders. • Conducted Provider training on hypertension/blood pressure measure opportunities including medical record documentation, CPT coding, and optimal blood pressure measurement practices; also offered providers option for supplemental data file submissions for improved capture of CBP outcome data and HEDIS impacts. • Developed/distributed Provider educational materials for HEDIS measures including chronic conditions; resources were made available as on-demand webinars and printed materials • Updated HEDIS quick reference guide for distribution to providers via electronic/on-demand access as well as print copies upon request • EPSDT webinars developed and presented to providers virtually during pandemic restrictions (addressing all EPSDT and well-child measures, promoting immunizations and offering resources for VFC). EPSDT coordinator conducts virtual encounters with provider groups and review care gaps and EPSDT weight assessment/ physical activity requirements (field visits to resume as COVID-19 restrictions lift) • Promoting Member resources including mobile apps for on demand access to information, including diabetes education specific to Louisiana (Well Ahead app) and prenatal/postpartum care and healthy habits for baby, including Smart Start Baby app (provided to members upon completing the Notice of Pregnancy) 	

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>In addition to continuation of the above efforts, additional strategies for ongoing HEDIS performance and member management include the following:</p> <ul style="list-style-type: none"> • Updating provider performance incentives to align with LDH performance measures, and reassessing impact of member incentive strategies on HEDIS outcomes (adjusting accordingly to focus on priority measures). • Coordinating member outreach efforts to align HEDIS care gaps with COVID vaccination opportunities to minimize member abrasion from duplicate contacts, expanding direct member outreach calls by Health Check Coordinators due to improved response/call acceptance vs automated dialer calls. • Nutrition support initiatives including renewed focus on disease management referrals for obesity/weight management, development/distribution of member materials for healthy eating and Adult BMI, as well as targeted provider resources to promote engagement in member outcomes/associated HEDIS initiatives. • Continue to develop/offer provider trainings and resources to support HEDIS performance and improve member health outcomes, focusing on priority measures as indicated by benchmarking. • Expanding utilization of at-home lab testing kits (A1C) as pandemic impacts continue, with exploration of additional home testing services as feasible. • Expand supplemental data sources and EMR access to support optimal data collection/timely capture of HEDIS gap closures and reduce administrative burden for providers, practices due to medical record retrievals. <p>Continue to promote telehealth alternatives where clinically appropriate to maintain continuity of care during continued pandemic environment.</p>	
<p>Seven (7) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.</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"> ▪ How Well Doctors Communicate (< 5th percentile) 	<p>Louisiana Healthcare Connections is committed to optimal member outcomes and experiences with the health plan and providers, particularly understanding the problems that members face and implementing actions to improve performance on specific improvement opportunities identified by CAHPS outcomes. Similar to HEDIS trends, LHCC observed COVID-19 impacts on CAHPS survey response rates with collateral effects on CAHPS scores in several measures. Historic performance with CAHPS has been strong (i.e., 2019 scores exceeded 75th percentile for both measures adult/child surveys), hence the timing and outcomes noted in 2020 have been attributed to the limited responses and surveys being fielded during the early stages of the evolving COVID challenges – members fears/frustrations during this time likely had negative impact on their feedback/perceptions.</p> <p>Despite the pandemic impact on survey outcomes, LHCC maintained an active CAHPS improvement strategy throughout 2020 and continues in 2021. Interventions focused on</p>	Partially addressed

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<ul style="list-style-type: none"> Rating of All Health Care (< 25th percentile) Rating of Personal Doctor (< 5th percentile) 	<p>improving member experience included but were not limited to the following:</p> <ul style="list-style-type: none"> LHCC CAHPS Task Force met at minimum monthly to ensure continued oversight of interventions, including staff education and training in customer service, communication, motivational interviewing, as well as cultural competence and diversity. Department level interventions were established to support continual process improvement, including both member and provider facing teams. Performance metrics were monitored to ensure adherence to TAT deadlines as well as stretch goals to further improve the member experience. Grievance data, post-encounter member satisfaction surveys, and member feedback from advisory councils were monitored for any significant trends warranting targeted intervention. <p>These strategies will continue and evolve as additional member experience insights are gained through direct feedback as well as planned mock survey activities to supplement performance monitoring. Additional strategies will include expanding provider resources and training opportunities for a collaborative approach to improving member experience and ultimately improving member engagement in their health care and resulting health outcomes.</p>	
<p>Compliance Monitoring Only 3 of 13 (23%) Provider Network requirements that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their federal and state Provider Network access requirements.</p>	<p>LHCC analyzes its network adequacy on a quarterly basis by running GEO Access reports for all contracted providers based on the network adequacy guidelines outlined in the LDH System Companion Guide. These reports measure the geographic location of the specialized behavioral health provider and the member considering distance and travel time. In addition, LHCC holds quarterly Quality Assessment Performance Improvement Committee (QAPIC) meetings where the different Management Teams discuss network issues by region such as network gaps, potential accessibility issues, single case agreements, provider complaints, member complaints, and utilization trends. The team monitors member growth trends month over month by product type to anticipate potential areas of need. The provider network is continuously monitored to make sure it meets the needs and capacity of LHCC members. Any gaps are reported to LDH through the Quarterly Network Adequacy reporting process.</p> <p>At the time of the compliance review, internal analysis confirmed LHCC's network was not experiencing any access issues with members accessing needed care or providers accepting Medicaid patients. There were no interruptions to care or unmet needs for any level of care at the time of post-review. Members received needed care in a timely manner. Post-review interventions were effective in addressing the network gaps identified, and LHCC will continue to contract with any available provider in the State to close any additional network gaps that arise.</p> <p>LHCC continues the below strategies to enhance the network including:</p>	<p>Partially addressed</p>

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<ul style="list-style-type: none"> Monitoring our Competitor's Network especially those with other lines of business using online FAP tools to identify potential providers. Prior to contracting, LHCC will verify the provider is available and accepting patients as well as providing the level of care indicated. Search online tools to identify potential providers. Work with Louisiana Health Standards and the Medical Examiners Board to identify newly licensed providers. LHCC's Provider Consultants meet with primary care providers to identify referral patterns for specialists. <p>Review SCA's for potential contracting opportunities.</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.

EQR: external quality review; LHCC: Louisiana Healthcare Connections; MCO: managed care organization; LHCC: Louisiana Healthcare Connections; PIP: performance improvement project; ITM: intervention tracking measure; QAPI: Quality Assurance and Performance Improvement; COVID-19: 2019 novel coronavirus; HEDIS: Healthcare Effectiveness Data and Information Set; BMI: body mass index; ADHD: attention deficit/hyperactivity disorder; IVR: interactive voice response; CPT: Current Procedural Terminology; CBP: Controlling High Blood Pressure; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; VFC: Vaccines for Children; LDH: Louisiana Department of Health; EMR: electronic medical record; CAHPS: Consumer Assessment of Healthcare Providers and Systems; SCA: single case agreement.

UHC Response to Previous EQR Recommendations

Table 39 displays UHC's progress related to the *State of Louisiana Department of Health UnitedHealthcare Community Plan Annual External Quality Review Technical Report FINAL REPORT: April 2021*, as well as IPRO's assessment of UHC's response.

Table 39: UHC's Response to Previous EQR Recommendations

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
For the Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation PIP, it was found that results must be interpreted with some caution due to issues with ITMs and incorrectly calculated performance indicators.	<ul style="list-style-type: none"> What has the MCO done/planned to address each recommendation? <ul style="list-style-type: none"> The health plan will allocate additional resources devoted to data integrity. When and how was this accomplished? For future actions, when and how will they be accomplished? <ul style="list-style-type: none"> As the HCV PIP evolved, data analysts worked alongside other departments including quality, pharmacy and case management. In the future we continue current interdepartmental collaborations and multi-disciplinary efforts along with adding additional resources. 	Addressed
The MCO should devote adequate	<ul style="list-style-type: none"> What is the expected outcome of the actions that were taken or will be taken? 	

