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# External Quality Review Annual Technical Report Aggregate Report

## Louisiana Department of Health

## State Fiscal Year 2022

## Review Period: July 1, 2021–June 30, 2022

April 2023

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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 (§) (c) 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 Title *42 CFR § 438.320 Definitions* as "the degree to which an MCO, PIHP[1], PAHP[2], or PCCM[3] 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 *Title 42 CFR § 438.364 External review results* (*a)* through *(d)* and *Title 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) 2022 EQR activities for five (5) MCOs contracted to furnish Medicaid services in the state. During the period under review, SFY 2022 (July 1, 2021–June 30, 2022), LDH's MCOs included Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue Louisiana (HBL), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan of Louisiana (UHC). This report presents aggregate and MCO-level results of the EQR activities for these 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. Protocols 1, 2, 3, 4 require each state to assess their MCOs' information system (IS) capabilities. The regulations at *Title 42 CFR § 438.242* and *457.1233(d)* also require the state to ensure that each MCO maintains a health information system that collects, analyzes, integrates, and reports data for areas including, but not limited to, utilization, grievances and appeals, and disenrollment for reasons other than the loss of Medicaid eligibility. 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 *Title 42 CFR § 438.358 Activities related to external quality review (b)(1)*, these activities are:

[1] prepaid inpatient health plan.
[2] prepaid ambulatory health plan.
[3] primary care case management.

(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.

(ii) ***CMS Mandatory Protocol 2:* Validation[4] 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 2022, 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.

CMS defines *validation* in *Title 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."

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 2021–2022 EQR activity findings to assess the performance of Louisiana Medicaid MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual 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 (MMC) Program. The overall findings for MCOs were also compared and analyzed to develop overarching

[4] CMS defines *validation* in *Title 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."

conclusions and recommendations for each MCO. These plan-level findings are discussed in each EQR activity section as well as the **MCO Strengths, Opportunities for Improvement, and EQR** section.

## Strengths Related to Quality, Timeliness and Access

The EQR activities conducted in SFY 2022 demonstrated that LDH and the MCOs share a commitment to improvement in providing high-quality, timely, and accessible care for members. Program strengths included the following:

### Performance Improvement Projects

The PIPs conducted by each MCO in measurement year (MY) 2021 were determined by IPRO to be methodologically sound. In addition, each entity demonstrated an improvement in at least two indicators for PIPs 1 through 4, except ACLA which saw a decline in each indicator for PIP 4. (See **Section III** for a description of 2021 PIPs, as well as full validation results and partial results for 2022 PIPs.)

### Validation of Performance Measures

IPRO's validation of the MCOs' performance measures (PMs) confirmed the state's compliance with the standards of *Title 42 CFR § 438.330(a)(1)*. The results of the validation activity determined that each MCO was compliant with the standards of *Title 42 CFR § 438.330(c)(2)*.

#### Information Systems Capabilities Assessment

Based on a review of the FARs issued by each MCO's independent auditor, IPRO found that all MCOs were determined to be fully compliant with all seven of the applicable NCQA HEDIS IS standards.

NCQA MY 2021 National Medicaid benchmarks using National – All LOBs (Excluding Preferred Provider Organizations (PPOs) and Exclusive Provider Organizations (EPOs)) are referenced in this section, unless stated otherwise.

#### HEDIS – Quality, Timeliness and Access

The MCOs reported a total of 81 HEDIS measures/submeasures. Of those measures, 11 were incentive measures. HBL reported better results with 34 (42%) of the measures equal or greater than the NCQA 50th percentile benchmark. ABHLA demonstrated lower rates among the MCOs with 23 (28%) of the measures equal or greater than the NCQA 50th percentile benchmark. Among the incentive measures, HBL achieved rates above the NCQA 50th percentile benchmark in 4 measures.

### Review of Compliance with Medicaid and CHIP Managed Care Regulations

Healthy Louisiana MCOs achieved a fully "met" compliance review in the following domains: Assurances in Adequate Capacity and Services, Subcontractual Relationships, Practice Guidelines, and Health Information Services. A complete summary of MCO compliance results for Medicaid and Children's Health Insurance Program (CHIP) Managed Care regulations can be found in **Section V**, **Table 29**.

### Network Adequacy

Four of five MCOs had increased pediatric primary care provider (PCP)-to-member ratios in MY 2021. With regard to provider network distance standards, HBL, the top-performing MCO, met 29% of the standards, while LHCC, the lowest-performing MCO, met 9% of the standards.

### Quality of Care Surveys

#### Member Satisfaction

Healthy Louisiana's adult member Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores met or exceeded the national Medicaid benchmarks presented in the NCQA *Quality Compass®* for the following measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Personal Doctor, and Rating of Health Plan. Of note, the Rating of All Health Care satisfaction

score for adult members fell within the 75th percentile. Statewide averages (SWAs) and MCO-specific CAHPS results for adult members can be found in **Section VII**, **Tables 40**.

For child members without chronic condition(s), Healthy Louisiana ranked between the 50th and 75th percentile for six measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Personal Doctor, and Rating of Health Plan. Louisiana was at or above the 75th percentile for one measure: Rating of All Health Care. SWAs and MCO-specific CAHPS results for child members with chronic condition(s) can be found in **Section VII**, **Table 41**.

For child members with chronic condition(s), Healthy Louisiana was between the 50th and 75th percentile for six measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Personal Doctor, and Rating of Health Plan. Louisiana was at or above the 75th percentile for one measure: Rating of All Health Care. SWAs and MCO-specific CAHPS results for child members with chronic condition(s) can be found within **Section VII**, **Table 42**.

### Quality Ratings

Overall Quality Ratings scored 3.5 points for all five MCOs. In the category of overall consumer satisfaction, UHC had the highest rating with 5 points. Aetna, ACLA and LHCC all had 4 points.

## Opportunities Related to Quality, Timeliness and Access

### Performance Improvement Projects

ACLA showed declines in performance in each indicator for PIP 4. Additionally, neither ACLA nor UHC met the target for any of the indicators for any PIP.

A summary of all performance indicators is shown in **Section III**.

### Performance Measures

#### HEDIS – Quality, Access, and Timeliness

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

### Review of Compliance with Medicaid and CHIP Managed Care Regulations

Healthy Louisiana MCOs received less than a fully "met" review determination in the following domains: Availability of Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Provider Selection, Enrollee Rights and Protection, Grievance and Appeal Systems, Quality Assessment and Performance Improvement (QAPI), and Fraud, Waste and Abuse. A complete summary of MCO compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section V**, **Table 29**.

### Network Adequacy

IPRO recommends that LDH work with the MCOs and regional health centers (RHCs). It is important for members to be able to access providers and obtain appointments with providers.

### Quality of Care Surveys

#### Member Satisfaction

Healthy Louisiana's adult member CAHPS scores ranked below the 50th percentile for the following measures: Coordination of Care, and Rating of Specialist Seen Most Often. SWAs and MCO-specific CAHPS results for adult members can be found within **Section VII**, **Table 40**.

Healthy Louisiana's CAHPS scores for child members without chronic condition(s) ranked below the 50th percentile for two measures: Coordination of Care, and Rating of Specialist Seen Most Often. MCO-specific CAHPS results for child members without chronic condition(s) can be found within **Section VII**, **Table 41**.

Healthy Louisiana's CAHPS scores for child members with chronic condition(s) ranked below the 50th percentile for two measures: Coordination of Care, and Rating of Specialist Seen Most Often. MCO-specific CAHPS results for child members with chronic condition(s) can be found within **Section VII**, **Table 42**.

### Quality Ratings

All plans scored 2.5 points as it related to Prevention. In the Treatment category, ACLA, LHCC and UHC scored 2.5 points.

## Conclusion

Findings from SFY 2022 EQR activities highlight the MCOs' continued commitment to achieving the goals of the Louisiana Medicaid Quality Strategy. Strengths related to **quality** of care, **timeliness** of care, and **access** to care were observed across all covered populations encompassing physical, dental and behavioral health (BH). In addition, as achieving health equity remains a state priority, opportunities to improve health disparities continue among all of the MCOs.

## Recommendations for LDH

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

## Recommendations for MCOs

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

# II. Louisiana Medicaid Managed Care Program

## Managed Care in Louisiana

On February 1, 2012, 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 MMC 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 BH 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 BH PIHP (managed by Magellan of Louisiana CSoC Program) to help children with BH challenges that are at risk for out-of-home placement.

Louisiana Medicaid currently serves over 1.8 million enrollees, approximately 35% of the state's population. There are five statewide MCOs: ABHLA, ACLA, HBL, LHCC, and UHC. In February 2020, the state announced its intent to contract with two dental PAHPs for Medicaid following a state bid process that began in June 2019 when LDH 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 MMC contracts.

Healthy Louisiana covers more than 90% of Louisiana Medicaid members, including nearly 750,000 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 4.7% from 1,733,148 in June 2021 to 1,814,431 in June 2022. MCO enrollment as of June 2022 ranged from a high of 548,476 for LHCC to 154,711 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 2021 | Enrollment June 2022 |
|---|---|---|---|
| Aetna Better Health of Louisiana | ABHLA | 146,484 | 154,711 |
| AmeriHealth Caritas Louisiana | ACLA | 223,633 | 229,636 |
| Healthy Blue | HBL | 341,087 | 364,283 |
| Louisiana Healthcare Connections | LHCC | 523,653 | 548,476 |
| UnitedHealthcare Community Plan of Louisiana | UHC | 498,291 | 517,325 |
| Total | | 1,733,148 | 1,814,431 |

Source: Louisiana Department of Health, Report No. 109-A: 1. This report shows all active members in Healthy Louisiana as of July 5, 2022. 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.

## Findings from an Effectiveness Evaluation of the State's Medicaid Quality Strategy

Louisiana's Medicaid 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 2022 Medicaid 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.

The Louisiana Department of Health 2022 Medicaid Quality Strategy is available for viewing on its website.

## Responsibility for Quality Monitoring

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 MMC Quality Strategy.

The Louisiana 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 CHIP enrollees. Members of the Medicaid Medical Care Advisory Committee and its subcommittees fulfill the role required by federal regulation Title 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.

## Health Disparities

For this year's technical report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. MCOs were asked to respond to the following questions for the period July 1, 2021–June 30, 2022:

**Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO's Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?**

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

### Summary of ABHLA Response

ABHLA's Community Development, Care Management, Member Services, Quality Department, and Health Equity Administrator collaborate to develop strategies to engage enrollees, key community representatives, and other community advocates to ensure that social need interventions and delivery mechanisms are meeting the non-medical social health needs of the enrolled and their families. Staff and providers are trained on Culturally and Linguistically Appropriate Services (CLAS) Committee standards and cultural responsiveness,

and ABHLA maintains these trainings through provider contract requirements and provider monitoring. Other actions taken include development of a Health Care Equity Dashboard, education campaigns, short message service (SMS) campaigns for disaster relief, identification and remediation of housing issues, utilization of FindHelp (formerly Aunt Bertha®) as a resource for finding social determinants of health (SDoH) community-based organizations where the enrollee lives. ABHLA also provides enrollees access to online materials, interactive tools, and videos on multiple wellness and health promotion topics, including smoking and tobacco use cessation, nutrition, managing stress, and telemedicine services.

