



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

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I. Executive Summary

Purpose of Report

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

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

To comply with *42 CFR § 438.364 External review results (a) through (d)* and *42 CFR § 438.358 Activities related to external quality review*, the Louisiana Department of Health (LDH) contracted with IPRO, an EQRO, to conduct the state fiscal year (SFY) 2021 EQR activities for five (5) MCOs contracted to furnish Medicaid services in the state. During the period under review, SFY 2021 (July 1, 2020–June 30, 2021), LDH’s MCOs included Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue of 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 **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:** Four performance indicators showed improvement from baseline to final remeasurement of at least 3 percentage points⁵.
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
 - **Strength:** Five performance indicators showed improvement from baseline to final remeasurement of at least 3 percentage points⁶.

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

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

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 UHC’s independent auditor, IPRO found that UHC was determined to be fully compliant with all seven of the applicable NCQA HEDIS IS standards.

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.

⁶ 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.

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

HEDIS – Quality, Timeliness and Access

Of the 66 HEDIS measures/submeasures UHC reported, 30 (45%) performed equal to or greater than the NCQA 50th percentile benchmark. Among the incentive measures, UHC achieved rates above the NCQA 50th percentile benchmark in 7 measures.

Quality of Care Surveys

Member Satisfaction

UHC'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 Rating of All Health Care and Rating of Personal Doctor measures. UHC ranked at or above the 75th percentile for the Rating of Health Plan measure.

For child members without chronic condition(s), UHC ranked between the 50th and 75th percentile for Getting Needed Care, Getting Care Quickly, and Rating of Specialist Seen Most Often. However, it should be noted that Getting Needed Care, Getting Care Quickly, and Rating of Specialist Seen Most Often measures were all impacted by small sample sizes. UHC ranked at or above the 75th percentile for How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan measures. .

For child members with chronic condition(s), UHC was ranked at or above the 75th percentile for seven CAHPS performance measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan.

IPRO's review of child members with chronic condition(s) found UHC below the 50th percentile for the Customer service measure, and at or above the 75th percentile for the remaining seven CAHPS performance measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan. However, it should be noted that a small sample size was identified for the Rating of Specialist Seen Most Often measure.

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

Network Adequacy

None identified.

Quality Ratings

UHC scored high in the categories of overall consumer satisfaction, and satisfaction with plan services and physicians (four and a half stars), as well as treatment of asthma (four stars).

Opportunities Related to Quality, Timeliness and Access

Performance Improvement Projects

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

Review of Compliance with Medicaid and CHIP Managed Care Regulations

UHC received less than a “full” review determination in the following domains: Assurances of Adequate Capacity and Services and Coordination and Continuity of Care. A complete summary of MCO compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV**.

Performance Measures

HEDIS – Quality, Access, and Timeliness

In MY 2020, UHC had 6 of 66 HEDIS measures lower than the 10th NCQA national benchmark, and 5 of 66 HEDIS measures between the 10th and 25th NCQA national benchmark.

Quality of Care Surveys

Member Satisfaction

UHC’s adult member CAHPS scores ranked below the 50th percentile for the following measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Rating of Specialist Seen Most Often. Customer Service and Rating of Specialist Seen Most Often measures were impacted by small sample sizes.

UHC’s child members without chronic condition(s) CAHPS score ranked below the 50th percentile for the Customer Service measure. However, this measure was affected by a small sample size.

UHC’s child members with chronic condition(s) CAHPS score also ranked below the 50th percentile for the Customer Service measure, and this measure was also affected by a small sample size.

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

Network Adequacy

PCP-to-member ratios declined for both adult and pediatric providers between MY 2018 and MY 2020.

Quality Ratings

UHC scored low in the categories of cancer screening and treatment in mental/behavioral health (two stars).

Conclusion

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

Recommendations for LDH

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

Recommendations for MCO

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

II. Louisiana Medicaid Managed Care Program

Managed Care in Louisiana

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

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

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

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

Table 1: List of Current Louisiana Medicaid MCOs by Enrollment

MCO Name	MCO Acronym	Enrollment June 2020	Enrollment June 2021
Aetna Better Health of Louisiana	Aetna	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 UHC’s response is presented below. Full verbatim response is displayed in **Appendix A**.