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.	<ul style="list-style-type: none"> ○ Data validity and reliability will be ensured through the mechanisms of multidisciplinary collaborations. •What is the MCO's process for monitoring the actions to determine their effectiveness? <ul style="list-style-type: none"> ○ Internal workgroup meetings are ongoing and subject matter experts and accountable care owners will work closely to ensure the validity and reliability of the data of the HCV PIP. •If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. <p>The multi-disciplinary team will continue to work closely together to follow any additional recommendations.</p>	
<p>Eighteen (18) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. Low performing HEDIS measures have shown little improvement from prior year with the exception of:</p> <ul style="list-style-type: none"> • Adult BMI Assessment • Controlling High Blood Pressure • Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile <p>The MCO should develop specific interventions to address the worst performing HEDIS measures:</p> <ul style="list-style-type: none"> • Antidepressant Medication Management – Acute Phase (< 25th percentile) • Antidepressant Medication Management – Continuation Phase (< 25th percentile) • Medication Management for 	<p>For the 3 measures that did show improvement, we confirmed the numbers from the year prior. We have monitored these measures over the last several years and will continue to do so and alter education as needed.</p> <p>Antidepressant Medication Management Acute Phase and Continuation</p> <ul style="list-style-type: none"> • What has the MCO done/planned to address each recommendation? <ul style="list-style-type: none"> ○ Provider Education <ul style="list-style-type: none"> ▪ Behavioral Health Identification, Treatment and Referral In Primary Care: 3-Part On-Demand Series HEDIS Training <ul style="list-style-type: none"> • The series discusses best practices for the integration of behavioral care into a primary care setting, with a specific training focused on depression ▪ Behavioral Health Toolkit for Medical Providers: Screening Toolkit for PCPs on Optum provider website <ul style="list-style-type: none"> • Provides education, resources, and screening tools related to various diagnoses, including depression ○ Outpatient (OP) Shared Savings Model <ul style="list-style-type: none"> ▪ Incentive program for providers based on achieving targets for specific metrics, with a specific metrics related to medication adherence ▪ Current Facilities: Florida Parishes Human Services Authority, Metropolitan Human Services District, Capital Area Human Services District, Volunteers of America Greater Baton Rouge, Volunteers of America North Louisiana, Volunteers of America Southeast Louisiana • When and how was this accomplished? For future actions, when and how will they be accomplished? <ul style="list-style-type: none"> ○ The Behavioral Health Toolkit and Behavioral Health HEDIS trainings have been 	Partially addressed

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>People With Asthma Total – Medication Compliance 75% (5–64 Years) (< 25th percentile)</p>	<p>promoted in multidisciplinary settings such as joint operation committee meetings with PCP groups, provider expos, and mailings throughout 2021 and will continue in 2022</p> <ul style="list-style-type: none"> ○ The Outpatient Shared Savings Model programs were initiated 07/01/2021. Scorecard monitoring and facility meetings to review performance will continue in 2022 • What is the expected outcome of the actions that were taken or will be taken? <ul style="list-style-type: none"> ○ Increased provider education on the importance of initiation and maintenance of antidepressant medication for adults with a diagnosis of major depression ○ Improved measure rates due to increased education and awareness of importance of initiation and maintenance of antidepressant medication for adults with a diagnosis of major depression • What is the MCO’s process for monitoring the actions to determine their effectiveness? <ul style="list-style-type: none"> ○ Regular monitoring of HEDIS measure rates ○ Monitoring PCP completion of HEDIS training ○ Review of scorecards, which include HEDIS performance information, developed for OP shared savings program • If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. <ul style="list-style-type: none"> ○ N/A for Behavioral Health initiatives <p>Medication Management for People with Asthma Total- Medication compliance 75% (5-64 years)</p> <ul style="list-style-type: none"> • What has the MCO done/planned to address each recommendation? <ul style="list-style-type: none"> ○ The MCO plans to address this measure through ongoing provider and member education. • When and how was this accomplished? For future action, when and how will they be accomplished? <ul style="list-style-type: none"> ○ Increase provider education on the importance of Asthma medication compliance will be a priority in 2022. This education will be done via member gap reports delivered to provider via in person, email and fax. ○ Asthma educational handouts and Measure specific informational sheet will be disseminated to providers. ○ Member education will be done via our Member newsletter and outreach and community events ○ As we monitor this measure month over month, we can and will add additional 	

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>educational opportunities as needed.</p> <ul style="list-style-type: none"> • What is the expected outcome of the actions that were taken or will be taken? <ul style="list-style-type: none"> ○ Expectations are that the HEDIS scores will show increase favorably through continued and targeted education of providers and/or members. • What is the MCO's process for monitoring the actions to determine their effectiveness? <ul style="list-style-type: none"> ○ Regular monitoring of HEDIS measure rates for this specific measure ○ Case Management for High-Risk/Special Needs members • If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. <ul style="list-style-type: none"> ○ Provider education continued throughout 2021. ○ Relationship developing with additional/new providers will begin in the future. ○ Collaboration with Pharmacy to validate medication compliance – preventative vs rescue medication. ○ Pediatric Nurse Practitioner, EPSDT Coordinator, will concentrate on Pediatric providers throughout the state to educate peer to peer. 	
<p>While performance on CAHPS measures was generally good, 3 of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.</p>	<ul style="list-style-type: none"> • What has the MCO done/planned to address each recommendation? Data is analyzed, opportunities are identified and prioritized, and interventions are implemented for all scores falling below goal. • When and how was this accomplished? For future actions, when and how will they be accomplished? <ul style="list-style-type: none"> ○ Each year once the CAHPS scores are received, the annual process begins. The following is an example of analysis for How Well Doctors Communicate for children. The opinion of the personal doctor's communication skills was neither reflected in the Rating of Personal Doctor, which was in the 75th percentile, nor the Rating of Specialist which was in the 90th percentile. Demographic data analysis revealed most respondents for the Children General Population (CGP) were 35-44 years old, those with a child in excellent or very good health, and those with a child 9-13 years old. Respondents least satisfied with how doctors communicate for (CGP) were 35-44 years old, those with a child 0-4 years old, and/or those with a child in fair or poor health. ○ The preventive health requirements for healthy 9–13-year-olds are far fewer than that of healthy 0–4-year-olds, much less those in fair to poor health. For example, a healthy 9-year-old requires 1 well visit. A healthy 1-year-old should have had 5 well visits, along with at least 1 lead and developmental screen, and numerous vaccines. If the 1-year-old was sick, or developmentally delayed, then many more visits for diagnosis and treatment from possibly more than one provider would be required. A parent or guardian could easily be overwhelmed by all the aspects of caring for an ill child, and their response to whether 	<p>Partially addressed</p>

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>their doctor explained issues well enough, could understandably be no. The persistence of the COVID-19 pandemic must also be considered. The cost for hesitancy by the parent/guardian to expose the child to an office visit, could be the reduction in time spent with provider staff, possibly not covering all aspects of care as comprehensively as usual.</p> <ul style="list-style-type: none"> ○ Interventions to improve parent/guardian understanding of preventive health needs for children and promote participation in the health care process include information in the enrollee handbook, articles in the enrollee newsletter, incentives for completed visits, and reminders mailed and via interactive voice response (IVR) reminders for well visits and vaccines. Starting in 2021, enrollees that have given permission now also receive text messages on developmental screens and other vital subjects. Recognizing the increased needs of children birth to 15 months, they are included in the Healthy First Steps program which provides care management of new mothers and their babies up to 15 months. Parents/guardians for this group also receive live phone calls from UHC staff. Parents/guardians are reminded of needed preventive visits, including developmental screens, and are offered and provided assistance with transportation, or enrolling in care management depending upon the individual needs of the child. Interventions for providers include education on CAHPS survey questions and how providers can improve their communication skills. This would apply to both children and adults. • What is the expected outcome of the actions that were taken or will be taken? <ul style="list-style-type: none"> ○ The expected outcome of the actions is the enrollee's satisfaction level accurately reflected by the CAHPS scores, which meet or surpass rating goals. • What is the MCO's process for monitoring the actions to determine their effectiveness? <ul style="list-style-type: none"> ○ The process for monitoring actions includes the CAHPS report evaluation along with enrollee feedback throughout the year. • If a recommendation in the 2021 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned <ul style="list-style-type: none"> ○ The improvement process for enrollee satisfaction is ongoing. One initiative not noted above includes the improvement of communication with individuals of Hispanic origin. UHC has welcomed a Spanish speaking outreach coordinator to facilitate the promotion of Hispanic enrollee engagement in healthcare activities. 	
Compliance Monitoring - Only 8 of 18 (44%) Provider Network requirements and 7 of 13 (54%) Core Benefits and Services requirement that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020	<p>Remediation Summary (Sterilization Policy for CBS 6.16.2): Member Handbook with sterilization was submitted to State (11/11/21). Sterilization Policy was submitted to State for approval on 11/30/21. Remediation Summary (Care Plan for CBS 6.19): A Care Plan Guide was developed to assist case management staff to manually enter Opportunities, Goals, and Interventions (OGI). On 12/8/2021, the Care Plan Guide/Checklist was presented to case managers during a team meeting. Quarterly Care Plan trainings occurred in 2020 and three trainings occurred in 2021. Additional training is targeted across all three teams</p>	Partially addressed