### Summary of ACLA Response

ACLA worked to increase compliance among African Americans for postpartum adherence following a delivery; provided colorectal cancer screenings and childhood immunizations; and worked to increase the rate of well-child visits and follow-up appointment adherence. ACLA also supported enrollee education among Spanish speaking enrollees, comprehensive diabetes care among enrollees living in rural areas, and housing and food access among enrollees with SDoH risk factors. ACLA also hosts discussions with providers on barriers to patient engagement and awareness of plan services and provides training and education on health equity. Also, ACLA's pharmacy website was enhanced to allow for more effective geographic searches for pharmacies providing delivery services, which is especially supportive for members living in rural areas.

### Summary of HBL Response

Member-focused initiatives include use of the PyX digital tool, mail-in colorectal cancer screening kits, the Geaux Get Healthy Food Program, housing support for high BH utilizers, the Doula program, and regional diabetes and hypertension screenings. Provider-focused initiatives include the SDoH Incentive Program, health-equity–focused trainings and the OB Quality Incentive Program. Community-based initiatives include mobile cancer screenings, Tribal Liaison Cultural Competency Trainings, scholarship sponsorships at historically black colleges and universities, donations of over 30 refrigerators to aid food access, 2019 novel coronavirus (COVID-19) vaccination partnerships, and a health education advisory committee.

### Summary of LHCC Response

LHCC's approach is aligned with their population health strategy to ensure cultural issues and SDoH are identified and addressed. Data collection and analysis includes stratifying utilization and outcomes data using member demographics such as race, ethnicity, language, geography, and SDoH to identify disparities and prioritize identified opportunities. Interventions include establishment of a Cultural Competency Committee, expanded staff training on SDoH and cultural competence, targeted outreach for communication and language assistance and continued promotion of telemedicine. LHCC is also engaged in an MCO collaborative with Volunteers of America and Determined Health's Community Health Worker program to implement a continuum of care that improves health equity for all members with a focus on colorectal cancer screenings and linkages to health plans to address the increased prevalence of colorectal cancer in this population. Key informant interviews were conducted in support of ongoing neighborhood initiatives in the Lake Charles area, informing efforts to address identified disparities in childhood immunizations and maternity care.

### Summary of UHC Response

Among UHC's initiatives were a partnership with Crescent City Family Services that provided access to COVID-19 vaccines, diapers, and food for pregnant moms and moms with young children in Jefferson Parish. A second initiative was conducted in north Louisiana in collaboration with Together LA to promote vaccine equity and included access to COVID-19 and flu vaccines. UHC also implemented their "UNITED with Pride" initiative which combines community events with educating membership through the dissemination of information and access to resources that address inequities and barriers often experienced by the LGBTQ+ community. Additional interventions focused on reducing disparities and expanding access to improve maternal health outcomes. In 2021 and 2022, UHCLA implemented several interventions, such as Babyscripts® and Wellhop®. Other initiatives include our community engagement with stakeholders such as the Choctaw Apache Tribe of

Ebarb, and Que Pasa, an initiative launched to engage the Spanish-speaking population in the greater New Orleans area. The focus of the initiatives was to provide a platform to better understand, address, and align with the needs of enrollees while implementing strategies and initiatives that support diversity, equity and inclusion.

## Findings from an Effectiveness Evaluation of the LDH's Medicaid Quality Strategy

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

### Strengths

- Louisiana's *2021 Medicaid Managed Care Quality Strategy*, updated May 2021, is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress in attaining the goals can be quantitatively measured.
- Quality metrics used to assess progress in achieving the quality strategy's goals were derived from all five Healthy Louisiana MCOs required to annually report quality PMs including HEDIS quality metrics, CMS Adult and Children Core Data Sets, Agency for Healthcare Research and Quality (AHRQ) Preventive Quality Indicators (PQIs), CAHPS consumer satisfaction measures, and several state-specified quality measures. The following strengths are identified by goal:
  - *Ensure access to care to meet enrollee needs:* 4 (33%) of the 12 SWA rates met or exceeded the national Medicaid 50th percentile target objective.
  - *Facilitate patient-centered, whole person care:* All (100%) SWA rates for the three measures for this goal met or exceeded the national Medicaid 50th percentile target objective.
  - *Promote wellness and prevention:* 17 (37%) of the SWA rates with benchmarks met or exceeded the national Medicaid 50th percentile target objective, and three SWA rates met the improvement objective.
  - *Improve chronic disease management and control:* Two (11%) SWA rates met or exceeded the national Medicaid 50th percentile target objective, and seven (41%) SWA rates for this goal met the improvement objective.
  - Overall, there were 26 (32%) SWA rates out of a total of 81 measures with benchmarks that met the target objective, and 11 (14%) SWA rates that met the improvement objective out of a total of 77 rates that could be trended. SWA rates for one of the measures (COPD or Asthma in Older Adults Admission Rate) met both the national target and the improvement objective.
- LDH continues to report on a robust set of monitoring activities including enrollment, network adequacy, quality of care, member satisfaction, program transparency, medical loss ratio, claims, and diabetes and obesity.
- The EQRO monitoring reports included a guide to choosing a health plan; PM results and analysis; two network access and availability provider surveys; and a BH member satisfaction survey. In compliance with federal regulations, the EQRO prepared federally required MCO annual technical reports (ATRs). Results for each MCO; a state MCO aggregate; a dental benefit aggregate; and a Magellan CSoC Program report are posted on the LDH website at https://ldh.la.gov/page/4175 .
- A high level of compliance with time and distance standards was reported in the aggregate ATR for all MCOs for PCPs. All five MCOs reported 100% compliance with time and distance access standards to adult PCPs for members in rural areas within 30 miles and 60 minutes. All five MCOs also met 100% compliance with time access standards to pediatric providers and ob/gyn providers for members in rural areas within 60 minutes. Four of the five MCOs met 100% compliance with distance access standards to pediatric PCPs for members in rural areas within 30 miles.
- 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 the use of intervention tracking measures (ITMs) 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.
- LDH effectively collaborates with other LDH department-wide initiatives for the benefit of Healthy Louisiana members.

## Opportunities for Improvement

- Opportunities for improvement are evident for numerous quality metrics identified by the following Quality Strategy goals:
  - *Ensure access to care to meet enrollee needs:* Five of the six SWA rates evaluated for improvement showed a decline in rates between MY 2019 and MY 2020. The SWA rates for all four age groups of the Adults' Access to Preventive Ambulatory Health Services (AAP) did not meet either the target objective or the improvement objective: AAP: 20–44 years; 45–64 years; 65+ years and total.
  - *Improve coordination and transitions of care:* Of the five SWA rates in this measure set, there was no improvement in Plan All-Cause Readmission SWA rates for observed readmissions or for expected readmission rates; and SWA rates for the two Follow-up After Hospitalization for Mental Illness (FUH) measures did not meet either the target or the improvement objective.
  - *Facilitate patient-centered, whole person care:* While all of the SWA rates for the three measures in this goal met or exceeded the national Medicaid 50th percentile, none of the measures improved by at least 2.0 percentage points (pps).
  - *Promote wellness and prevention:* Opportunities for improvement are evident for the 26 SWA rates in this measure set (57%) that did not meet either the target objective or the improvement objective:
    - PPC: Timeliness of Prenatal Care;
    - Low-Risk Cesarean Delivery;
    - Initiation of Injectable Progesterone for Preterm Birth Prevention;
    - Percentage of Low Birth Weight Births;
    - CIS: DTap; Pneumococcal conjugate; Hepatitis A; Influenza; Combination 4, 6, 7, 8, 9 and 10;
    - FVA: Flu Vaccinations for Adults Ages 18 to 64;
    - WCC: BMI Percentile Total;
    - All six of the CCP: Contraceptive Care – Postpartum measures;
    - CCS: Cervical Cancer Screening; and
    - all three of the Medical Assistance with Smoking and Tobacco Use Cessation measures.
  - *Improve chronic disease management and control:* Opportunities for improvement are evident for the nine SWA rates in this measure set (53%) that did not meet either the target objective or the improvement objective:
    - Three PQI rates: Diabetes Short-term Complications; Heart Failure Admission; Asthma in Younger Adults Admissions;
    - CDC: Hemoglobin (HbA1c) Testing; HbA1c Poor Control (> 9.0%); HbA1c Control (< 8.0%);
    - HIV Viral Load Suppression; and
    - ADD: Initiation and Continuation and Maintenance Phases.

- Several core measures listed in the 2021 Quality Strategy were identified as indicators, but MY 2020 data were not collected or available, including several HEDIS measures as well as other measures developed by AHRQ, CMS and the state as listed in **Table 3**. Including these measures in the required MY 2021 measure set will provide a more complete evaluation of how well the Healthy Louisiana MMC Program is doing in achieving its quality strategy goals.
- As reported in the *FY 2021 Aggregate Annual Technical Report*, the percent of members in urban areas meeting the time and distance access standards to adult PCPs, pediatric providers and obstetricians/gynecologists (ob/gyns) was less than 100% for all five MCOs. Opportunities for improvement for all MCOs are particularly evidenced for access to ob/gyns by distance for members in urban areas and for all but one MCO for access to ob/gyns by distance in rural areas.
- The access and availability provider surveys, conducted by the EQRO, found that overall compliance with timeliness requirements were substantially below the MCO contracted timeliness standards. For ear-nose-throat (ENT) and cardiology specialists, overall compliance with timeliness standards was 36.2% for routine calls and 7.5% for non-urgent calls. For gastroenterologists, urologists and ob/gyns, the overall compliance with timeliness standards was 24.7% for routine calls and 4.6% for non-urgent calls.
- The low overall response rates for the *Healthy Louisiana Behavioral Health Member Satisfaction Survey* conducted by the EQRO resulted in recommendations for the state regarding sampling methodology and survey questions.

## Recommendations

It is recommended that LDH, in collaboration with the EQRO and the MCOs, address the above listed opportunities for improvement and the following recommendations:

- Overall, LDH is successfully implementing the *2021 Quality Strategy*, which includes a thorough set of HEDIS, CAHPS and state-specific measures to assess quality performance, along with well-considered targets for achievement and improvement. The measure set is now specifically aligned with the strategy goals and objectives which should allow LDH to better evaluate their level of success in achieving the stated goals. Requiring the MCOs to submit all the measures listed in the *2021 Quality Strategy* measure set for MY 2021 will enable LDH and the EQRO to better prepare a more complete assessment of how well the Healthy Louisiana MMC Program is doing in achieving its goals.
- LDH should examine each of the measures with SWA 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 measures that did not meet either the target or the improvement objective. Out of the 74 measures where the target and the improvement objective could be assessed, 41 (55%) of the SWA rates did not meet either objective. Another focus could be directed at the low level of improvement evidenced by only 11 (14%) SWA rates that improve from the prior year's rate by at least 2.0 pps. 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 focus clinical studies.
- The access and availability survey results continue to indicate a need to further address provider network adequacy, which was identified in both survey reports as a common problem. LDH may want to consider methods of supporting the MCOs in their outreach to recruit providers, especially specialists and subspecialists in urban areas. It should also be noted that Network Adequacy Validation is a mandatory EQR activity, but CMS has not yet published a protocol to support the activity. Once the protocol is created, states will have 1 year to begin implementation. 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 encounter in providing and/or accessing medical services through Louisiana's MMC system.