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 UHC 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 UHC'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

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**. PIP summaries including aim, interventions, and performance summary are displayed in **Table 5** and **Table 6**.

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 is 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.

Table 4 shows the validation results of the above PIP.

Table 4: 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

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
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
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

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
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.

COVID 19 PIP

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

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

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

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

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

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

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

5d: Partially Met. In table 4, please indicate each monthly measurement period in each monthly column. Compare your calculations to the below calculations, report consistently in terms of decimal places, and correct as needed:

	Num	Den	Rate
ITM 1a	130	7,143	1.82%
ITM 1b	626	291,537	0.21%
ITM 2	644	4,275	15.06%
ITM 4a	69	2,191	3.15%
ITM 4b	66	8,693	0.76%
ITM 5a	135	3,817	3.54%
ITM 5b	1,400	298,690	0.47%

6a: Partially Met. For Performance Indicator #1, report numerator, denominator, and rate, for the measure as specified in the Performance Indicator table in the Methodology section.

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

Developmental Screening PIP

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

1c: Partially Met. It is recommended that the PIP Report section, “Describe high-volume or high-risk conditions addressed” reports the prevalence of developmental disorders by condition (ICD-10 codes F80-F89). In addition, for the sum total of children with developmental disorders, if feasible, report rates for IEP referral/engagement, stratified by geographic region, age group and race/ethnicity. A brief interpretation of the data should be included.

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

3d: Partially Met. The planned chart review sampling methodology was explained in the objectives section and should also be explained in the data collection section. If the chart selection methodology is pending a determination of COVID-imposed limitations, possible alternatives to a random sample should be considered. For example, if the plan will use an existing record sample, was that sample randomly selected? Does that sample represent the PIP eligible population? Further discussion is merited at the next Collaborative PIP meeting.

4b: Not Met. Table 4 does not include any barrier analyses to inform initial interventions. Might there be existing surveys, such as CAHPS, that identify barriers that might inform interventions? In addition, the data collection procedure section merits a summary of how direct member input will be obtained on an ongoing basis (e.g., from care management outreach and/or meetings attended by members) to identify and address barriers with modified interventions for continuous improvement. The first quarterly update report provides an opportunity to address this comment. In addition, further discussion is merited at the next Collaborative PIP meeting.

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

4d: Not Met. None of the quality improvement tools was completed, nor was the driver diagram completed at the January meeting included with customized revisions.

5a: Partially Met. The interventions described are pertinent to the known barriers and, it as the PIP proceeds, the provider and member feedback obtained, as well as stratified data on children without PCP visits can be used to inform interventions that are tailored to the plan’s members’ needs. The worksheet for Analysis of Disproportionate Under-Representation-Access to PCPS (HEDIS CAP performance indicator for children aged 0-3 years) provides a useful tool to identify susceptible subgroups. The first quarterly update report provides an

opportunity to address this comment. In addition, further discussion is merited at the next Collaborative PIP meeting.

Table 5: UHC PIP Summaries, 2020–2021

UHC: 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 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 or more days among members age 16 and older with a diagnosis of OUD.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 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. <p>Interventions</p> <ol style="list-style-type: none"> 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.
<p>Performance Improvement Summary</p> <p>Strengths:</p> <p>The following performance indicators represent strengths because they showed improvement from baseline to final remeasurement of at least 3 percentage points¹:</p>

UHC: PIP Summaries

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

Opportunities for improvement:

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

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

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 (United States Preventive Services Task Force, 2013; American Association for the Study of Liver Diseases/Infectious Diseases Society of America, 2018), and coordinate referrals for screening and treatment.

Interventions

1. Enhanced Case Management Outreach for HCV Treatment Initiation
2. Enhanced Case Management Outreach for HCV Screening
3. Enhanced Case Management Outreach for HCV Screening Education
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: 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 remeasurement¹.

UHC: PIP Summaries

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

Opportunities for improvement:

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

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

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

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

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.

UHC: PIP Summaries

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.

Performance Improvement Summary

Not yet available.

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

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

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

Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET) and (2) Follow-Up After ED Visit for AOD Abuse or Dependence		
1	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort Baseline: 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.

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		
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%	Target met and performance improvement demonstrated.

Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Final: 27% Target: 24%	

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

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

Objectives

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

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

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

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

Technical Methods of Data Collection and Analysis

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

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

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

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

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

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

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

Table 7: Review Determination Definitions

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

MCO: managed care organization.

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

Description of Data Obtained

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

Conclusions

UHC was fully compliant in all but two domains: assurances of adequate capacity and services, and coordination and continuity of care. A crosswalk of CFR standard names, CFR citations, and compliance levels of each MCO is presented in **Table 8**.

Table 8: CFR Standards to State Contract Crosswalk

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

CFR: Code of Federal Regulations; UHC: UnitedHealthcare Community Plan of Louisiana; QAPI: Quality Assurance and Performance Improvement.

Findings by Domain

Domain: Adequate Capacity and Service

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

Domain: 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.

Domain: 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.

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

UHC's independent auditors determined that the rates reported by UHC 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 UHC's independent auditor, IPRO found that UHC was 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. UHCs' compliance with IS standards are highlighted in **Table 9**.

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

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

UHC: UnitedHealthcare Community Plan of Louisiana; MY: measurement year; IS: information system; HEDIS: Healthcare Effectiveness Data and Information Set.

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

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

HEDIS Measure	UHC	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	52.59%	53.40%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	55.33%	53.24%
Effective Continuation Phase Treatment	38.71%	37.45%
Asthma Medication Ratio (AMR)		
Total	67.49%	65.24%

HEDIS Measure	UHC	Statewide Average
Breast Cancer Screening (BCS)	55.02%	55.43%
Cervical Cancer Screening (CCS)	54.74%	56.11%
Childhood Immunization Status (CIS)		
Combo 2	72.26%	72.77%
Combo 3	67.64%	68.61%
Combo 4	65.69%	66.45%
Combo 5	61.07%	59.76%
Combo 6	28.71%	30.68%
Combo 7	59.12%	58.08%
Combo 8	27.98%	30.26%
Combo 9	26.52%	28.04%
Combo 10	25.79%	27.69%
DTaP	73.24%	74.04%
Hepatitis A	83.45%	83.76%
Hepatitis B	93.67%	92.28%
HiB	88.32%	89.61%
Influenza	34.79%	35.81%
IPV	91.97%	91.92%
MMR	88.32%	88.55%
Pneumococcal conjugate	74.21%	75.15%
Rotavirus	74.45%	72.13%
VZV	88.56%	88.27%
Chlamydia Screening in Women (CHL) – Total	60.53%	61.98%
Colorectal Cancer Screening (COL)	39.42%	36.06%
Comprehensive Diabetes Care (CDC)		
Comprehensive Diabetes Care – BP control (< 140/90 mm Hg)	52.55%	50.56%
Comprehensive Diabetes Care – Eye exam (retinal) performed	60.58%	56.13%
Comprehensive Diabetes Care – HbA1c control (< 8.0%)	50.85%	40.62%
Comprehensive Diabetes Care – HbA1c poor control (> 9.0%)*	41.36%	50.96%
Comprehensive Diabetes Care – HbA1c Testing (CDC)	82.73%	81.74%
Controlling High Blood Pressure (CBP)	50.36%	48.24%
Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications (SSD)	79.93%	79.00%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	35.33%	35.78%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	23.68%	21.66%
Within 30 Days of Discharge	44.26%	41.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	42.53%	41.24%
Continuation Phase	55.90%	55.84%
Immunization Status for Adolescents (IMA)		
Combo 1	87.83%	87.96%
Combo 2	45.01%	45.78%
HPV	45.99%	46.67%
Meningococcal	88.81%	88.78%
Tdap/Td	89.29%	89.06%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	74.48%	72.68%
Discussing Cessation Medications	52.78%	50.32%
Discussing Cessation Strategies	46.85%	46.05%

HEDIS Measure	UHC	Statewide Average
Plan All-Cause Readmissions (PCR)		
Expected Readmissions Rate	9.40%	9.59%
Observed Readmission (Num/Den)	9.91%	10.28%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.0539	1.0714
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	79.49%	80.00%
Statin Adherence 80%: Total	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	81.02%	67.84%
Counseling for nutrition	71.53%	62.72%
Counseling for physical activity	63.50%	53.57%

* A lower rate is desirable.