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>compliance review. The MCO should work with providers to meet their Provider Network access requirements and review Core Benefits and Services deficiencies to meet their federal and state requirements.</p>	<p>related to care plan development in 2022.</p> <p>Remediation Summary (Care Coordination and Referrals for CBS 6.28): A Care Plan Guide was developed to assist case management staff on documenting plan of care and documented in the member management system as a referral, inclusive of both internal and external referrals, for all of our programs including Chronic Care Management. Care Coordination and Referral training videos on activity tracking activities (documenting care coordination) in the member management system has been developed and has been assigned to staff. Remediation Summary (Discharge and Post Care for CBS 6.30):</p> <p>The UHC Health Plan instituted the RACI (Reducing Admissions with Collaborative Interventions) program. The program includes an Interdisciplinary Team (IDT) meeting including (but not limited to) facility staff and UHC BHA and physical medicine Care Manager, prior to a member's discharge where outpatient (Medical/BH) service needs, social determinants of health needs, medication needs are addressed, and an action plan is established. The Behavioral Health Advocate assigned follows the member post-discharge with support from physical medicine care management and ensures the action plan moves forward. Our internal referral system is in place between BH Care managers and physical medicine and/or specialty case managers has been reviewed. Review of member's care team and addition of team members occurs during our Interdisciplinary Rounds meetings. We instituted a new rounds template in October 2021 to further support integration. PRTF discharged members are being automatically assigned a BHA if one is not already assigned, for discharge plan follow up. A Discharge Planning Guide is being implemented for staff to use upon a member admission to inpatient setting as a tool to ensure all activities have been addressed and documented in the member management system and a review of discharge planning documentation requirements will be presented to staff in Quarter 1 2022. Audits for all deficiencies will be a major focus in 2022. Deficiencies and root cause will be identified, and root causes remediated. One on One (1:1) coaching will occur with staff to correct deficiencies and gaps. Additionally, management will identify trends and opportunities to correct systemic issues.</p> <p>UHC has addressed all Network recommendations. This was accomplished through: Updating the Member Handbook and submitting a Network Provider Development management plan that clearly documents provider geographic availability, including measures for identifying gaps. UHC will continue to document efforts with providers whenever possible. UHC will continue to monitor Network Adequacy and Accessibility per our Network Development Management Plan and our Network Variance Tracking Standard Operating Procedure. Monthly reviews are done and opportunities to close gaps with additional provider contracts are pursued.</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.

EQR: external quality review; UHC: UnitedHealthcare Community Plan of Louisiana; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure; HEDIS: Healthcare Effectiveness Data and Information Set; BMI: body mass index; PCP: primary care provider; N/A: not applicable; EPSDT: Early and Periodic Screening, Diagnostic and Treatment; CAHPS: Consumer Assessment of Healthcare Providers and Systems; COVID-19: 2019 novel coronavirus; CBS: Core Benefits and Services; BHA: behavioral health advocate; BH: behavioral health; PRTF: psychiatric residential treatment facility.

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

Tables 40–44 highlight each MCO’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**.

ACLA Strengths and Opportunities for Improvement, and EQR Recommendations

Table 40: ACLA Strengths and Opportunities for Improvement, and EQR Recommendations

ACLA				
EQR Activity		Quality	Timeliness	Access
Strengths				
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	There were no validation findings which indicate that the credibility of the PIP results is at risk. The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points: <ul style="list-style-type: none"> Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence 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 	--	X	X
PIPs ¹ 2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	There were no validation findings which indicate that the credibility of the PIP results is at risk. The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement ¹⁸ : <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 3a (HCV Treatment Initiation-Overall) Performance Indicator 3b (HCV Treatment Initiation-Drug Users) Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV) 	--	--	X

¹⁸ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

ACLA				
EQR Activity		Quality	Timeliness	Access
Compliance with Medicaid and CHIP Managed Care Regulations	ACLA demonstrated full compliance in 10 of 11 domains.	X	--	--
Performance Measures	In MY 2020, ACLA had 30 of 66 HEDIS measures equal or greater than 50 th NCQA national benchmark. <ul style="list-style-type: none"> All MCOs successfully reported HEDIS on time. All MCOs were compliant with the IS standards. 	X	--	--
Quality of Care Surveys – Member Experience	In 2021, ACLA performed better than the national Medicaid average for All LOBs (excluding PPOs): Adult CAHPS: <ul style="list-style-type: none"> Getting Needed Care How Well Doctors Communicate Customer Service Rating of All Health Care Rating of Health Plan Children With Chronic Conditions (CCC) CAHPS: <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly Rating of All Health Care Rating of Personal Doctor Rating of Health Plan Child General (Non-CCC) CAHPS: <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	X	X	X
Network Adequacy	None identified.	--	--	--
Quality Ratings	<ul style="list-style-type: none"> Overall Consumer Satisfaction (four out of five stars) <ul style="list-style-type: none"> Satisfaction with plan physicians Satisfaction with plan services 	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	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 1: Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Indicator 2: Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Indicator 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Indicator 6: Engagement of AOD Treatment: Total age 	--	X	X

ACLA				
EQR Activity		Quality	Timeliness	Access
or Dependence	<p>groups, Total diagnosis cohort</p> <ul style="list-style-type: none"> 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 is an opportunity to derive updated barrier analysis information by conducting focus groups with provider organizations. There is an opportunity to address geographic disparity areas identified in the driver diagram by implementing PIP interventions in those areas. ITMs indicate that members with co-morbid serious mental illness are more successfully outreached and receiving follow-up compared to those with SUD. There is an opportunity to add an intervention to improve member receipt of psychosocial SUD treatment. 			
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>The following performance indicators did not demonstrate improvement of at least 3 percentage points from baseline to final remeasurement:</p> <ul style="list-style-type: none"> Performance Indicator 2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening) There was an opportunity to conduct a systematic barrier analysis to identify susceptible subpopulations. There was an opportunity to stratify performance indicators by member characteristics such as geographic area. 	--	--	X
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 urban and rural parishes. Finding: The MCO did not provide evidence that “the plan shall specifically assess the extent to which the MCO’s in-state network is sufficient to meet the needs of this population.” 	X	--	X
Performance Measures	In MY 2020, ACLA had 4 of 66 HEDIS measures lower than 10th NCQA national benchmark, and 12 of 66 HEDIS measures between 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, ACLA performed below than the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Adult CAHPS:</p> <ul style="list-style-type: none"> Getting Care Quickly Rating of Personal Doctor Rating of Specialist <p>Children With Chronic Conditions (CCC) CAHPS:</p> <ul style="list-style-type: none"> How Well Doctors Communicate <p>Child General (Non-CCC) CAHPS:</p> <p>Rating of Health Plan</p>	X	X	X
Network Adequacy	ACLA adult PCP to member ratio dropped from 1.58% to 1.52% from MY 2018 to MY 2020, its pediatric PCP to member ratio dropped from 2.36% to 1.05% from MY 2018 to	--	--	X

ACLA				
EQR Activity		Quality	Timeliness	Access
	MY 2020. ACLA met 23% of the provider network distance standards.			
Quality Ratings	<ul style="list-style-type: none"> Overall treatment (two stars) <ul style="list-style-type: none"> Asthma Diabetes Mental health 	X	--	--
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"> The MCO was advised to obtain direct member feedback from Care Management outreach in response to poorly performing ITMs. It was found that the results must be interpreted with some caution due to data correction required for one of the performance indicators. 	X	--	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	It was found that the results must be interpreted with some caution due to discrepancies in the denominator of a performance indicator.	X	--	X
	For both PIPs, the MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.	--	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	Adequate Capacity and Service <ul style="list-style-type: none"> The MCO should improve access to PCPs for their urban members. The MCO should assess the extent to which their in-state network is sufficient to meet the needs of individuals with a dual diagnosis of behavioral health and developmental disabilities. 	X	--	X
Performance Measures	None identified.	--	--	--
Quality of Care Surveys – Member	Nine (9) 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. <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) How Well Doctors Communicate (< 25th percentile) Child General population: 	X	X	X

ACLA				
EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> How Well Doctors Communicate (< 25th percentile) 			
Network Adequacy	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

¹ These are the same results as reported in last year's ATR because the final interim rates reported extended past the ATR review period (July, 1 2019–June 30, 2020).

EQR: external quality review; ACLA: AmeriHealth Caritas Louisiana; PIP: performance improvement project; MCO: managed care organization; AOD: Alcohol and Other Drug; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; LOBs: lines of business; PPOs: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MY: measurement year; ITM: intervention treatment measure; SUD: substance use disorder; PCP: primary care provider.

ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations

Table 41: ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations

ABHLA				
EQR Activity		Quality	Timeliness	Access
Strengths				
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	<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 points¹⁹:</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 ¹⁹:</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- 	X	--	X

¹⁹ The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

ABHLA EQR Activity				
		Quality	Timeliness	Access
	Overall) <ul style="list-style-type: none"> Performance Indicator 3b (HCV Treatment Initiation-Drug Users) Performance Indicator 3c (HCV Treatment Initiation-Persons with HIV) 			
Compliance with Medicaid and CHIP Managed Care Regulations	Aetna demonstrated full compliance for 8 of the 11 domains reviewed.	--	--	--
Performance Measures	None identified.	--	--	--
Quality of Care Surveys – Member	In 2021, ABHLA performed better than the national Medicaid 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 	X	X	X
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 	--	X	X

ABHLA EQR Activity				
		Quality	Timeliness	Access
	<ul style="list-style-type: none"> There was an opportunity to obtain direct member feedback from care manager outreach. There was an opportunity to obtain direct provider feedback. 			
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>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:</p> <ul style="list-style-type: none"> 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. 	X	--	X
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: <u>A</u> "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/sub-measures equal or greater than 50th NCQA national benchmark, lowest performance of all five MCOs. ABHLA had 5 of 66 HEDIS measures/sub-measures lower than 10th NCQA national benchmark, and 13 of 66 HEDIS measures/sub-measures between 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 	X	X	X

ABHLA EQR Activity				
		Quality	Timeliness	Access
	<ul style="list-style-type: none"> Rating of Health Plan Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> Rating of Personal Doctor Rating of Health Plan			
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 Heart disease Mental and behavioral health 	X	--	--
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	<u>Adequate Capacity and Service</u> <ul style="list-style-type: none"> The MCO should improve access to Dermatology and Endocrinology and metabolism specialties. <u>Confidentiality</u> <ul style="list-style-type: none"> The MCO should include this requirement in its entirety in its policies. 	X	--	X

ABHLA EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> ○ 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 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 These are the same results as reported in last year's ATR because the final interim rates reported extended past the ATR review period (July 1, 2019–June 30, 2020).

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 plan; 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.

HBL Strengths and Opportunities for Improvement, and EQR Recommendations

Table 42: HBL Strengths and Opportunities for Improvement, and EQR Recommendations

HBL EQR Activity		Quality	Timeliness	Access
Strengths				
PIPs ¹ 1. Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	<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 points²⁰:</p> <ul style="list-style-type: none"> Indicator 7: The percentage of emergency department (ED) visits for members 13 years of age and older with a 	--	X	X

²⁰ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

HBL				
EQR Activity		Quality	Timeliness	Access
and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	<p>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</p> <ul style="list-style-type: none"> 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 			
PIPs ¹ 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 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	HBL demonstrated full compliance each of the 11 domains reviewed except for Assurances of adequate capacity and services.	--	--	X
Performance Measures	None identified.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, HBL performed better than the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Adult CAHPS:</p> <ul style="list-style-type: none"> How Well Doctors Communicate Rating of All Health Care Rating of Health Plan <p>Children With Chronic Conditions (CCC) CAHPS:</p> <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly How Well Doctors Communicate Customer Service 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"> Getting Needed Care Getting Care Quickly How Well Doctors Communicate Customer Service Rating of All Health Care Rating of Personal Doctor Rating of Health Plan 	X	X	X
Network Adequacy	None identified.	--	--	X

HBL				
EQR Activity		Quality	Timeliness	Access
Quality Ratings	<ul style="list-style-type: none"> Satisfaction with plan physicians (four and a half stars) Overall Treatment – Asthma (four stars) 	X	--	--
NCQA Accreditation	<ul style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none"> Initiation of AOD Treatment for AOD for all age groups and cohorts. Indicator 7a: The percentage of ED visits for members 13 years of age and older with a diagnosis of HIV/AIDS and principal diagnosis of AOD abuse or dependence who had a follow up visit for AOD within 7 days and 30 days of the ED visit. 	--	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>The following performance indicators did not demonstrate 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) 	--	--	X
Compliance with Medicaid and CHIP Managed Care Regulations	None identified.	--	--	--
Performance Measures	In MY 2020, HBL had 4 of 66 HEDIS measures lower than 10th NCQA national benchmark, and 14 of 66 HEDIS measures between 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, HBL performed below the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Adult CAHPS:</p> <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly Rating of Personal Doctor <p>Children With Chronic Conditions (CCC) CAHPS:</p> <p>Coordination of Care</p>	X	X	X
Network Adequacy	HBL did not meet 70% 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"> Cancer screening Overall treatment (two stars) <ul style="list-style-type: none"> Diabetes Heart disease Mental and behavioral health 	X	--	X

HBL				
EQR Activity		Quality	Timeliness	Access
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"> The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics. There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis. For barrier analysis, the MCO could obtain member feedback from care manager outreach. For barrier analysis, the MCO could obtain provider feedback. Barrier analysis should be used to tailor interventions to address susceptible subpopulations. Intervention 3a ITM was calculated incorrectly. ITMs should have been updated to meaningfully measure the intervention. <p>It was found that the results must be interpreted with some caution due to the ITM issues and a correction needed to a performance indicator.</p>	X	--	--
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics. There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis. For barrier analysis, the MCO could obtain member feedback from care manager outreach. For barrier analysis, the MCO could obtain provider feedback. Barrier analysis should be used to tailor interventions to address susceptible subpopulations. Intervention 3a ITM was calculated incorrectly. ITMs should have been updated to meaningfully measure the intervention. <p>Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment.</p> <p>It was found that the result must be interpreted with some caution due to issues with intervention tracking measures.</p>	X	--	X
	For both PIPs, the MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.	--	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	The MCO should improve access for allergy/immunology, Dermatology, Endocrinology and Metabolism, and Hematology/Oncology specialties.	--	--	X
Performance Measures	None identified	--	--	--
Quality of Care Surveys – Member	None identified	--	--	--
Network Adequacy	None identified	--	--	--
Quality Ratings	None identified	--	--	--

¹ These are the same results as reported in last year's ATR because the final interim rates reported extended past the ATR review period (July 1, 2019–June 30, 2020).

EQR: external quality review; HBL: Healthy Blue of Louisiana; PIP: performance improvement project; CHIP: Children's Health Insurance Program; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; LOBs: lines of business; PPO: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; AOD: Alcohol and Other Drug; HIV: human immunodeficiency disease; AIDS: acquired immunodeficiency syndrome; ED: emergency department; ITM: intervention treatment measure.

LHCC Strengths and Opportunities for Improvement, and EQR Recommendations

Table 43: LHCC Strengths and Opportunities for Improvement, and EQR Recommendations

LHCC				
EQR Activity		Quality	Timeliness	Access
Strengths				
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	<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 points²¹:</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 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort 	--	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 remeasurement²²:</p> <ul style="list-style-type: none"> 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	LHCC demonstrated full compliance each of the 11 domains	--	--	X

²¹ The final interim rates reported extend past the ATR review period (July 1 2019 – June 30 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

²² The final rates reported extend past the ATR review period (July 1 2019 – June 30 2020).

LHCC				
EQR Activity		Quality	Timeliness	Access
Medicaid and CHIP Managed Care Regulations	reviewed except for Assurances of adequate capacity and services.			
Performance Measures	In MY 2020, LHCC had 23 of 66 HEDIS measures equal or greater than 50th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, LHCC performed better than the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Adult CAHPS:</p> <ul style="list-style-type: none"> • Rating of All Health Care • Rating of Personal Doctor • Rating of Health Plan <p>Children With Chronic Conditions (CCC) CAHPS:</p> <ul style="list-style-type: none"> • How Well Doctors Communicate • Rating of All Health Care • Rating of Personal Doctor • Rating of Health Plan <p>Child General (Non-CCC) CAHPS:</p> <ul style="list-style-type: none"> • Getting Care Quickly • How Well Doctors Communicate • Rating of All Health Care • Rating of Personal Doctor • Rating of Health Plan 	X	X	X
Network Adequacy	None identified.	--	--	--
Quality Ratings	<ul style="list-style-type: none"> • Satisfaction with plan physicians (four and a half stars) • Satisfaction with plan services (four stars) • Overall treatment – asthma (four 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	<p>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:</p> <ul style="list-style-type: none"> • 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 	--	X	X
2. Improve Screening for	The following performance indicators did not demonstrate improvement of at least 3 percentage points from baseline to	X	--	X