# III. Validation of Performance Improvement Projects

## Objectives

*Title 42 CFR § 438.330(d)* establishes that state agencies require contracted MCOs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. LDH requires MCOs to conduct PIPs, as set forth by *Title 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 LDH-approved PIPs for the term of the contract. LDH may require up to two additional projects for a maximum of four projects. The MCO shall perform a minimum of one additional LDH-approved BH PIP each contract year.

PIPs 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 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 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. has potential for meaningful impact on member health, functional status, or satisfaction;
    c. reflects high-volume or high-risk conditions; and
    d. is supported with MCO member data (baseline rates; e.g., disease prevalence).
2. Aims/Goals/Objectives
    a. Aims specify performance indicators for improvement with corresponding goals.
    b. Goals set target improvement rates that are bold, feasible, and based upon baseline data and strength of interventions, with rationales (e.g., benchmarks).
    c. Objectives align aim and goals with interventions.
3. Methodology
    a. Annual PMs are indicated.
    b. Methodology specifies numerator and denominator criteria.
    c. Procedures indicate data source, hybrid versus administrative, and reliability.
    d. Sampling method is 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. direct member input from focus groups, quality meetings, surveys, and/or care management outreach;
    c. 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 that
    a. are informed by barrier analysis;
    b. target members, providers, and MCO;
    c. are new or enhanced, starting after baseline year; and
    d. have corresponding monthly or quarterly ITMs to monitor progress of interventions.
6. Results table has
    a. performance indicator rates with numerators and denominators; and
    b. goal rates.
7. Discussion includes an 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 include
    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, 2021–June 30, 2022).

**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 |
| 5 | Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate |
| 6 | Behavioral Health Transitions in Care |
| 7 | Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians |

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.

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 each MCO. The criteria for each score are presented in **Table 3**.

**Table 3: PIP Validation Review Determinations**

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

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

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

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

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

## Description of Data Obtained

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

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

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 28, 2021. PIP Interventions were initiated on April 9, 2021. **PIP 4** was started in January 2021 and utilized a baseline measurement from January 1, 2018, to December 31, 2018 of the aggregate Healthy Louisiana rate calculated by ULM. PIP Interventions were initiated on February 1, 2021.

The baseline measurement period for **PIPs 5, 6** and **7** was calendar year (CY) 2021, with implementation and final measurement period ending CY 2022. Submission of proposal/baseline reports was due on March 1, 2022, and submission of final reports due on December 31, 2022.

## Conclusions and Comparative Findings

All PIPs conducted by each MCO in SFYs 2021 and 2022 were determined by IPRO to be methodologically sound. IPRO's detailed PIP validation findings are summarized in **Table 4**–**Table 12**. For each MCO, PIP summaries including aim, interventions, and performance summary are displayed in **Table 13**–**Table 17**.

For the 2020–2021 PIPs, each MCO showed improvement in at least two performance indicators related to timeliness and access. While it is still too early to assess the overall results of the 2022 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**–**Table 8** show validation results for the above PIPs by MCO. (Note that the validation elements in sections 7 and 8 are not available for PIPs 5, 6 and 7 since completion of these PIPs extends beyond the review period of this ATR.)

**Table 4: PIP Validation Results for PIP Elements – ABHLA**

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ABHLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 1. Topic/ Rationale | | | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | PM | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M | M | PM |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M | M | M |
| 2. Aim | | | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M | M | M |
| 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) | M | M | PM | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | PM | M | M |
| 3. Methodology | | | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | PM | PM | PM |
| d. Sampling method explained for each hybrid measure | M | Not Applicable | Not Applicable | M | Not Applicable | Not Applicable | Not Applicable |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ABHLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 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 | M | M | M | M | PM | PM | PM |
| b. Member feedback | M | M | PM | PM | PM | NM | NM |
| c. Provider feedback | M | M | PM | M | PM | NM | NM |
| d. QI Process data ("5 Why's", fishbone diagram) | M | M | M | M | PM | PM | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | | | |
| a. Informed by barrier analysis | M | M | PM | PM | PM | PM | PM |
| b. Actions that target member, provider and MCO | M | M | M | M | M | M | |
| c. New or enhanced, starting after baseline year | M | M | M | M | PM | NM | NM |
| 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) | M | M | PM | M | PM | PM | PM |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | M | PM | M | M | M | M |
| b. Table shows target rates and rationale (e.g., | M | M | M | M | M | M | M |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ABHLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| next highest *Quality Compass* percentile) | | | | | | | |
| 7. Discussion (Final PIP Report) | | | | | | | |
| a. Interpretation of extent to which PIP is successful | PM | PM | PM | PM | --- | --- | --- |
| 8. Next Steps (Final PIP Report) | | | | | | | |
| a. Lessons Learned | M | M | PM | M | --- | --- | --- |
| b. System-level changes made and/or planned | M | M | M | M | --- | --- | --- |
| c. Next steps for each intervention | M | M | M | M | --- | --- | --- |

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

**Table 5: PIP Validation Results for PIP Elements — ACLA**

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ACLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 1. Topic/ Rationale | | | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M | M | M |
| 2. Aim | | | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M | M | M |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ACLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 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) | M | M | M | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | PM | M | M |
| 3. Methodology | | | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | PM | **M** | PM |
| d. Sampling method explained for each hybrid measure | M | Not Applicable | Not Applicable | M | Not Applicable | Not Applicable | Not Applicable |
| 4. Barrier Analysis, using one or more of following: | | | | | | | |
| a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics | M | M | M | M | PM | M | PM |
| b. Member feedback | M | M | M | M | PM | PM | PM |
| c. Provider feedback | M | M | M | M | PM | PM | PM |
| d. QI Process data (“5 Why’s”, fishbone diagram) | M | M | M | M | NM | M | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | | | |
| a. Informed by barrier analysis | M | M | M | M | PM | PM | PM |
| b. Actions that target member, provider and MCO | M | M | M | M | M | M | M |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| ACLA | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve HCV Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| c. New or enhanced, starting after baseline year | M | M | M | M | PM | PM | PM |
| 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) | M | PM | PM | M | PM | PM | PM |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | PM | M | M | M | M | M | M |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | M | M | M | M |
| 7. Discussion (Final PIP Report) | | | | | | | |
| a. Interpretation of extent to which PIP is successful | M | M | M | M | --- | --- | --- |
| 8. Next Steps (Final PIP Report) | | | | | | | |
| a. Lessons Learned | M | M | M | M | --- | --- | --- |
| b. System-level changes made and/or planned | M | M | M | M | --- | --- | --- |
| c. Next steps for each intervention | M | M | M | M | --- | --- | --- |

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

**Table 6: PIP Validation Results for PIP Elements — HBL**

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| HBL | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 1. Topic/ Rationale | | | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M | M | PM |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M | M | M |
| 2. Aim | | | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M | M | M |
| 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) | M | M | M | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | PM | M | M |
| 3. Methodology | | | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | PM | M | PM |
| d. Sampling method explained for each hybrid measure | M | Not Applicable | Not Applicable | M | Not applicable | Not Applicable | Not applicable |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| HBL | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 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 | M | PM | M | M | M | PM | PM |
| b. Member feedback | M | M | M | M | NM | PM | PM |
| c. Provider feedback | M | PM | M | M | NM | PM | PM |
| d. QI Process data ("5 Why's", fishbone diagram) | M | PM | M | M | NM | PM | PM |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | | | |
| a. Informed by barrier analysis | M | PM | M | M | PM | PM | PM |
| b. Actions that target member, provider and MCO | M | M | M | M | M | M | M |
| c. New or enhanced, starting after baseline year | M | M | M | M | PM | M | PM |
| 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) | PM | M | M | M | M | PM | PM |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | M | PM | M | M | M | M |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| HBL | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | M | NM | M | M |
| 7. Discussion (Final PIP Report) | | | | | | | |
| a. Interpretation of extent to which PIP is successful | M | M | PM | M | --- | --- | --- |
| 8. Next Steps (Final PIP Report) | | | | | | | |
| Lessons Learned | M | M | M | M | --- | --- | --- |
| System-level changes made and/or planned | M | M | M | M | --- | --- | --- |
| Next steps for each intervention | M | M | M | M | --- | --- | --- |

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

**Table 7: PIP Validation Results for PIP Elements — LHCC**

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| LHCC | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 1. Topic/ Rationale | | | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M | M | M |
| 2. Aim | | | | | | | |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M | M | M |
| 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) | M | M | M | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | M | M | M |
| 3. Methodology | | | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | PM | M | M |
| d. Sampling method explained for each hybrid measure | Not Applicable | M | Not Applicable | M | Not Applicable | Not Applicable | Not Applicable |
| 4. Barrier Analysis, using one or more of following: | | | | | | | |
| a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics | M | M | M | M | PM | PM | M |
| b. Member feedback | M | M | M | M | PM | M | M |
| c. Provider feedback | M | M | M | M | PM | PM | M |
| d. QI Process data (“5 Why’s”, fishbone diagram) | M | M | M | M | M | PM | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | | | |
| a. Informed by barrier analysis | M | M | M | M | PM | PM | M |
| b. Actions that target member, provider and MCO | M | M | M | M | M | M | M |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| c. New or enhanced, starting after baseline year | M | M | M | M | M | PM | PM |
| 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) | M | M | M | M | M | PM | PM |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | M | M | M | M | M | M |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | PM | M | M | M | M |
| 7. Discussion (Final PIP Report) | | | | | | | |
| a. Interpretation of extent to which PIP is successful | M | M | PM | M | --- | --- | --- |
| 8. Next Steps (Final PIP Report) | | | | | | | |
| Lessons Learned | M | M | M | M | --- | --- | --- |
| System-level changes made and/or planned | M | M | M | M | --- | --- | --- |
| Next steps for each intervention | M | M | M | M | --- | --- | --- |