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

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

HEDIS Measure	UHC	Statewide Average
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	77.19%	75.53%
Prenatal and Postpartum Care (PPC)		
Postpartum Care	79.32%	76.50%
Prenatal Care	79.56%	80.06%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	56.69%	54.28%
15 Months–30 Months	66.93%	66.98%

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

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

HEDIS Measure	UHC	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM*	52.21	54.82
Outpatient Visits/1,000 MM	374.13	379.97
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	51.35%	50.80%
12–17 years	49.12%	48.08%
18–21 years	26.85%	26.36%
Total	46.52%	45.81%

* A lower rate is desirable.

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; **bolded text**: incentive measure; green: >= 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

Table 13: UHC HEDIS Measures Summary – MY 2020

Measure Status	UHC
> 50th NCQA National Benchmark	30
< 50th NCQA National Benchmark	33
NCQA National Benchmark Unavailable	3
Total	66

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

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

Objectives

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

Technical Methods of Data Collection and Analysis

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

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

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

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

Description of Data Obtained

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

Conclusions

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

Table 14: CAHPS Performance – Adult Member

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	83.66%	84.09%	83.58%
Getting Care Quickly	77.95%	80.78%	81.83%
How Well Doctors Communicate	91.28	92.01%	92.17%
Customer Service	86.25%*	90.10%	88.94%
Coordination of Care	80.95%*	85.22%	N/A
Rating of All Health Care	78.74%	81.22%	77.63%
Rating of Personal Doctor	85.31%	84.21%	83.23%
Rating of Specialist Seen Most Often	75.81%*	82.38%	83.56%
Rating of Health Plan	84.04%	81.40%	78.32%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; 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 15**) found that UHC ranked below the 50th percentile for Customer Service. UHC ranked at or above the 50th percentile for Getting Needed Care, Getting Care Quickly, and Rating of Specialist Seen Most Often. UHC ranked at or above the 75th percentile for How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan measures. Getting Needed Care, Getting Care Quickly, Customer Service, and Rating of Specialist Seen Most Often measures were all impacted by small sample sizes.

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

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	87.89%*	87.86%	85.65%
Getting Care Quickly	87.73%*	89.76%	86.90%
How Well Doctors Communicate	96.20%	96.24%	94.36%
Customer Service	81.91%*	89.68%	88.32%
Coordination of Care	88.68%*	85.82%	N/A
Rating of All Health Care	93.7%	92.70%	88.91%
Rating of Personal Doctor	92.57%	92.86%	90.53%
Rating of Specialist Seen Most Often	90.24%*	89.69%	87.42%
Rating of Health Plan	90.39%	87.70%	86.63%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; 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 16**) found UHC below the 50th percentile for the Customer Service measure, and at or above the 75th percentile for the remaining seven (7) CAHPS

performance measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan.

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

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2021 Quality Compass MY 2020 National Medicaid Mean
Getting Needed Care	90.53%	88.94%	87.47%
Getting Care Quickly	93.71%	91.78%	90.83%
How Well Doctors Communicate	98.38%	95.57%	94.62%
Customer Service	90.52%*	92.35%	91.21%
Coordination of Care	74.79%	76.37%	N/A
Rating of All Health Care	93.68%	90.76%	87.76%
Rating of Personal Doctor	94.12%	91.77%	89.52%
Rating of Specialist Seen Most Often	91.11%*	88.75%	87.51%
Rating of Health Plan	88.79%	85.63%	83.88%

* Small sample size (less than 100).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; 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.

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

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

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	83.71%	83.05%	86.81%	83.66%	33.33rd
Getting Care Quickly	83.15%	82.11%	83.92%	77.95%	25th
How Well Doctors Communicate	91.35%	90.34%	92.64%	91.28%	25th
Customer Service	90.50%	87.80%	Small sample	Small sample	N/A
Coordination of Care	85.04%	75.44%	Small sample	Small sample	N/A
Rating of All Health Care	77.38%	81.43%	78.19%	78.74%	50th
Rating of Personal Doctor	81.14%	83.40%	84.73%	85.31%	66.67th
Rating of Specialist	86.44%	81.31%	Small sample	Small sample	N/A
Rating of Health Plan	80.58%	80.92%	85.90%	84.04%	75th

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

²Benchmark excludes PPOs and EPOs.