LHCC				
EQR Activity		Quality	Timeliness	Access
Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>final remeasurement:</p> <ul style="list-style-type: none"> Performance Indicator 1a (Universal Screening) Performance Indicator 1b (Birth Cohort Screening) <p>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:</p> <ul style="list-style-type: none"> There was an opportunity to conduct a barrier analysis to identify susceptible subpopulations. There was an opportunity for interventions to target susceptible subpopulations. ITMs could be improved. One ITM duplicated the performance indicator and the denominators of other ITMs were not appropriate. There was an opportunity to conduct a barrier analysis to identify susceptible subpopulations. There was an opportunity for interventions to target susceptible subpopulations. 			
Compliance with Medicaid and CHIP Managed Care Regulations	Distance and/or time requirements were not met for ob/gyn, endocrinology, and metabolism specialties.	--	--	X
Performance Measures	In MY 2020, LHCC had 9 of 66 HEDIS measures lower than 10th NCQA national benchmark, and 11 of 66 HEDIS measures between 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, LHCC performed below the national Medicaid average for All LOBs (excluding PPOs):</p> <p>Adult CAHPS:</p> <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly How Well Doctors Communicate <p>Children With Chronic Conditions (CCC) CAHPS:</p> <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly <p>Child General (Non-CCC) CAHPS:</p> <ul style="list-style-type: none"> Getting Needed Care 	X	X	X
Network Adequacy	LHCC did not meet 91% of the provider network distance standards.	--	--	X
Quality Ratings	<ul style="list-style-type: none"> Overall treatment – heart disease (one and a half stars) Overall treatment – diabetes (two stars) Overall treatment – Mental and behavioral health (two stars) Overall prevention – women's health (two stars) 	X	--	--
Recommendations to MCO to Address Quality, Timeliness, and Access				
PIPs ¹ 1. Improving Rates for (1) Initiation and Engagement of Alcohol and Other	<ul style="list-style-type: none"> Specify the ITM to monitor use of SBIRT billing codes, as indicated, for greater clarity and accuracy of monitoring the intervention to educate providers about evidence-based SBIRT screening guidelines and billing. Specify ASAM education intervention and corresponding 	X	--	X

LHCC				
EQR Activity		Quality	Timeliness	Access
Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	<p>ITMs to show how provider education for ASAM was targeted to the appropriate provider types.</p> <ul style="list-style-type: none"> Implement interventions to educate ED providers and PCPs about SBIRT. Add an ITM to monitor the intervention to provide ED providers with listings of qualified providers for referral of members with suspected SUD for appropriate ASAM 6 Dimension risk evaluation. Implement an intervention that targets case management outreach to members with special health care needs with a corresponding ITM to monitor progress of this intervention. <p>It was found that the results must be interpreted with some caution due to issues with ITMs.</p>			
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> ITMs could be improved. One ITM duplicated the performance indicator and the denominators of other ITMs were not appropriate. <p>It was found that the results must be interpreted with some caution also due to issues with intervention tracking measures.</p>	X	--	X
Compliance with Medicaid and CHIP Managed Care Regulations	The MCO should improve access to ob/gyn and endocrinology and metabolism specialties.	--	--	X
Performance Measures	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Network Adequacy	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

LHCC: Louisiana Healthcare Connections; EQR: external quality review; PIP: performance improvement project; AOD: Alcohol and Other Drug; MY: measurement year; NCQA: National Committee for Quality Assurance; LOBs: lines of business; PPO: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LDH: Louisiana Department of Health; ITM: intervention treatment measures; CHIP: Children's Health Insurance Program; ob/gyn: obstetrics/gynecology; HEDIS: Healthcare Effectiveness Data and Information Set; SBIRT: screening, brief interview, and referral to treatment; ASAM: American Society of Addiction Medicine; PCP: primary care provider; SUD: substance use disorder; MCO: managed care organization.

UHC Strengths and Opportunities for Improvement, and EQR Recommendations

Table 44: UHC Strengths and Opportunities for Improvement, and EQR Recommendations

UHC				
EQR Activity		Quality	Timeliness	Access
Strengths				
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	There were no validation findings which indicate that the credibility of the PIP results is at risk. The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points: <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 3: Initiation of AOD Treatment: Total age groups, Total diagnosis cohort Indicator 4: Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Indicator 5: Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort Indicator 6: Engagement of AOD Treatment: Total age groups, Total diagnosis cohort 	--	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	There were no validation findings which indicate that the credibility of the PIP results is at risk. The following performance indicators demonstrated improvement of at least 3 percentage points from baseline to final remeasurement. <ul style="list-style-type: none"> 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	UHC demonstrated full compliance 8 of the 11 domains reviewed.	X	X	X
Performance Measures	In MY 2020, UHC had 30 of 66 HEDIS measures equal or greater than 50th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	In 2021, UHC performed better than the national Medicaid 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"> Getting Needed Care 	X	X	X

UHC				
EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> Getting Care Quickly How Well Doctors Communicate Rating of All Health Care Rating of Personal Doctor Rating of Health Plan Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> How Well Doctors Communicate Rating of All Health Care Rating of Personal Doctor Rating of Health Plan 			
Network Adequacy	None identified.	--	--	--
Quality Ratings	<ul style="list-style-type: none"> Overall Consumer Satisfaction (four and a half stars) <ul style="list-style-type: none"> Satisfaction with plan physicians Satisfaction with plan services 	X	--	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 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 	--	X	X
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	The following performance indicators did not demonstrate improvement of at least 3 percentage points from baseline to final remeasurement: <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) 	--	--	X
Compliance with Medicaid and CHIP Managed Care Regulations	<u>Adequate Capacity and Service</u> <ul style="list-style-type: none"> Finding: Distance and/or time requirements were not met for Dermatology, Endocrinology, and metabolism. Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. <u>Coordination and continuity of care</u> <ul style="list-style-type: none"> Finding: Of the 10 case management files reviewed seven (7) of 10 files had an individual care plan based on the needs assessment, and 6 of these 7 files had care plans that also included short and long term goals. Of the 10 behavioral health case management files, 7 met the requirement for an individual care 	X	--	X

UHC				
EQR Activity		Quality	Timeliness	Access
	plan based on the needs assessment and 7 of these 7 files met the requirement for member/family involvement. Of these same 7 files, 6 met the requirement to include member goals. Five (5) of the 10 files reviewed had a plan for addressing crisis to prevent unnecessary hospitalization.			
Performance Measures	In MY 2020, UHC had 6 of 66 HEDIS measures lower than 10th NCQA national benchmark, and 5 of 66 HEDIS measures between 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	In 2021, UHC performed below the national Medicaid average for All LOBs (excluding PPOs): Adult CAHPS: <ul style="list-style-type: none"> ○ Getting Needed Care ○ Getting Care Quickly ○ How Well Doctors Communicate Children With Chronic Conditions (CCC) CAHPS: <ul style="list-style-type: none"> ● Coordination of Care 	X	X	X
Network Adequacy	UHC did not meet 79% of the provider network distance standards.	--	--	--
Quality Ratings	<ul style="list-style-type: none"> ● Overall prevention - Cancer screening (two stars) ● Overall treatment - Mental and behavioral health (two stars) 	X	--	X
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	<p>It was not clear how interventions targeted identified susceptible subpopulations.</p> <p>While each of the 6 IET performance indicators demonstrated improvement, the 2 newly added FUA performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.</p>	X	--	--
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> ● It was recommended that the plan use claims/encounter data to identify disparities in screening and treatment among demographic groups. ● It was recommended that the plan obtain direct member feedback to identify barriers to HCV screening and treatment. ● It was recommended that the plan obtain direct provider feedback to identify barriers to HCV screening and treatment. ● Barrier analysis to identify the barriers to HCV screening is merited. ● The planned texting intervention to address the lack of successful contact for scheduling of HCV screening 	X	--	X

UHC				
EQR Activity		Quality	Timeliness	Access
	<p>appointments is not based upon barrier analysis.</p> <ul style="list-style-type: none"> Intervention 2 had no impact, as evidenced by no members with a scheduled PCP appointment for HCV screening among targeted members. <p>It was found that results must be interpreted with some caution due to issues with ITMs and incorrectly calculated performance indicators.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>			
Compliance with Medicaid and CHIP Managed Care Regulations	<p><u>Adequate Capacity and Service</u></p> <ul style="list-style-type: none"> Finding: Distance and/or time requirements were not met for Dermatology, Endocrinology, and Metabolism. Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. <p><u>Coordination and Continuity of Care</u></p> <p>The MCO should deploy quality improvement tools such as process flow diagrams to identify barriers to care plan development and implementation consistent with the policies for the Chronic Illness Program Process, the WPC Model, the Intensive Opportunity Program Management policy, and the Case Management Process policy and procedures. Examples of barriers to consider include whether staff assignments are appropriate in terms of clinical knowledge required and whether current systems of communication and documentation are sufficient to ensure continuity and comprehensiveness of care. Based upon the discussion at the interview, the MCO should also explore opportunities to integrate the BH Advocate/Medical Director treatment planning process with the Case Management Comprehensive Needs Assessment process to generate a care plan.</p>	X	--	--
Performance Measures	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Network Adequacy	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