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

**Table 8: PIP Validation Results for PIP Elements — UHC**

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| UHC | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| 1. Topic/ Rationale | | | | | | | |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| UHC | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M | M | PM |
| 2. Aim | | | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M | M | M |
| 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) | M | M | M | M | M | M | PM |
| c. Objectives align aim and goals with interventions | M | M | M | M | M | M | PM |
| 3. Methodology | | | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | PM | PM | PM |
| d. Sampling method explained for each hybrid measure | Not Applicable | M | Not Applicable | M | Not Applicable | Not Applicable | Not Applicable |
| 4. Barrier Analysis, using one or more of following: | | | | | | | |
| a. Susceptible subpopulations identified using claims | M | M | M | M | M | PM | PM |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| UHC | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| data on performance measures stratified by demographic and clinical characteristics | | | | | | | |
| b. Member feedback | M | M | M | M | PM | PM | PM |
| c. Provider feedback | M | M | M | M | M | PM | PM |
| d. QI Process data ("5 Why's", fishbone diagram) | M | M | M | M | PM | M | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | | | |
| a. Informed by barrier analysis | M | M | M | M | PM | PM | PM |
| b. Actions that target member, provider and MCO | M | M | M | M | M | M | M |
| c. New or enhanced, starting after baseline year | M | M | M | M | M | PM | PM |
| 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) | M | M | M | M | M | PM | PM |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | M | M | PM | M | M | PM |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | M | M | M | PM |
| 7. Discussion (Final PIP Report) | | | | | | | |

| PIP Validation Element | PIP 1 | PIP 2 | PIP 3 | PIP 4 | PIP 5 | PIP 6 | PIP7 |
|---|---|---|---|---|---|---|---|
| UHC | Improving Rates for IET of AOD, FUA, and POD | Improve Screening for Chronic HCV and Pharmaceutical Treatment | Access to COVID-19 vaccine: among eligible enrollees | Improving Developmental Screening in the First Three Years of Life | Improve (HCV) Pharmaceutical Treatment Initiation Rate | Behavioral Health Transitions in Care | Fluoride Varnish to Primary Teeth: Enrollees 0 to 5 years |
| a. Interpretation of extent to which PIP is successful | M | M | M | M | --- | --- | --- |
| 8. Next Steps (Final PIP Report) | | | | | | | |
| Lessons Learned | M | M | M | M | --- | --- | --- |
| System-level changes made and/or planned | M | M | M | M | --- | --- | --- |
| Next steps for each intervention | M | M | M | M | --- | --- | --- |

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

**Table 9–Table 12** show the validation elements and results of the PIPs active during the ATR review period by MCO.

**Table 9: MCO PIP 1 Validation Results – December 2021**

| PIP Validation Element | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 1. Topic/ Rationale | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M |
| 2. Aim | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M |
| 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) | M | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | M |
| 3. Methodology | | | | | |

| PIP Validation Element | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| a. Annual Performance Measures indicated | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | M |
| d. Sampling method explained for each hybrid measure | M | M | M | Not Applicable | Not Applicable |
| 4. Barrier Analysis, using one or more of following: | | | | | |
| a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics | M | M | M | M | M |
| b. Member feedback | M | M | M | M | M |
| c. Provider feedback | M | M | M | M | M |
| d. QI Process data ("5 Why's", fishbone diagram) | M | M | M | M | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | |
| a. Informed by barrier analysis | M | M | M | M | M |
| b. Actions that target member, provider and MCO | M | M | M | M | M |
| c. New or enhanced, starting after baseline year | M | M | M | M | M |
| 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) | M | M | PM | M | M |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | PM | M | M | M |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | M | M |
| 7. Discussion (Final PIP Report) | | | | | |
| a. Interpretation of extent to which PIP is successful | PM | M | M | M | M |
| 8. Next Steps (Final PIP Report) | | | | | |
| a. Lessons Learned | M | M | M | M | M |
| b. System-level changes made and/or planned | M | M | M | M | M |

| PIP Validation Element | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| c. Next steps for each intervention | M | M | M | M | M |

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

**Table 10: MCO PIP 2 Validation Results – December 2021**

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

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

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

**Table 11: MCO PIP 3 Validation Results – December 2021**

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

| PIP Validation Element | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 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) | PM | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | M |
| 3. Methodology | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | M |
| d. Sampling method explained for each hybrid measure | Not Applicable | Not Applicable | Not Applicable | Not Applicable | Not Applicable |
| 4. Barrier Analysis, using one or more of following: | | | | | |
| a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics | M | M | M | M | M |
| b. Member feedback | PM | M | M | M | M |
| c. Provider feedback | PM | M | M | M | M |
| d. QI Process data (“5 Why’s”, fishbone diagram) | M | M | M | M | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | |
| a. Informed by barrier analysis | PM | M | M | M | M |
| b. Actions that target member, provider and MCO | M | M | M | M | M |
| c. New or enhanced, starting after baseline year | M | M | M | M | M |
| 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) | PM | PM | M | M | M |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | PM | M | PM | M | M |

| PIP Validation Element | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | PM | M |
| 7. Discussion (Final PIP Report) | | | | | |
| a. Interpretation of extent to which PIP is successful | PM | M | PM | PM | M |
| 8. Next Steps (Final PIP Report) | | | | | |
| a. Lessons Learned | PM | M | M | M | M |
| b. System-level changes made and/or planned | M | M | M | M | M |
| c. Next steps for each intervention | M | M | M | M | M |

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

**Table 12: MCO PIP 4 Validation Results – December 2021**

| PIP Validation Elements | ACLA | ABHLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 1. Topic/ Rationale | | | | | |
| a. Impacts the maximum proportion of members that is feasible | M | M | M | M | M |
| b. Potential for meaningful impact on member health, functional status or satisfaction | M | M | M | M | M |
| c. Reflects high-volume or high-risk conditions | M | M | M | M | M |
| d. Supported with MCO member data (baseline rates; e.g., disease prevalence) | M | M | M | M | M |
| 2. Aim | | | | | |
| a. Specifies Performance Indicators for improvement with corresponding goals | M | M | M | M | M |
| 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) | M | M | M | M | M |
| c. Objectives align aim and goals with interventions | M | M | M | M | M |
| 3. Methodology | | | | | |
| a. Annual Performance Measures indicated | M | M | M | M | M |
| b. Specifies numerator and denominator criteria | M | M | M | M | M |
| c. Procedures indicate methods for data collection and analysis | M | M | M | M | M |
| d. Sampling method explained for each hybrid measure | M | M | M | M | M |

| PIP Validation Elements | ACLA | ABHLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 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 | M | M | M | M | M |
| b. Member feedback | PM | M | M | M | M |
| c. Provider feedback | M | M | M | M | M |
| d. QI Process data ("5 Why's", fishbone diagram) | M | M | M | M | M |
| 5. Robust Interventions that are Measurable using Intervention Tracking Measures | | | | | |
| a. Informed by barrier analysis | PM | M | M | M | M |
| b. Actions that target member, provider and MCO | M | M | M | M | M |
| c. New or enhanced, starting after baseline year | M | M | M | M | M |
| 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) | M | M | M | M | M |
| 6. Results Table (Completed for Baseline, Interim and Final Re-Measurement Years) | | | | | |
| a. Table shows Performance Indicator rates, numerators and denominators | M | M | M | M | PM |
| b. Table shows target rates and rationale (e.g., next highest *Quality Compass* percentile) | M | M | M | M | M |
| 7. Discussion | | | | | |
| a. Interpretation of extent to which PIP is successful | PM | M | M | M | M |
| 8. Next Steps | | | | | |
| a. Lessons Learned | M | M | M | M | M |
| b. System-level changes made and/or planned | M | M | M | M | M |
| c. Next steps for each intervention | M | M | M | M | M |

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

**Table 13: ABHLA PIP Summaries, 2021–2022**

| ABHLA: PIP Summaries |
|---|
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence<br>**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk. |
| **Aim**<br>To improve the rate of IET of AOD Abuse or Dependence Treatment and to improve the rates for follow-up after ED visit for AOD abuse or dependence, as well as pharmacotherapy for OUD by implementing enhanced interventions to test the change concepts indicated in the Driver Diagram to achieve the following objectives:<br>1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs:<br>a. The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning)<br>b. Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) - American Society of Addiction Medicine (ASAM); Targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.<br>c. Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.<br>d. The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers<br>e. ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers<br>2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT), and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.<br>3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and<br>4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).<br>5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.<br><br>**Interventions**<br>1. First-line medical provider education supporting screening, brief intervention and referral for the following Providers:<br>• ob/gyn<br>• EDs<br>• Pain Management<br>• PCP (Family Practice, Internal Medicine)<br>• Pediatricians<br>• Urgent Care (Stage of Change, Motivational interviewing knowledge of available treatment/services/providers)<br>2. Educate providers about evidence based SBIRT screening best practices (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers) and billing procedures<br>3. Increasing number of MAT prescribers in rural areas of regions 5, 6, and 7 outside of Lake Charles, Alexandria and Shreveport.<br>4. Increasing outreach to educate providers of local SUD treatment and concurrent psychosocial treatment and referral procedures for higher levels of care with a focus in rural areas of regions 5, 6, and 7 outside of Lake Charles, Alexandria and Shreveport<br>5. Educate ED providers and follow-up practitioners on the appropriate care and provision of a resource list |

6. Monitor education of outpatient providers who would follow-up for AOD after ED about evidence-based follow-up care
7. Monitor MCO CM referral and appointment scheduling of transitions in care from ED to community (Recovery Coach)
8. Enhance case management for the SUD involved SHCN populations, including increased face-to-face contact, and care coordination for members to ensure appropriate continuity of care.
9. Enhanced case management for the SUD-involved Justice Involved populations, including increased face-to-face contact, and care coordination for members to ensure appropriate continuity of care
10. Enhance case management for the involved Adolescent population, including referrals to Breakthrough and care coordination for members to ensure appropriate continuity of care
11. Utilization of TeleMed to assist in the management for the involved members within this population who have had a hospitalization 7 Days prior to ensure appropriate follow-up visit occur after hospitalization
12. Reduce 30-day readmission rates for members that have been in a residential or inpatient setting receiving services specifically for detox (medical) and/or residential services. Through increased continuity of care to treatment (ASAM 3.7, 3.5, 3.3 or perhaps 2.1 as indicated) following discharge from 4-WM (medically managed detox in the hospital
13. Proposal ITMs (new OTP Patients enrolled in CM). This requested ITM helps to support not only the POD metric, but also the network of OTPs that administer Methadone.

**Performance Improvement Summary**

*Strengths:*

- Indicator 1 Initiation of treatment for alcohol abuse/dependence increased by 4.75 percentage points from 48.635 CY 2018 to 53.38% during 1/1/21-YTD, exceeded the target rate, and the target rate was set higher for ongoing improvement.
- Indicator 2 Initiation of treatment for opioid abuse/dependence increased by 6.91 percentage points from 62.07% in CY 2018 to 68.98% during 1/1/21-YTD.
- Indicator 5 Engagement in treatment for opioid abuse/dependence increased by 6.98 percentage points from 27.24 in CY 2018 to 34.22 during 1/1/21-YTD.
- ITM 2: First-line provider educational materials on screening, brief intervention and referral received by 100% of providers in Q4.
- ITM 5a: ED provider educational materials on 7- and 30-day follow-up received by 100% of ED and follow-up practitioners in Q4.
- ITM 5b: List of qualified AOD providers received by 100% of ED providers.
- ITM 9: ITM 9 monitors the proportion of members previously admitted to any ASAM level for OUD who were engaged with follow-up 30 days after an ASAM facility visit, with quarterly 2021 rates ranging from 85.3 to 91.59%.
- ITM 11: ITM 11 monitors the proportion of members discharged from inpatient detox and who were admitted to a lower-level treatment for continuity of care within 30 days off discharge and showed improvement from 34.55% in Q1 2020 to 50.78% in Q4 2021.