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

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

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	86.38%	92.31%	86.57%	Small sample	N/A
Getting Care Quickly	94.52%	90.84%	95.03%	Small sample	N/A
How Well Doctors Communicate	93.16%	95.84%	94.89%	96.20%	75th
Customer Service	89.38%	89.15%	Small sample	Small sample	N/A
Coordination of Care	88.51%	82.76%	Small sample	Small sample	N/A
Rating of All Health Care	89.53%	90.48%	93.14%	93.70%	95th
Rating of Personal Doctor	89.32%	93.26%	93.39%	92.57%	75th
Rating of Specialist	87.04%	96.34%	Small sample	Small sample	N/A
Rating of Health Plan	88.66%	90.84%	87.59%	90.39%	75th

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

²Benchmark excludes PPOs and EPOs.

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

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

CAHPS Measure ¹	CAHPS 2018	CAHPS 2019	CAHPS 2020	CAHPS 2021	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	88.44%	90.62%	91.80%	90.53%	75th
Getting Care Quickly	92.65%	93.82%	96.98%	93.71%	75th
How Well Doctors Communicate	95.41%	95.20%	97.31%	98.38%	95th
Customer Service	90.91%	88.44%	Small sample	Small sample	N/A
Coordination of Care	79.90%	79.15%	77.37%	74.79%	10th
Rating of All Health Care	87.36%	86.97%	90.30%	93.68%	95th
Rating of Personal Doctor	89.01%	91.06%	92.25%	94.12%	95th
Rating of Specialist	84.11%	93.83%	90.00%	Small sample	N/A
Rating of Health Plan	84.51%	87.31%	88.52%	88.79%	95th

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

²Benchmark excludes PPOs and EPOs.

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

VII. Validation of Network Adequacy

General Network Access Requirements

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

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

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

GeoAccess Provider Network Accessibility

Objectives

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

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

Table 20: Louisiana Network Access Standards

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

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

Technical Methods of Data Collection and Analysis

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

Description of Data Obtained

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

Conclusions

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

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

Year	UHC
2018	1.53%
2019	1.10%
2020	1.02%

UHC: UnitedHealthcare Community Plan of Louisiana; PCP: primary care provider; MY: measurement year.

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

Year	UHC
2018	1.73%
2019	1.38%
2020	1.16%

UHC: UnitedHealthcare Community Plan of Louisiana; PCP: primary care provider; MY: measurement year.

Table 23 displays UHC performance with regard to their GeoAccess urban and rural rates for distance.

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

Specialty	Region	Standard	UHC
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 Miles	90.4%
	Rural	1 in 30 Miles	99.9%
Adult primary care	Urban	1 in 10 Miles	98.7%
	Rural	1 in 30 Miles	100.0%
Allergy/Immunology	Urban	1 in 60 Miles	97.8%
	Rural	1 in 60 Miles	88.6%
Cardiology	Urban	1 in 60 Miles	100.0%
	Rural	1 in 60 Miles	100.0%
Dermatology	Urban	1 in 60 Miles	98.1%
	Rural	1 in 60 Miles	94.6%
Endocrinology and Metabolism	Urban	1 in 60 Miles	97.9%
	Rural	1 in 60 Miles	92.1%
FQHCs	Urban	1 in 10 Miles	89.5%
	Rural	1 in 30 Miles	99.9%
Gastroenterology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	99.9%
Hematology/Oncology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	100.0%

Specialty	Region	Standard	UHC
Hemodialysis Center	Urban	1 in 10 Miles	89.8%
	Rural	1 in 30 Miles	98.7%
Laboratory	Urban	1 in 20 Miles	99.2%
	Rural	1 in 30 Miles	99.9%
Nephrology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	99.2%
Neurology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	99.9%
Ob/gyn	Urban	1 in 15 Miles	95.6%
	Rural	1 in 30 Miles	94.6%
Ophthalmology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	100.0%
Orthopedics	Urban	1 in 60 Miles	100.0%
	Rural	1 in 60 Miles	100.0%
Otorhinolaryngology/ Otolaryngology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	99.9%
Pediatrics	Urban	1 in 10 Miles	98.5%
	Rural	1 in 30 Miles	100.0%
Pharmacy	Urban	1 in 10 Miles	98.0
	Rural	1 in 30 Miles	100.0%
Radiology	Urban	1 in 10 Miles	98.3%
	Rural	1 in 30 Miles	99.9%
RHCs	Urban	1 in 10 Miles	50.1%
	Rural	1 in 30 Miles	99.9%
Urology	Urban	1 in 60 Miles	99.9%
	Rural	1 in 60 Miles	99.1%

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.