UHC: UnitedHealthcare Community Plan of Louisiana; EQR: external quality review; PIP: performance improvement project; AOD: Alcohol and Other Drug; LOBs: lines of business; PPO: preferred provider organization; NCQA: National Committee for Quality Assurance; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CHIP: Children's Health Insurance Program; MY: measurement year; LOBs: lines of business; PPO: preferred provider organization; follow-up after emergency department visit; PCP: primary care provider; ITM: intervention treatment measure; HIV: human immunodeficiency virus; WPC: whole person care; BH: behavioral 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]

ACLA Response

Health Equity, Louisiana Style – Health Equity Workgroup

AmeriHealth Caritas Louisiana reviews member responses from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and Healthcare Effectiveness Data and Information Set (HEDIS) outcomes to identify opportunities for improvement among groups. CAHPS and HEDIS* results are stratified by geography (urban/rural), race, ethnicity and language (REL) for comparison. Datasets for each REL and location group are reviewed and compared annually to identify disparities and trending performance. Our *Health Equity, Louisiana Style* cross-departmental workgroup develops programs and initiatives to improve health outcomes and address identified disparities between compared groups using a root cause approach. The workgroup developed two specific initiatives during this period to address disparate outcomes for Black members living in rural areas and Hispanic/Spanish-speaking members across the state. In addition, the workgroup developed a targeted provider engagement strategy aimed at these improvements.

Provider Engagement/Education

- Targeted rural provider outreach/education regarding area disparities and what they can do to improve outcomes.
- Provider Advisory Council discussions on health equity, implicit and explicit bias and how the Plan can strengthen its provider relationships to improve member care compliance and satisfaction.
- Account Executive talking points used in spoken and written communications.
- Ongoing reminders of Plan health equity activity and goals through Provider Post.
- Engagement and education of community health centers on area language needs, free language services and service area demographics.

Hispanic/Spanish-speaking members

El Conocimiento es Poder (Knowledge is Power) - Statewide Education/Engagement Push

Improve outcomes in PPC (Timeliness of Prenatal Care)/PPC (Postpartum Care) and CAHPS responses by addressing the knowledge gap of Plan offerings for Hispanic and Spanish-speaking members through culturally and linguistically cohesive statewide member outreach and orchestrated provider education push. Intervention components include the following:

- Prioritization of target parishes based on identified Hispanic and Spanish-speaking members, HEDIS outcomes, and presence of Spanish-speaking providers.
- Targeted member education that addresses language services, maternal support programs and services, medical transportation, case management, GED program support and housing services.
- Development of Standard Operating Procedures for engaging members in this REL group in in-person activities and events.
- Collaboration with Hispanic and Spanish-speaking organizations to facilitate patient advocacy.

Timeliness of Prenatal Care member outreach (pilot) project – Outreach project focused on identifying barriers/interventions to support the Timeliness of Prenatal Care measure. The goal was to identify why identified pregnant members did not receive care in a timely manner based on the HEDIS Specs. A pilot group of women was identified and scripting/questions regarding their first OB appointment were completed via outreach calls to identify any barriers to receiving prenatal care in a timely manner. Results from this outreach project were reviewed and discussed at the Maternity QIA Workgroup and the group is currently reviewing/discussing disparity opportunities and interventions.

Bilingual Baby Showers – Showers targeted our member population whose preferred language is Spanish. The entire shower was presented in Spanish to ensure the audience was receiving information in a way that was specific to their needs from trustworthy sources. Bright Start and ACLA services and member benefits for pregnant and new moms along with the United Way, Governor’s Office for Homeland Security, Early Steps, Nurse Family Partnership, and WIC were presented, along with a healthy-recipe cooking demo. Topics included: How to stay safe during hurricane season; accessing United Way Services; Nurse Family Partnership Services and how to apply; What is WIC and how to apply; Healthy Recipes: *Hash de Camote*; Safe Sleep; Keys to Your Care; Importance of Full-term Birth; Gestational Diabetes; Breast Feeding; and Care Card Incentives.

Black members

Comprehensive Diabetes Care

Improve health outcomes in Comprehensive Diabetes Care for Black members living in rural areas through proactive member education that directly addresses Plan services that help members overcome known barriers to care. Intervention components include the following:

- Geographically targeted parishes classified as rural by Louisiana Department of Health.
- Diabetic education collateral (print and electronic) that include information on transportation, healthy eating, getting an earlier appointment, behavioral health support, finding an eye doctor, and more.
- Recommended enhanced pharmacy website search options to make geographic searches more effective, including display options for those pharmacies that offer delivery services.
- Member bias survey (via text messaging).
- Member Advisory Council meetings focused on rural parishes.

Maternal Care

Sista Midwife Collaboration (C-section Outreach) – Based on feedback from the community about the need to provide a safe place for moms-to-be to access education and resources, we collaborated with Sista Midwife Productions (SMP) through our New Orleans Wellness & Opportunity Center, where we hosted SMP’s Birth Story Project, which provided a safe space for Black women to speak about their birth experiences.

Children and Families

Well-Child Visits in the First 15 Months of Life (W15)/Childhood Immunization Status (CIS) Mailer – Monthly mailer to Black children 4 months old who have had 3 or less well visits.

Childhood Immunization Status Member Outreach Calls – Member outreach calls made during 2021 to various members in Louisiana, ages birth to two years, who had not yet received vaccines for HEDIS measure Childhood Immunization Status (Combos 3, 10). Some regional targeted outreach calls were made to address a disparity of high non-compliance rates.

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:

<ul style="list-style-type: none"> Prenatal vitamins & over the counter medications Virtual baby showers Doulas 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 	<ul style="list-style-type: none"> 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
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- ***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:

<ul style="list-style-type: none"> Member Outreach Calls (ED and IP discharge and SDoH) Provider Training BH resources text and IVR Provider incentives – VBS/P4Q 	<ul style="list-style-type: none"> 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:

<ul style="list-style-type: none"> Live outreach calls 	<ul style="list-style-type: none"> Provider Incentive – VBS/P4Q
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Education of members on resources
At home visiting for dilated eye exam
Pharmacy health tags
Value Added Benefits

Mailing Programs and Reminders
Men's health campaigns
Community outreach

- **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
Community Outreach and Events
Smoking Cessation
Live Outreach Calls
Value Added Benefits

Provider Incentive – VBS/P4Q
Mailing Programs and Reminders
Member & Provider Newsletters
FBOT Kits for COL Screening

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

Educational Mailers and Reminders
Text Messaging Campaign
Pharmacy Health Tags
Case Management Live Outreach Calls

HealthCrowd SMS and IVR Campaigns
Member Services Hold Messages
Member & Provider Newsletters
Provider Webinar Series

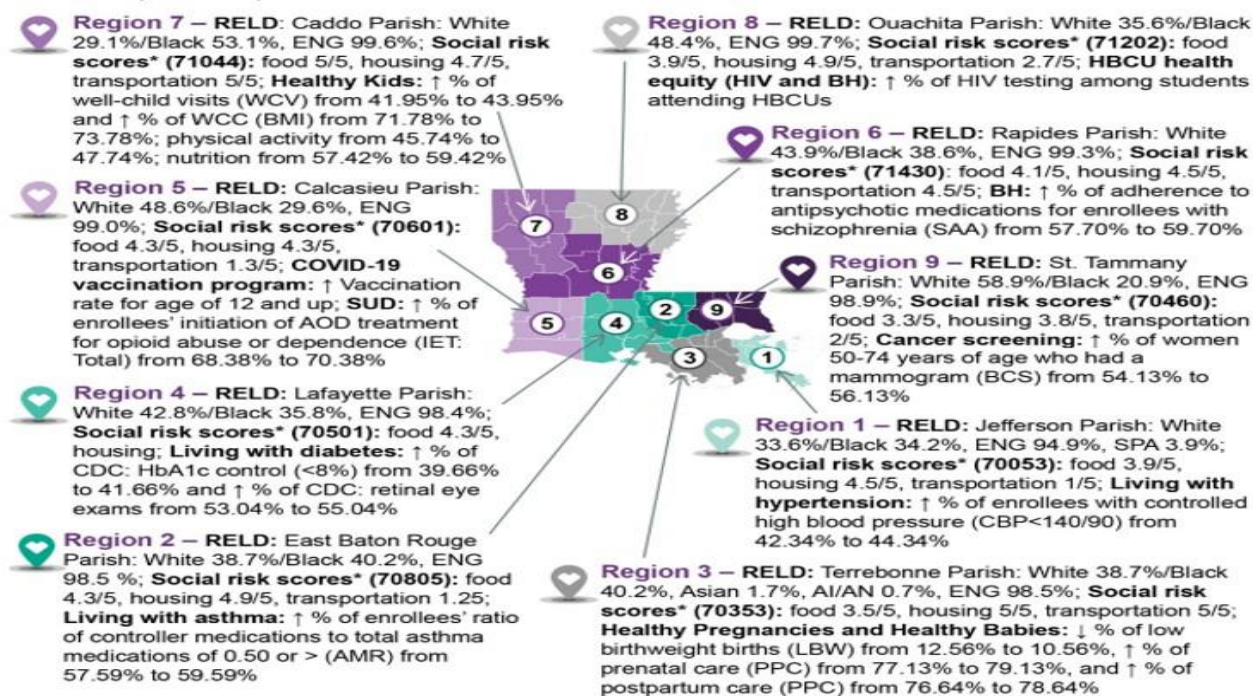
- **ED diversion program** – for all affected regions and members:

Live outreach calls to high utilizers
Gaps in care: Adults' Access to Preventive care
Community Health Workers outreach
Provider outreach and collaboration

Education on resources
Member and provider newsletter
Link members with PCPs
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



	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%

HBL Response

Reducing Differences in Health Outcomes and Improving Quality for At-Risk Members

Interventions to reduce/eliminate differences in health outcomes/status and improve the quality of care for members with at-risk characteristics are specifically tailored to meet the physical health/behavioral health care needs of members. Critical interventions are listed below:

Provider Focused Interventions:

- **Customized Provider Incentive Programs** Healthy Blue has developed several provider incentive programs to address disparities identified as barriers to improving outcomes. These include:
 - **Integrated Collaborative Care:** Incentivizes provider collaboration dedicated towards integrated evidence-based guidelines, assessments, and care coordination.
 - **Cardiovascular Outcomes:** Focused on prevention and decreasing the major risk factors for CVD, Healthy Blue seeks to address emerging risk factors such as unhealthy diet, physical inactivity, obesity and blood pressure management.
 - **Commercial vs. Medicaid Outcomes:** Healthy Blue in collaboration with BCBS of LA delivers an outcomes-based, pop health program that rewards providers for improved outcomes for patients with chronic diseases.
 - **SDOH Incentives:** We believe that by collaborating with our providers to identify and assist members with their SDOH needs, we will see improved health outcomes for these members.
- **Parent Child Interactive Therapy (PCIT) & Preschool Post-Traumatic Stress Disorder (PTSD) Treatment Training** In response to provide more evidence-based practices in the 0-5 year old population, we scheduled and completed Parent Child Interactive Therapy (PCIT) training for 11 therapists from providers across the state. Healthy Blue provided a Preschool Post-Traumatic Stress Disorder (PTSD) Treatment Training on Wednesday, November 20, 2019, in New Orleans. Training offered to Licensed Mental Health Practitioners interested in becoming certified to provide Preschool PTSD treatment for children ages 3-6 years. As of 2021, two of the trainees are now able to train other providers within their own agencies.
- **Provider Network Survey** Feedback solicited from providers on barriers to providing access to care due to COVID-19. This survey identified areas of opportunity for improvement allowing us to offer resources and provide support to our network.

Member Focused Interventions:

- **COVID-19 Member Immunization Events:** Healthy Blue partnerships with Community Based Organizations to provide Mobile Immunization Events in rural areas.
- **Community Health Worker Program:** CHWs are trained in techniques like motivational interviewing by the Louisiana Community Health Outreach Network, live and work in culturally diverse neighborhoods, engage members in care management programs, and help connect them to health and social resources within their communities.
- **Enhanced Inpatient Member Interaction (EIMI)** Identifies members admitted for diagnoses common for causing readmissions. Prior to COVID 19, the members were seen face-to-face. Due to COVID, the members are now being telephonically outreached.
- **Navigation Program (Post Discharge Management)** This initiative's goal was to reduce ER utilization and inpatient hospitalizations (decrease in frequency and decrease in length of stay). Members are engaged during

hospitalizations and/or following discharge. Significant decreases in ER visits and hospitalizations were found, as well as transportation costs. Strategies identify and analyze our population with specialized and chronic care needs. In particular, utilization data is analyzed to identify member subgroups with high-risk characteristics.

- **Telemedicine Efforts** to increase access to care and provided services and support in various clinical settings both regarding physical and behavioral health. In 2020, behavioral health telemedicine visits increased significantly. In 2020, telemedicine expanded to include access to physical health services.
- **7-30 Day Follow-up Program (Post Discharge Management)** Healthy Blue has engaged a statewide provider to conduct 7-day and 30-day HEDIS follow up with its members who are discharged from inpatient Behavioral Health facilities.
- **Health Disparities – Member Identification** The Health Education Advisory Committee (HEAC), conducted a COVID-19 impact to identify concerns and member needs. This information will be used to further refine follow-up health plan communications, community resource information and access to care interventions.
- **HIV Program** Using both disease management strategies for viral suppression and focused case management this program supports members with HIV to lead productive lives in spite of this disease.
- **Hep C & Engagement and Treatment (IET) for Substance Use Performance Improvement Plans** Healthy Blue initiated the Hepatitis C (HCV) Performance Improvement Project (PIP) in February 2020 aiming to increase HCV screenings for at-risk populations and increase treatment members identified as a probable or confirmed HCV diagnosis. A PIP is also in place for IET to connect members to providers to increase follow-up care for members with Substance Use Disorder.
- **Cultural Competency for Indigenous Members** Healthy Blue's liaison for indigenous tribal groups provides an array of cultural competencies and supports for these members to increase their access to healthcare.
- **Health Education Advisory Committee (HEAC)** Healthy Blue's HEAC meeting hosts member and stakeholder involved activities, including arranging quarterly meetings for members and stakeholders to share their experiences and concerns.
- **Comprehensive Maternity and NICU Management** We offer education, case management, and care coordination to members during and after pregnancy. Additional program provides parents with materials and support designed to help them cope with the day-to-day stress of having a baby in the NICU and help them prepare themselves and their homes for discharge. Members are also connected to important well-women health services including cancer & STI screenings.
- **Mobile Cancer Screenings** Healthy Blue has collaborated with Mary Bird Perkins to develop initiatives to bring mobile access to rural communities where disparities were identified.
- **Value Added Benefits & Member Incentives** Healthy Blue covers extra benefits eligible members cannot get from fee-for-service Medicaid, including those assisting with non-clinical health related needs such as food and transportation
- **Integrated Risk Scores for pregnant members** New algorithm incorporates social/racial risk factors into overall risk score, improving accuracy of high-risk designation for outreach purposes
- **Homeless Identification and Outreach Initiative** Utilizing a spectrum of data to more accurately identify and outreach homeless members to meaningfully connect them to appropriate housing resources

LHCC Response

Louisiana Healthcare Connections is committed to improving disparities in care; an approach to improving HEDIS measures, reducing utilization costs and delivering locally tailored culturally relevant care. As such, LHCC has developed a health equity approach that identifies disparities in member demographics such as race, ethnicity, language, and geography, prioritizes opportunities at the neighborhood and health plan level, and collaborates across the community to reduce disparities by targeting member, provider, and community interventions. Population health management initiatives are reviewed to assure cultural issues and social determinants of health are identified, considered, and addressed.

Quality improvement opportunities are identified, and interventions developed/informed through ongoing monitoring and analysis of various performance measures and outcome data. Since 2020 LHCC has heightened our focus on health equity and cultural competency, including pursuing NCQA Multicultural Designation.