*Opportunities for improvement:*

- Engagement indicators 4 and 6 showed less than 5 percentage point improvement, indicating opportunities to improve engagement of members with alcohol abuse/dependence and non-opioid drug abuse/dependence.
- Indicators 7 and 8 (Follow-up within 7 and 30 days for ED visits for AOD) showed less than 2 percentage point improvement and remained the lowest performance indicator rates.
- ITM 5c: Members with 3+ ED visits within 6 months with SUD diagnosis who were engaged in CM remained stagnant from 2020-21 at around 15%. This stagnant rate merits drill down analysis of barriers, with findings used to inform modifications to interventions. Future PIPs should address stagnant or declining ITMs in real time for continuous quality improvement during the PIP course.
- ITM 6: Members with SHCN and SUD who were enrolled in CM remained stagnant from 2020-2021 at around 14%. This stagnant rate merits drill down analysis of barriers, with findings used to inform modifications to

interventions. Future PIPs should address stagnant or declining ITMs in real time for continuous quality improvement during the PIP course.

**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. Results must be interpreted with some caution for ITM 1a due to a calculation error. In addition, the narrative interpretation must be interpreted with caution in light of lack of objective interpretation of ITM data to support the discussion of factors associated with success or failure.

**Aim**

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

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
    - Beneficiaries born between the years 1945 and 1965
    - Current or past injection drug use
    - Persons ever on long term hemodialysis
    - Persons who were ever incarcerated
    - Persons with HIV infection
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (United States Preventive Services Task Force, 2013; American Association for the Study of Liver Diseases/Infectious Diseases Society of America, 2018), and coordinate referrals for screening and treatment.

**Interventions**

1. Enhanced Case Management Outreach for HCV Treatment Initiation
2. Enhanced Case Management Outreach for HCV Screening: Utilize MCO claims/encounter data to identify at-risk members for HCV screening and schedule a screening appointment with the member's PCP
3. Enhanced Case Management Outreach for HCV Screening
4. Launch education campaigns for risks and recommend members get tested
5. Enhanced Outreach for HCV Screening through Member Services
6. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
7. Provider education of how to treat members once screened via Algorithm and other education material
8. Inform Providers of their patients who are at risk by distributing to each PCP their listing of eligible members with instructions to contact patients to schedule an appointment for HCV follow-up
9. Conduct screenings in community events at least once a month
10. Enhanced outreach for HCV Screening for children born to an HCV-positive mother. Reviewing screening of children in general as a potential gap. CDC protocol is to screen at or over 18 months for an accurate screening.
11. CDC guidelines for screening a specific subpopulation
12. CDC guidelines for at risk population for screening; subpopulation crossover based on behavior and outcomes

**Performance Improvement Summary**

*Strengths:*

- Indicator 2a Enrollees with HCV risk factors who were ever screened for HCV infection increased by 9.01 percentage points from 33% in CY 2019 to 42.01% during 1/1/21-YTD.
- Indicator 3a HCV Treatment Initiation-Overall increased 15.06 percentage points from 16% in CY 2019 to 31.06% during 1/1/21-YTD and exceeded the original and stretch target rates of 26% and 30%, respectively.
- Indicator 3b HCV Treatment Initiation- Persons who use drugs increased by 17.55 percentage points from 14% in CY 2019 to 31.55% during 1/1/21-YTD and exceeded the original and stretch target rates of 24% and 30%, respectively.
- Indicator 3c HCV Treatment Initiation- Persons with HIV increased by 39.47 percentage points from 7% in CY 2019 to 46.47% during 1/1/21-YTD and exceeded the original and stretch target rates of 17% and 45%, respectively.
- ITM 7a pregnant women screened for HCV ranged from 34.71% to 40.51% in 2021, with 40.51% screened in QTR 4.

*Opportunities for improvement:*

- Less than half of ABHLA members have been screened for HCV.
- Less than half of ABHLA members on the Office of Public Health listing of eligible candidates have received HCV treatment.
- ITMs to monitor effectiveness of member outreach interventions remain less than 10%. Drill down analysis of barriers is merited in real time, on an ongoing basis in order to inform modifications to interventions.

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

**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the miscalculations of several performance indicators and ITMs, as well as the quantitative and qualitative data interpretation issues identified in the above review comments.

**Aim**

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

**Interventions**

Enrollee Interventions will be the focus of this PIP, as follows:

1. Refer and facilitate making appointments for eligible enrollees engaged in case management to COVID-19 vaccination sites.
2. Refer and facilitate making appointments for eligible enrollees NOT engaged in case management to COVID-19 vaccination sites.
3. Educate and inform enrollees on vaccine merits, safety and accessibility with comprehensive and clear communication in accordance with the State of Louisiana communication plan for the COVID-19 vaccine [e.g., LDH COVID-19 website: Louisiana Coronavirus COVID-19 | Department of Health | State of Louisiana (la.gov) ].
4. Provide enrollees with second dose reminders for those overdue.

Provider Interventions

5. Distribute listings of COVID-19 vaccine-eligible enrollees, as well as listings of pharmacy vaccination sites and other LINK-enrolled providers, to PCPs.
6. Conduct training and education of providers, when necessary, using LINKS training videos and CDC/ACIP evidence-based guidance in collaboration with the Tri-Regional LINKS Outreach Coordinators.

Collaborate with state and local partners

7. Outreach to racial/ethnic minority enrollees. Utilize COVID-19 vaccination coverage reports generated in LINKS to track and monitor COVID-19 vaccination rates and to determine pockets of need (e.g., zip code and region level). Collaborate and coordinate with the Louisiana Department of Health Vaccination Strike Teams to vaccinate hard-to-reach target populations in Louisiana.
8. Collaborate with the Office of Public Health on vaccine education materials.

**Performance Improvement Summary**

*Strengths:*

1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:
   - Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.33 percentage points from 17.98% to 44.66% (April 2021 to December 2021).
   - Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.69 percentage points from 9.66% to 39.16% (April 2021 to December 2021).
   - Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.57 percentage points from 8.06% to 25.90% (July 2021 to December 2021).
   - Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.03 percentage points from 5.82% to 20.96% (July 2021 to December 2021).

2. Approved Incentive Arrangement (AIA) Progress

**ABHLA: PIP Summaries**

- Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 12.48 percentage points from 25.39% to 37.87%.
- Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 6.84 percentage points from 31.21% to 38.05%.
- Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 4.65 percentage points from 20.48% to 25.13%.

3. Intervention tracking measures that showed improvement:
    - ITM 1B. The percent of enrollees ages 16+ who are not engaged in CM and had an appointment made for COVID-19 vaccination increased from 17.22% in April 2021 to 45.69% on December 13, 2021.

*Opportunities for improvement:*

- 2a. Partially Met. In Table 2: Indicator 3, Measure B incorrectly reported as 26.96%; correct percentage=26.69%. Indicator 4, Measure A incorrectly reported as 9.21%; correct percentage=9.60%.
- 2b. Partially Met. The Plan set a target rate of 10 percentage points increase; however, the target rate set by the U.S. is 70%.
- 4b. Partially Met. Monthly reporting at the Collaborative PIP meetings qualitatively supports outreach to members regarding barriers; however, documentation of member feedback regarding barriers was not evident.
- 4c. Partially Met. Monthly reporting at the Collaborative PIP meetings qualitatively supports outreach to providers regarding barriers; however, documentation of provider feedback regarding barriers was not evident.
- 5a. Partially Met. Monthly reporting at the Collaborative PIP meetings qualitatively supports modification of interventions to address barriers; however, documentation of how interventions were modified to address barriers was not evident. Nor did Table 1: updates to PIP document modifications to interventions.
- 5d. Partially Met. ITM 1b (November) incorrectly reported as 44.84%; correct percentage=44.97%. ITM 2 (October) incorrectly reported as 7.23%; correct percentage=10.41%. ITM 3a (November) incorrectly reported as 3.40%; correct percentage=3.38%. Several ITMs are off by one hundredth. IPRO recommends that the MCO use Excel formulas to calculate rates to the nearest hundredth to limit calculation and rounding errors.
- 6a. Partially Met. In Table 5, Indicator 4 reported as 24.51%; correct percentage=24.58%.
- 7. Partially Met. Specific indicators should be discussed separately in terms of percentage point improvement from baseline to final measurement. The discussion of ITMs should specifically address ITM data and explain how ITMs drive PM rates or if progress in ITMs was not shown, how a drill down analysis was conducted to identify the root causes/barriers, and how interventions were modified to address root causes/barriers.
- 8a. Lessons learned address system and reporting issues, but do not address member barriers and ways to modify interventions to more effectively address barriers.

**PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life
**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to lack of discussion of success or failure in terms of ITM data.

**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**

- Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs
- Develop member gap reports, stratify by provider, and distribute to providers
- Conduct enhanced care coordination outreach/education to parents of members on gap report
- 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.

**ABHLA: PIP Summaries**

- Conduct a PCP chart review of a 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
- Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP
- Tailored and targeted intervention for susceptible subpopulation 6a, work with community outreach to leverage external partner in regions 1, 4, 7, and 2 to increase education on developmental global screening
- Tailored and targeted intervention for Susceptible subpopulation 6a, work with behavioral health staff to ensure continuity of care for members identified with Autism
- Increase the number of members receiving screens through telemedicine

**Performance Improvement Summary**

*Strengths:*

1. Performance Indicator Improvement:
   - Indicator 1 increased by 7.9 percentage points from 8.93% in CY 2020 to 16.83% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%.
   - Indicator 2 increased by 8.41 percentage points from 9.72% in CY 2020 to 18.13% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated baseline statewide rate of 18.25% for 2018 and below the target rate of 28.25%.
   - Indicator 3 increased by 6.7 percentage points from 5.72% in Cy 2020 to 12.42% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%.
2. Intervention Tracking Measure performance:
   - Provider education ITM 1 increased from 5.72% in Q1 2021 to 60.54% in Q4 2021.
   - The distribution of member gap reports to providers ITM 2 increased from 10.38% in Q2 2021 to 18.03% in Q4 2021.
   - The ITM to monitor educational outreach to geographic disparity populations increased from 12.58% in Q1 2021 to 24.77% in Q4 2021.
3. Interventions identified by the Health Plan as most effective:
   - Member: Integration of member educational material in virtual baby shower; Increased partnership with Parents as Teachers and Nurse Family Partners.
   - Provider: Development of Gaps in Care Reports used to assist providers in closing Gaps.

*Opportunities for improvement:*

There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. Member interventions merit improvement by refining barrier analysis with direct member feedback and modifying interventions to address the member-identified barriers.

**PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate
**Validation Summary:** N/A

**Aim**

Improve the Healthy Louisiana 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:
   a. For all eligible members on the OPH listing, outreach and educate members, and facilitate referrals to/schedule appointments with 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):
   b. Persons who use drugs
   c. Persons with HIV

2. Provider Intervention Objective: Educate providers on evidence-based recommendations (AASLD/IDSA, 2018) and availability of providers trained in HCV treatment, and coordinate referrals for treatment. Distribute member care gap reports to providers.

**Interventions**

- Enhanced Case Management Outreach for HCV Treatment Initiation
- Education of BH providers on linkage between SUD and HCV and treatment Options
- Education of BH providers on linkage between HIV and HCV and treatment Options
- Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription
- Provider education of how to treat members once screened via Algorithm and other education materials
- Inform Providers of their patients who are at risk by distributing to each PCP their listing of eligible members with instructions to contact patients to schedule an appointment for HCV follow-up
- Outreach for HCV Treatment Initiation

**Performance Improvement Summary**

*Strengths:*

The project topic includes an in-depth discussion of the demographic characteristics of the ABHLA enrollee population diagnosed with HCV.

*Opportunities for improvement:*

- 1d. Met. For the description of enrollees diagnosed with HCV, please indicate the measurement year represented by the data.
- 2c: Objectives align with interventions. Partially Met. There were no new or enhanced interventions indicated in this section. Although the Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for the 2022 year. Based upon what you learned from the conduct of this PIP during 2021, please describe new/enhanced interventions for 2022 in this section, and summarize new interventions in Table 1, together with the barrier(s) that informed the new intervention(s).
- 3c. Data Collection: Partially Met. Explain methods for ongoing collection of data on direct member feedback on barriers, as well as direct provider feedback on barriers and drivers. In addition, please answer the first question in this section.
- 4a-d. Barrier Analysis: What are the current barriers specific to each susceptible subpopulation? What are the current barriers to members with HCV overall? Although the Appendix A lists barriers, it is not clear which barriers represent those you are focusing on for this PIP that is currently refocused on HCV treatment. Based upon what you learned from the conduct of this PIP during 2021, please indicate in the Barrier Analysis table, in the appropriate rows, member and provider barriers, and the methodology used to obtain that direct feedback. Use QI tools to update your QI strategies.
- 5a, c, d. Interventions. Partially Met. There were no new or enhanced interventions indicated in this section. Although the Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for the 2022 year. What are the tailored and targeted interventions for the susceptible subpopulations, and corresponding ITMs? Based upon what you learned from the conduct of this PIP during 2021, please describe new/enhanced interventions in the appropriate column/rows in the Barrier Analysis Table and explain how the new/enhanced interventions will address the barriers newly identified for this refocused PIP. Also indicate the tailored and targeted interventions for the susceptible subpopulations, and corresponding ITMs.

**PIP 6:** Behavioral Health Transitions in Care
Validation Summary: N/A

**Aim**

To improve the rate of (1) Follow-up After Hospitalization for Mental Illness, (2) Follow-up After Emergency Department Visit for Mental Illness, and (3) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, by implementing interventions.

**Interventions**

**ABHLA: PIP Summaries**

1. Enhance hospital-to-MCO workflow for notification of hospital and emergency department admissions, discharges and transfers:
    a. Develop or enhance real-time/near-real-time admit, discharge, transfer (ADT) data exchange for behavioral health-related emergency department visits and hospital stays.
    b. Streamline and improve processes for obtaining and documenting member's consent to share information with aftercare providers.
    c. Ensure hospitals and emergency departments have user-friendly, accessible provider directories, which indicate BH providers with availability for urgent aftercare appointments.
    d. Perform medication reconciliation to ensure medication is on approved formulary and member has access to medication.
    e. Provide enhanced MCO case/care management to ensure aftercare planning for members prior to discharge from hospital or emergency department.
        i. Identify and address social determinants of health, which may serve as a barrier to aftercare.
        ii. Ensure member has a discharge plan, which includes current medication list, appointment with aftercare provider(s) at a time/location convenient to member/based on member preferences, and interventions to address barriers to care (e.g., transportation, language etc.).
        iii. Ensure member understands discharge plan using teach-back methods to address health literacy.
        iv. Educate members on purpose and importance of aftercare appointments, and how to reschedule appointments if the scheduled time does not work.
        v. Provide follow-up to member within 72 hours following discharge from hospital or emergency department to identify and address any unmet needs.
        vi. Provide ongoing MCO case management to members with special health care needs.
            1. Evaluate the effectiveness of the MCO case management program considering member feedback and engagement level and develop and implement interventions to improve case management processes based on member feedback.
2. Link members to aftercare with BH providers prior to discharge from hospital or emergency department for members enrolled in case management and for members not enrolled in case management
    a. Develop and implement at least three (3) strategies to increase warm hand-offs to BH providers to ensure member continuity of care. At least, one (1) strategy must relate to increasing warm hand-offs to residential substance use providers. Implementation may be delayed due to Omicron. To start, consider partnering with a large volume ID with whom you have an established relationship, then spread successes over the course of the PIP.
    b. Develop and implement strategies for reminding members regarding upcoming behavioral health appointments.
    c. Share critical member information which is necessary for patient care (including but not limited to MCO plan of care if applicable, discharge plan, and current medication listing) with aftercare BH providers within 3 days following member's discharge from the hospital or emergency department through provider-friendly, automated processes (e.g., provider portal) in accordance with the privacy requirements at 45 CFR Parts 160 and 164, 42 CFR Part 2, and other applicable state and federal laws.
3. Identify and address needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ.
4. Initiate a broader intervention to facilitate follow-up with members with an appropriate mental health provider (per NCQA Appendix 3) e.g., text messaging, letter to member and member's PCP with list of follow-up providers in member's location).

**Performance Improvement Summary**
N/A

**PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians
Validation Summary: N/A

**Aim**

| ABHLA: PIP Summaries |
|---|
| To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions.<br><br>**Interventions**<br>• Enhanced MCO CM member outreach + education with dental provider appointment scheduling<br>• Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources<br>• Utilization of technologies to ensure education of guardians on receiving Fluoride Varnish treatment in the PCP office for appropriate ages<br>• Working with guardians to get enrollees into the PCP office to receive treatment<br>• Educate Primary Care Providers on the practice of applying Fluoride Varnish in the office setting and appropriate utilization of CPT code 99188<br>• Working with providers to ensure that Fluoride varnish treatments are occurring in the office<br><br>**Performance Improvement Summary**<br>N/A |

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

### Table 14: ACLA PIP Summaries, 2021–2022

| ACLA PIP Summaries |
|---|
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence<br>**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to performance indicator data errors. |
| **Aim**<br>The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020), as well as Pharmacotherapy for Opioid Use Disorder (POD) by implementing enhanced interventions.<br><br>**Interventions**<br>1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs:<br>• The American Society of Addiction Medicine (ASAM) National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning)<br>• Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) — ASAM; Targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.<br>• Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.<br>• The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers |

- ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers

2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (https://www.samhsa.gov/sbirt/resources) and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, and improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).

**Performance Improvement Summary**

*Strengths:*

- **Performance Indicators**:
- Indicator 2 (Initiation of treatment for opioid abuse/dependence) only showed a 1.72 percentage point increase from 72.23% to 73.95%; however, this rate remained high at the QC 95th percentile.
- Indicator 5 (Engagement in treatment for opioid abuse/dependence) increased by 5.07 percentage points from 31.09% in 2018 to 36.16% in 2021.

- **Intervention Tracking Measures**:
- Overall, ACLA's use of series ITMs to monitor successful contact, initiation and engagement facilitated problem solving to guide their plans for improvement, as follows:
- The ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement:
- focus on care coordination assessments vs. care management enrollment;
- improve assessment protocols to alleviate members denying assistance due to time constraints.
- ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but less effective in successful contact, and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement:
- Outreach to BH facilities to obtain viable contact numbers
- Prioritize enrollment into Care Coordination due to higher response from shorter version of assessment
- ITM 6 to educate both first line medical and BH providers on the updated ASAM National Practice guidelines, motivational interviewing and SBIRT resources showed high rates across all 2021 quarters, ranging from 69.71% to 77%, with substantial impact in terms of denominator ranging from 1,441 to 5,450.
- ITM 7 supplemented ITM 6 with Quality Advisor visits to 10 high volume groups for comprehensive provider education, with 100% of 9 providers receiving face-to-face/virtual visits in Q4 2021.

*Opportunities for Improvement:*

- Initiation (Indicator 1) and engagement (Indicator 4) in treatment for alcohol abuse/dependence represents an opportunity to improve these rates that showed declines from 2018 to 2021.
- Overall, both total diagnosis cohort treatment initiation and treatment engagement declined from 2018 to 2021, supporting an opportunity to improve performance across all diagnosis cohorts.
- Indicator 5 (OUD pharmacotherapy for 180 + days) decreased more than 10 percentage points from 25.03% in 2018 to 37.09% during 1/1/21-10/31/21, after an increase of 25 percentage points from 2019 to 2020. The corresponding ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process.

ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement:
  - focus on care coordination assessments vs. care management enrollment;
  - improve assessment protocols to alleviate members denying assistance due to time constraints.
- ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but less effective in successful contact, and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement:
  - Outreach to BH facilities to obtain viable contact numbers
  - Prioritize enrollment into Care Coordination due to higher response from shorter version of assessment
- ACLA conducted a meaningful retrospective evaluation of opportunities for improvement. To build on that approach, the following proactive approach is recommended moving forward: Activation of the rapid and ongoing cycle improvement process should be initiated early in the PIP process to identify opportunities for improvement in real time by evaluating ITM progress and implementing modifications on an ongoing basis throughout the course of the PIP.

**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. Results must be interpreted with some caution due several ITM miscalculations.

**Aim**

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

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
   - Beneficiaries born between the years 1945 and 1965
   - Current or past injection drug use
   - Persons ever on long term hemodialysis
   - Persons who were ever incarcerated
   - Persons with HIV infection
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (United States Preventive Services Task Force, 2013; American Association for the Study of Liver Diseases/Infectious Diseases Society of America, 2018), and coordinate referrals for screening and treatment.

**Interventions**

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

**Performance Improvement Summary**

*Strengths:*

**Performance Indicators:**

- Performance Indicator 1a (Universal Screening) increased by 7.67 percentage points from 15.47% in CY 2019 to 23.24% during 1/1/21-11/30/21.
- Performance Indicator 1b (Birth Cohort Screening) increased by 20.13 percentage points from 8.53% in CY 2019 to 28.66% during 1/1/21-11/30/21.

**ACLA PIP Summaries**

- Performance Indicator 2a (Risk Factor Screening, ever screened) increased by 23.47 percentage points from 10.99% in CY 2019 to 34.46% during 1/1/21-11/30/21.

**Intervention Tracking Measures**:

- ITM 4b (members screened who were on the texting campaign distribution list) increased from 2.09% (1,408/67,412) in Q1 2021 to 4.79% (3,357/70,033) in Q3 2021, representing an impactful numerator volume.