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

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

Conclusions

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

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

Appointment Type	UHC
Routine ¹ Cardiologist	
# of providers surveyed	24
# of appointments made	10
Compliance Rate	41.7%
Routine ¹ ENT	
# of providers surveyed	19
# of appointments made	7
Compliance Rate	36.8%
Non-Urgent ² Cardiologist	
# of providers surveyed	25
# of appointments made	0
Compliance Rate	0.0%
Non-Urgent ² ENT	
# of providers surveyed	15
# of appointments made	1
Compliance Rate	6.7%

¹ Appointment standard for routine appointments is within 6 weeks.

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

UHC: UnitedHealthcare Community Plan of Louisiana; ENT: ear, nose, and throat.

Recommendation

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

VIII. MCO Quality Ratings

Objectives

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

Technical Methods of Data Collection and Analysis

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

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

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

Description of Data Obtained

The 2020 star rating results for each MCO are displayed in **Figure 1**.

Conclusions

Figure 1 shows that, with regard to overall consumer satisfaction, satisfaction with plan physicians, and satisfaction with plan services, UHC scored among the highest of all Healthy Louisiana MCOs with four and a half stars. UHC also scored high in treatment of asthma (four stars) and above average in overall rating (three and a half stars, **Figure 1**).

Figure 1: MCO Quality Report Card



continued on next page...

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

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

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

Table 25: IPRO Assessment Determination Levels

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

MCO: managed care organization; QI: quality improvement.

UHC Response to Previous EQR Recommendations

Table 26 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 26: UHC Response to Previous EQR Recommendations

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>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.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>	<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. •What is the expected outcome of the actions that were taken or will be taken? <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>Addressed</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 	<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 	<p>Partially addressed</p>

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>Physical Activity for Children/Adolescents – BMI Percentile</p> <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 People With Asthma Total – Medication Compliance 75% (5–64 Years) (< 25th percentile) 	<ul style="list-style-type: none"> ▪ 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 promoted in multidisciplinary settings such as joint operation committee meetings with PCP groups, provider expos, and mailings throughout 2021 and will continue in 2022 ○ 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</p>	

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>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 educational opportunities as needed. • 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 	<p>Partially addressed</p>

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

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<ul style="list-style-type: none"> 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. 	
<p>Compliance Monitoring - Only 8 of 18 (44%) Provider Network requirements and 7 of 13 (54%) Core Benefits and Services requirement that were not fully compliant in the 2019 compliance review were found to be fully compliant in the 2020 compliance review. The MCO should work with providers to meet their Provider Network access requirements and review Core Benefits and Services deficiencies to meet their federal and state requirements.</p>	<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 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</p>	Partially addressed

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>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

Table 27 highlights UHC'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**.

UHC Strengths and Opportunities for Improvement, and EQR Recommendations

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

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 for 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 the 50th NCQA national benchmark.	X	X	X

EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> UHC successfully reported HEDIS on time. UHC was compliant with the IS standards. 			
Quality of Care Surveys – Member	<p>In 2021, UHC 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"> Getting Needed Care Getting Care Quickly 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"> 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"> 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	<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 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	<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) 	--	--	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. 	X	--	X

EQR Activity		Quality	Timeliness	Access
	<ul style="list-style-type: none"> Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. <p>Coordination and continuity of care</p> <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 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 the 10th NCQA national benchmark, and 5 of 66 HEDIS measures between the 10th and 25th NCQA national benchmark.	X	X	X
Quality of Care Surveys – Member	<p>In 2021, UHC 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"> 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	<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 	X	--	X

EQR Activity		Quality	Timeliness	Access
Treatment Initiation	<p>treatment.</p> <ul style="list-style-type: none"> 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. <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>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. Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. <p>Coordination and Continuity of Care</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.	--	--	--

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

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]

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.