In addition to routine efforts targeting member health and HEDIS outcomes, several quality initiatives were ongoing during the 2020-2021 review period that addressed social determinants of health (SDOH) and improving health equity and outcomes for members; additional interventions and approaches were incorporated as the COVID-19 pandemic evolved in 2020 and continued into 2021. Interventions aimed at improving health equity, outcomes and quality of care include the following:

- Launched Health Equity Dashboard and Centelligence health informatics platform to conduct cross-sectional analyses and stratify quality performance measures, utilization metrics, disease prevalence, and additional key health indicators by race, ethnicity, and language (RELD) and geography data to identify disparities and inform interventions to promote equity.
- Cultural Needs and Preferences Analysis performed to ensure our Provider Network meets the cultural, ethnic, racial, and linguistic needs of our enrollees
- Communication and Language Assistance. A targeted outreach initiative was developed for Vietnamese and Arabic speaking members, based on a language disparity analysis, with these two language populations identified as having a higher subset of non-compliant members with HEDIS Wellness Measures (Well Checks) across all age groups.
- Continued partnership with Social Health Bridge program, targeting SDOH needs in disparity populations identified in New Orleans area. Annual CLAS Network Assessment indicates this area has increased disparity among Black/African American population; according to the CDC, health disparities for this population compared to other racial/ethnic groups include increased prevalence of hypertension, obesity, diabetes, periodontitis; leading death rates for heart disease, stroke, infant death, homicide, and colorectal cancer; as well as a higher incidence of HIV.
- Participated in four national collaboratives to share best practices and leverage resources related to health disparities
- Monthly Physical and Behavioral health work groups across functions/departments to identify barriers to care and interventions to be implemented.
- LHCC offers a variety of Value Added Benefits as well as member and provider incentives to further support health outcomes and collective engagement in member health needs.
- Expanded promotion of telemedicine as an alternative to ensure continued access to care during pandemic as services were impacted or member concerns for exposure risk presented barriers to care. Supported member continuity of care promoting SafeLink phone eligibility and telehealth as a way to access care safely.
- Provided community outreach efforts to address enrollee needs during the COVID-19 pandemic:
 - Partnered with National Minority Quality Forum, Louisiana Department of Health and key provider partners on COVID-19 testing and research study to understand the impact of COVID-19 on minority and underserved communities.
 - Participated in multi-tier community effort in Caddo Parish to address health disparities among select African Americans communities with high COVID-19 rates, providing mobile testing units and testing stations
 - Distributions of PPE, masks to underserved communities and nonprofit partners
 - Expanded support of Red Stick Rewards program with dollar-for-dollar matches up to \$15 in purchases made with a Louisiana Purchase Automated Benefit (SNAP) card at any Big River Economic & Agricultural Development Alliance (BREDA) farmers market
- COVID-19 Vaccination Initiatives. As vaccines became available in 2021, LHCC developed a COVID-19 vaccination dashboard to support data aggregation and analysis of member vaccination activity, including geographic and RELD stratification to support targeted outreach strategies to improve member vaccination rates and target identified disparity areas for enhanced outreach and support.
 - Vaccination status stratified by race, ethnicity, and language (REL), as well as geographical and transportation disparities.

- Outreach prioritized by COVID-19 risk, race, social determinant of health needs, geographic location. Additional quality analysis of outreach response included trending and vaccination outcome data stratified by REL and geographic region.
- Hurricane Recovery - community outreach to address enrollee needs related to Hurricane Laura:
- Strategic partnerships to provide meal and water delivery to affected communities in southwest Louisiana
- Established a mental health hotline for people in the community experiencing mental health crisis
- Established emergency SDOH grants to address identified enrollee needs including housing and food insecurity, transportation challenges, family supports
- Ensured uninterrupted care for enrollees with high-risk pregnancies when displaced out of state by proactively engaging out of state practitioners
- NCQA Multicultural Healthcare Distinction, Neighborhood Initiatives
- LHCC initiated journey towards MHC distinction in 2020, establishing a MHC workgroup in collaboration with Centene's emerging Health Equity team. Expansion in 2021 included initiation of a Neighborhood Initiative Project in the Lake Charles area based upon health equity analysis that indicated disparities in childhood immunizations and maternity care in key REL demographics and zip codes. These efforts were ongoing at the end of this reporting period and MHC Distinction submission and NCQA determination was anticipated in late 2021.
- Annual staff training requirements including cultural competency, diversity, Culturally and Linguistically Appropriate Services (CLAS)
- Performance Improvement Projects (PIPs) - Hep C, Initiation & Engagement and Treatment (IET) for Substance Use, Developmental Screening
 - LHCC conducted disparity analyses for state PIP populations, with identification of various disparate risk groups to inform/guide outreach and intervention efforts, such as aligning HCV outreach with HIV risk groups, focusing provider network efforts on expanding MAT providers in areas with limited availability, and targeted developmental screening outreach initiative to address identified disparities in Asian/Vietnamese subpopulations as well as regional disparity areas.

UHC Response

UnitedHealthcare Community Plan of Louisiana (UHC) conducted studies, initiatives, and interventions to identify and/or reduce differences in health outcomes, health status, or quality of care in the Medicaid population and within targeted subgroups and areas. Some interventions however, particularly those involving COVID-19 initiatives, reached Louisiana individuals without regard to insurance enrollment or residence. For example, as Orleans parish was identified as an area with one of the highest COVID rates in 2020, the S.T.O.P. COVID Testing initiative was conducted to reduce COVID-19 infection and mortality rates in the parish. Input from UHC data analysis and the city's public health department, identified 2 zip codes with large racial and ethnic minority populations subject to social and economic disparities. The initiative included free testing for anyone at the designated locations. Participants included neighborhood residents and individuals from the surrounding parishes, driving up to 2 hours to access the services. Testing participants received a box of nonperishable food, a health and safety kit (included: hand sanitizer, toilet paper, paper towels, face mask, no-touch tool, and COVID educational information), and access to onsite wraparound services from community partners for rental and utility assistance, education, employment opportunities, food, medical and behavioral health services.

A second initiative was conducted in North Baton Rouge, another underserved area with high COVID rates. UHC partnered with, Uber Ride Share, EBR Council District 5, and Bordelon's Super Save Pharmacy to administer vaccines. Each partner contributed financially and/or in-kind to provide marketing &

communications, outreach in the community, administer vaccines, promotional items, volunteers, etc. During the month of April, the project partnered with HHS/Office of Minority Health to promote vaccine readiness using its theme of #VaccineReady for National Minority Health Month. A third initiative was the collaboration between UHC and Crescent Care for a vaccination site to reach the Hispanic population that couldn't take the time off work, and/ or had literacy issues impacting their ability to fill out forms. UHC bilingual outreach staff held conversations in Spanish with community members considering vaccination, both in person and in tandem with medical professionals at CrescentCare over social media, such as Facebook Live videos where viewers asked questions in real time.

Covid-19 vaccinations were also a focus along with maternal health in UHC's pursuit of the Multicultural Healthcare Distinction, awarded by NCQA to organizations that are aware of and sensitive to their populations' racial, cultural and language differences. Prenatal and Postpartum care was addressed in collaboration with the top OB/GYNs of the Caddo area. To address COVID vaccination misinformation and hesitancy, collaboration was formed with DePaul Community Health, Crescent Care, Mercy Medical, Sunnyside Pediatrics, LSU Strike team, Shreveport HUD, and Mt. Canaan Baptist Church. UHC also provide Mom's Meals to postpartum women as food scarcity can reduce the ability for a mother to heal from delivery and care for her child.

Additional interventions for maternal health included \$275,000 in Maternal Health Grants awarded to improve maternal health outcomes, reducing disparities, and expanding access to care. The 7 recipients were: Birthmark Doula Collective, Common Ground Community, Inc., Family Road of Greater B. R., Foundation for LA/National Birth Equity Collaborative, Healthy Start N.O., LA Center for Health Equity, and Saul's Light. Beyond financial support, one of UHC's medical directors partnered directly with Common Ground, which serves the Shreveport area. Every 2 months, Dr. Glenda Johnson, an OB/GYN, meets with a teen girls' group to cover topics such as basic anatomy and physiology of the reproductive system, consent, preparedness, future planning, contraceptive options, and hygiene. Participants also receive transportation and a hot meal during the events.

Other interventions include the November 2020 UHC partnership with Open Health Care Clinic, Top Box Food, One Stop, and BET-R Grocer in Baton Rouge, for the UHC community catalyst initiative to address the disparities of individuals who are dually diagnosed (physical / behavioral health issues) and not able to access care due to SDOH barriers (transportation, food, housing, utilities). UHC's Community Catalyst convenes community partners to address health disparities and inequities, align and expand community capacity, and improve health outcomes. The initiative provides a platform for input from collaborative members to identify and address health challenges, and then catalyzes the development of a coordinated, community-based strategy to address the disparities.

UnitedHealthcare begin the process of creating a Health Equity and SDOH Collaborative Council in the first quarter of 2021, to address the disparaging environmental and social inequities on the health of enrollees that had been heightened from the effects of natural disasters and the pandemic. The focus was to provide a platform to better understand, address, and align to the needs of enrollees and communities while implementing strategies and initiatives that supported diversity, equity, inclusion, and a healthier Louisiana.

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.