*Opportunities for improvement:*

- Less than half of ACLA members have been screened for HCV.
- Performance Indicator 3a (HCV Treatment Initiation Overall) showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21-11/30/21.
- Performance Indicator 3b (HCV Treatment Initiation, People who use drugs) showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21-11/30/21.
- Performance Indicator 3c (HCV Treatment Initiation, Persons with HIV) showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21-11/30/21.
- ITM1a member outreach for appointment scheduling for HCV treatment rates among all members on the Office of Public Health listing are below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume. For example, in QTR 4 2021 6 of 20 (30%). Thus, there is an opportunity to improve successful contact, as well as engagement.

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

**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

**Aim**

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

**Interventions**

1. CM Managers will telephonically outreach to members enrolled in CM to assist with scheduling vaccine appointment.
2. Care Coordinator and Community Navigators will telephonically outreach members not enrolled in CM to assist with scheduling vaccine appointment.
3. Text message to eligible enrollees for COVID 19 vaccine.
4. Develop and implement COVID-19 vaccination outreach to the pediatric population.
5. Create reports that feed into ACLA Provider Portal with list of eligible members assigned to the provider for vaccine eligible and overdue status.
6. One week prior to due for 2nd dose administration and overdue 2nd dose, a telephonic outreach will be utilized to remind and assist members with obtaining 2nd dose. This outreach is being performed by Case Managers, Care Coordinators and Community Navigators.
7. Spanish-speaking Community Health Educators to engage with Spanish-speaking enrollees and assist with the transportation benefit provided through ACLA.
8. Telephonic outreach will be utilized to assist members enrolled in BH/SUD.
9. Provide transportation for enrollees reporting transportation difficulty.
10. Work with providers to assist homebound members with receiving the vaccination.

**Performance Improvement Summary**

*Strengths:*

1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:

- Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.30 percentage points from 14.10% to 40.48% (April 2021 to December 2021).
- Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.44 percentage points from 7.34% to 34.87% (April 2021 to December 2021).

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- Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 4.16 percentage points from 5.40% to 26.20% (July 2021 to December 2021).
- Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.56 percentage points from 3.35% to 21.16% (July 2021 to December 2021).

2. Approved Incentive Arrangement (AIA) Progress

- Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose Increased 9.06 percentage points from 20.58% to 29.64%.
- Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course Increased 9.46 percentage points from 29.64% to 39.10%.
- Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.22 percentage points from 13.12% to 25.34%.

3. Intervention tracking measures that showed improvement:

- ITM 4b identified vaccine eligible enrollees ages 16+ with BH/SUD in the past 12 months. This ITM saw a slow increase in rates until July, where the rate increased by 2.01 percentage points from the baseline. The highest rate for this ITM was in August, at 3.54%, decreasing in September, October and November. ACLA attributes this decrease can be attributed to the affect that Hurricane Ida had on the company and enrollees.
- ITM 4c identified 12–15-year-old vaccine eligible enrollees with BH/SUD in the past 12 months. This ITM was initiated in July 2021 and saw an increase in August. The rates for September, October and November declined and ACLA attributes this to the effect that Hurricane Ida had on the company and enrollees.

*Opportunities for improvement:*

- As of December 2021, ACLA's cumulative COVID-19 vaccination rate of 40.48% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of ACLA enrollees who received at least 1 COVID-19 vaccine declined from 9,204 in September 2021 to 2,539 in December 2021.
- The non-cumulative number of ACLA enrollees who received the full COVID-19 vaccine course declined from 6,610 in September 2021 to 2,352 in December 2021.

**PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life
**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

**Aim**

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

**Interventions**

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a PCP chart review of:
   - random sample of 30 eligible population charts with CPT® Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.
   - random sample of 30 eligible population charts without CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9-month, 18-month or 30-month visit.
5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

**Performance Improvement Summary**

**ACLA PIP Summaries**

*Strengths:*

1. Performance Indicator Improvement:
- Indicator 1 increased by 8.74 percentage points from 9.05% in QTR 1 to 17.78% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%.
- Indicator 2 increased by 8.83 percentage points from 6.46% in QTR 1 to 15.29% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 18.25% for 2018 and below the target rate of 28.25%.
- Indicator 3 increased by 4.34 percentage points from 2.96% in QTR 1 to 7.30% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%.

2. Intervention Tracking Measure performance:
- The ITM for members with a developmental screening gap whose providers received a care gap report remained high at 99% across QTRs 2-4.
- Chart review showed that 63.33% of the sample with CPT Code 96110 were composed of members who did receive appropriate global developmental screening, and 50% of the sample without CPT Code 96110 also received appropriate screening.
- The ITM to monitor provider education among providers serving members in disparity regions showed high impact, with quarterly rates between 63 and 64%.
- The ITM to monitor provider education among providers serving members in disparity race/ethnicity subgroups showed substantial impact, with quarterly rates between 56 and 58%.

3. Interventions identified by the Health Plan as most effective:
- Member: Care Management outreach attained a 22% success rate (20/91) educating parents on the importance of scheduling a well visit with their child's PCP.
- Provider: The conduct of quality virtual visits and distribution of newsletter educational material.

*Opportunities for improvement:*

There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.

**PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate
**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk.

**Aim**

Improve the Healthy Louisiana 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:
   a. For all eligible members on the OPH listing, outreach and educate members, and facilitate referrals to/schedule appointments with 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):
   b. Persons who use drugs
   c. Persons with HIV
2. Provider Intervention Objective: Educate providers on evidence-based recommendations (AASLD/IDSA, 2018) and availability of providers trained in HCV treatment, and coordinate referrals for treatment. Distribute member care gap reports to providers.

**Interventions**

- Enhanced Case Management Outreach for HCV Treatment Initiation
- Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription
- Intervention to outreach providers to educate about HCV CPG and to distribute listing of HCV Treatment Providers and HCV Care Gap Reports
- 
- DAA Treatment Initiation of OPH Confirmed / Probable Members
- Enhanced Member Outreach to Increase Awareness of HCV Screening / Treatment Initiative via Mailed Member Newsletter

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- Enhanced Member Outreach to Increase Awareness of HCV Screening / Treatment Initiative via Texting Campaign

**Performance Improvement Summary**

*Strengths:*

- ACLA incorporated updated 2021 data on HCV treatment rates among their enrollees to highlight opportunities for improvement.

*Opportunities for improvement:*

- Performance Indicator 3a (HCV Treatment Initiation Overall) showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21-11/30/21.
- Performance Indicator 3b (HCV Treatment Initiation, People who use drugs) showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21-11/30/21.
- Performance Indicator 3c (HCV Treatment Initiation, Persons with HIV) showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21-11/30/21.
- ITM1a member outreach for appointment scheduling for HCV treatment rates among all members on the Office of Public Health listing are below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume. For example, in QTR 4 2021 6 of 20 (30%). Thus, there is an opportunity to improve successful contact, as well as engagement.

**PIP 6:** Behavioral Health Transitions in Care
Validation Summary: N/A

**Aim**

The aim is threefold: to improve the rate of (1) Follow-up After Hospitalization for Mental Illness, (2) Follow-up After Emergency Department Visit for Mental Illness, and (3) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, by implementing interventions

**Interventions**

- Utilization of the IP BH Episode report to identify admits from the FUH population
- Track and trend workflow of BH Inpatient notifications from UM to CM
- Utilization of daily Census Report to identify I/P admits of members in FUH population
- Utilization of ADT report to determine notification of ED visits for members in FUA/FUM population
- Utilization of ADT report to determine CM notification of ED visits for members in FUA/FUM population
- Utilization of ADT report to determine notification of ED visits for members in FUA/FUM population
- Documentation of follow-up appointments scheduled for CM enrolled members discharged from an inpatient facility
- Documentation of follow-up appointments scheduled for members discharged from an inpatient facility not enrolled in CM
- Documentation of follow-up appointments scheduled for CM enrolled members discharged from an ED with a mental illness or an SUD diagnosis
- Documentation of follow-up appointments scheduled for members discharged from an ED with a mental illness or
- an SUD diagnosis not enrolled in CM
- warm hand-off to address barrier
- Discharge summary will be sent to qualifying provider prior to F/U appointment via secure fax
- Member Outreach to FUH, FUM, and FUA populations to assist with care coordination
- Outreach members with SDOH, Homelessness or Housing Insecurities, to assist with locating community resources
- Engage FUH population with a dual diagnosis enrollment category of substance use disorder for care coordination services
- Partner with FUH high volume group by offering incentives for completing 30 day f/u appointments

**Performance Improvement Summary**

*Strengths:*

| ACLA PIP Summaries |
|---|
| • The Analysis of Disproportionate Under-Representation identified susceptible subgroups by region of residence and by high volume hospitals with Disproportionate Index 100%, tailored a targeted interventions indicate for implementation April 1, 2022, and specified corresponding ITMs to monitor progress.<br>• The following QI tools were applied: Fishbone diagram, Priority Matrix, SWOT, and the Driver Diagram.<br>• The Driver Diagram provided a detailed listing of MCO-identified enhanced member and provider interventions to test change concepts.<br><br>*Opportunities for Improvement:*<br>N/A |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians<br>Validation Summary: N/A |
| **Aim**<br>The overall aim is to improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions.<br><br>**Interventions**<br>• Enhanced MCO CM member outreach + education with dental provider appointment scheduling<br>• Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources<br><br>**Performance Improvement Summary**<br>N/A |

ACLA: AmeriHealth Caritas Louisiana; PIP: performance improvement project; HEDIS: Healthcare Effectiveness Data and Information Set; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health centers; LMHP: licensed mental health professional; MCO: managed care organization; ED: emergency department; UM: Utilization Management; CM: Care Management; ITM: intervention tracking measure; SUD: substance use disorder; OPH: Office of Public Health; DAA: direct-acting antiviral; HIV: human immunodeficiency virus; LDH: Louisiana Department of Health; COVID-19: 2019 novel coronavirus; N/A: not applicable; CPT: Current Procedural Terminology.

**Table 15: HBL PIP Summaries, 2021–2022**

| HBL: PIP Summaries |
|---|
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence<br>**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the above-noted ITM data integrity issues. |
| **Aim**<br>The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020), as well as Pharmacotherapy for Opioid Use Disorder (POD) by implementing enhanced interventions to test the change concepts indicated in the Driver Diagram (Appendix D) to achieve the following objectives:<br>1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs:<br>• The American Society of Addiction Medicine (ASAM) National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning) |

- Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) — ASAM; Targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
- Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
- The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
- ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.

2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (https://www.samhsa.gov/sbirt/resources) and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).

**Interventions**

1. Targeted CM outreach post-ED visit related to alcohol/SUD
2. Targeted CM outreach post Hospitalization related to alcohol/SUD
3. Provider education about evidence based SBIRT screening best practices (Stages of Change, Motivational interviewing techniques, knowledge of available treatment/services/providers) and billing practices
4. Inpatient Readmission Outreach Case management and Discharge Planning Program
5. Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an ED with referral to treatment and follow-up.
6. Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an inpatient admission with referral to treatment and follow-up.
7. Enroll members text educational campaigns to educate members on resource tools available through Common Ground Library targeting Behavioral Health needs
8. Educate HBL members on the telehealth platform for provider visits
9. CM to use stratified population health reporting to identify all new and current pregnant mothers with SUD's with goal to engage in CM services
10. CM to use stratified population health reporting to identify all Justice involved members and have a SUD diagnosis with goal to engage in CM services
11. Educate providers on the guidelines for use of MAT therapy with SUD/OUD
12. Engage providers in Aunt Bertha® training and reviewing monthly utilization to increase SDoH assessments/referrals/follow-up
13. Educate providers on ATLAS, a free online SUD treatment locator tool
14. Increase coordination of care with new OTP members for engagement in CM
15. Engagement of CM members with Comorbid conditions related to SUD/Alcohol

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Indicator 2 Initiation of treatment for opioid abuse/dependence increase by 4.47 percentage points from 69.45% in CY 2018 to 72.92% in CY 2020.
- Indicator 5 Engagement in treatment for opioid abuse/dependence increased more than five percentage points from 30.70% in CY 2018 to 37.66% in CY 2020.

Intervention Tracking Measures:

**HBL: PIP Summaries**

- ITM 1 CM outreach post ED visit for alcohol/SUD increased from 8.33% in Q1 2020, with a denominator of only 12, to a rate of 45.69% in Q2 2021, with a denominator of 116.
- ITM 3a PCP SBIRT screening increased from 0.24% in Q1 2020, with a denominator of 2,876, to 14.05% in Q3 2021, with a denominator of 2,797.
- ITM 4 Members with SUD diagnosis and readmission who were connected with a case manager for discharge planning and completed a follow up visit increased from 7.42% (94/1,267) in Q1 2020 to 56.33% (556/987) in Q1 and 39.32% (276/702) in Q2 2021.
- ITM 4a Members with a dual diagnosis of SUD and SMI and multiple ED visits and who were outreached by CM for follow up care increased from 0% in Q1 2020 to 68.54% (61/89) in Q2 2021.
- ITM 5 Members with dual diagnosis for SUD and SMI and who were outreached by CM for follow-up care post inpatient admission increased from 6.66% (74/1,111) in Q1 2020 to 45.12% (194/430) in Q3 2021.
- ITM 8 Pregnant members with SUD who were engaged in CM increased from 0.84% (2/236) in Q1 2020 to 37.02% (67/181) in Q4 2021.
- ITM 11: Members with SDOH assessment who were referred to a Community Based organization increased from 19.08% (171/896) in Q1 2021 to 93.49% (934/999) in Q3 2021.
- ITM 14: More than half of members eligible for RISE (Behavioral health, physical health and SUD needs) were engaged in RISE program for assessment, care planning, service coordination and resource identification in 2021 QTR 3 (69/120) and 4 (85/157); this intervention was initiated in QTR 2 2021.

*Opportunities for improvement:*

- ITM 5d. Partially Met. Inaccurate ITM calculation for Q4 ITM 1, Q3 & Q4 ITM2, Q4 ITM 3. In addition, several Q3 & Q4 ITMs were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use excel formulas to calculate the correct rates and round correctly.
- ITM 6a. Met. Several indicators were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Excel formulas to calculate the correct rates and round correctly.
- Indicators 7 & 8 Follow-up After ED visit for AOD within 7 and 30 days showed the lowest CY 2020 rates, at 7.91% and 12.90%, respectively.
- Initiation (Indicator 1) and engagement in treatment (Indicator 4) for alcohol abuse/dependence showed only a 3 percentage point improvement from CY 2018 to CY 2020.

**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. Results must be interpreted with some caution due the above stated limitation regarding the susceptible subpopulation analysis.

**Aim**

Improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by ten percentage points from 2019 baseline by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
   a. Beneficiaries born between the years 1945 and 1965
   b. Current or past injection drug use
   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 of at-risk members
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
5. Virtual provider outreach and education to PCP on HCV screenings and treatment options
6. Identify current members with HIV diagnosis for targeted outreach efforts
7. Identify current members with SUD/SMI diagnosis for targeted outreach efforts
8. Identify current members on the OPH list and assist PCPs with outreach and appointments for treatment of HCV
9. Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Performance Indicator 1 (Universal Screening) increased by 6.42 percentage points from 14.31% in CY 2019 to 20.73% in CY 2021.
- Performance Indicator 2 (Birth Cohort Screening) increased by 4.6 percentage points from 19.66 % in CY 2019 to 24.26 % in CY 2021.
- Performance Indicator 2a (Risk Factor Screening, ever screened) increased by 6.69 percentage points, from 30.84% in CY 2019 to 37.53% in CY 2021.
- Performance Indicator 3a (HCV Treatment Initiation- Overall) increase by 12.59 percentage points from 16.44% in CY 2019 to 29.03% in CY 2021, exceeding the target rate of 26.44%.
- Performance Indicator 3b (HCV Treatment Initiation-Persons who use drugs) increased by 12.36 percentage points from 15.27% in CY 2019 to 27.63% in CY 2021, exceeding the target rate of 25.27%.
- Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV) increased by 12.8 percentage points from 22.03% in CY 2019 to 34.83% in CY 2021, exceeding the target rate of 32.03%.

Intervention Tracking Measures:

- ITM1a (CM appointment scheduling for HCV treatment) increased from 0.05% (2/3,848) in Q1 2020 to 5.96% (200/3,358) in Q4 2021.
- ITM 2 (CM HCV screening appointment scheduling for at risk members in CM) increased from 1.82% (9/494) in Q1 2021 to 7.72% (37/479) in Q4 2021.
- ITM3b (Virtual provider education) increased from 8.75% (7/80) in Q1 2021 to 48.15% (26/54) in Q4 2021.
- ITM 4b (CM + CHW HCV screening appointment scheduling for members with SUD/SMI) increased from 0.004% (1/23,796) in Q1 2021 to 0.436% (138/31,627) in Q4 2021.

*Opportunities for improvement:*

- Less than half of Healthy Blue eligible enrollees were screened for HCV.
- Less than half of Healthy Blue eligible enrollees on the Office of Public Health listing were treated for HCV.
- There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with finding used to inform ongoing modification of interventions to address barriers for continuous quality improvement.

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

**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the above indicated data reporting and interpretation issues.

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

**Performance Improvement Summary**

*Strengths:*

1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:

- Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.46 percentage points from 13.75% to 41.42% (April 2021 to December 2021).
- Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.58 percentage points from 6.93% to 35.58% (April 2021 to December 2021).
- Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.31 percentage points from 11.08% to 27.62% (July 2021 to December 2021).
- Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.20 percentage points from 6.47% to 22.46% (July 2021 to December 2021).

2. Approved Incentive Arrangement (AIA) Progress

- Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 10.85 percentage points from 20.43% to 31.28%.
- Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.77 percentage points from 25.08% to 34.85%.
- Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 9.68 percentage points from 17.30% to 26.98%.

3. Intervention tracking measures that showed improvement:

- ITM 4 the percentage of Mendoza members scheduled for vaccine increased from 0.30% in July to 15.85% in October
- ITM 5b the percentage of homebound members referred/appointments made at any vaccine provider increased from 1.38% in August to 15.93% in November
- ITM 6a the percentage of foster care members referred/appointments made at a vaccine provider increased from 2.27% in August to 73.43% in November

4. Interventions identified by Healthy Blue as most effective:

- Member:
  - "Interventions that impacted the rates the most were noted as those with member outreach via text campaigns and attendance with community events. These interventions showed rate increases month over month."
- Provider:
  - "The intervention of increasing provider awareness and education on the availability of the covid vaccine led to positive outcomes. All performance indicators increased over 26 percentage points for adults 16 and older while children ages 12-15 increased over 15 percentage points."

*Opportunities for improvement:*

- As of December 2021, Healthy Blue's cumulative COVID-19 vaccination rate of 41.42% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of Healthy Blue enrollees who received at least 1 COVID-19 vaccine declined from 14,622 in September 2021 to 4,172 in December 2021.
- The non-cumulative number of Healthy Blue enrollees who received the full COVID-19 vaccine course declined from 10,371 in September 2021 to 3,846 in December 2021.

**HBL: PIP Summaries**

**PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life
**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

**Aim**

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

**Interventions**

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Collaborating with community partners to educate provider practices on community resources to incorporate developmental screenings
3. Develop member gap reports, stratify by provider and distribute to providers.
4. Targeted outreach efforts to providers with member gaps in targeted regions.
5. Develop a provider survey to assess for types of developmental screening tools providers use and associated barriers
6. Conduct enhanced care coordination outreach/education to parents of members on gap report.
7. Distribute educational materials/fliers to parents on importance of developmental screenings.
8. Enroll members/parents in text educational campaigns to educate members on resource tools available through Health Crowd targeting Developmental Screenings.
9. Conduct a PCP chart review of:
    a. random sample of 30 eligible population charts with CPT Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.
    b. random sample of 30 eligible population charts without CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9-month, 18-month or 30-month visit.
10. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

**Performance Improvement Summary**

*Strengths:*

1. Performance Indicator Improvement:

- Indicator 1 increased by 19.92 percentage points from 7.54% in CY 2020 to 27.46% in CY 2021 to exceed the ULM-calculated statewide baseline rate of 24.82% in CY 2018; however, the final rate was below the target rate of 34.82%.
- Indicator 2 increased by 20.91 percentage points from 7.75% in CY 2020 to 28.66% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 18.25% for 2018, as well as the target rate of 28.25%.
- Indicator 3 increased by 17.68 percentage points from 3.58% in CY 2020 to 21.26% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 11.68% for 2018, although just below the target rate of 21.68%.

2. Intervention Tracking Measure performance:

- ITM 2 to distribute member care gap reports to their providers increased from 0.14% in QTR 1 2021 to 6.58% in QTR 4 2021.
- ITM 2a for targeted outreach to providers with member gaps in disparity regions increased from 0.29% in QTR 1 2021 to 13.11% in QTR 4 2021.
- ITM 2c for telemedicine visits for wellness/screening did not show improvement; however, this intervention impacted 1,194 members in 2021.

3. Interventions identified by the Health Plan as most effective:

- Member: Attendance at telemedicine visits for developmental screening.
- Provider: Targeted outreach to providers with member gaps in disparity regions.

*Opportunities for improvement:*

There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.

**HBL: PIP Summaries**

**PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate
**Validation Summary:** N/A

**Aim**

Improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by ten percentage points from 2019 baseline by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high risk characteristics):
   a. Beneficiaries born between the years 1945 and 1965
   b. Current or past injection drug use
   c. Persons ever on long term hemodialysis
   d. Persons who were ever incarcerated
   e. Persons with HIV infection

2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (USPSTF, 2013; AASLD/IDSA, 2018), and coordinate referrals for screening and treatment.

**Interventions**

- Enhanced Case Management Outreach for HCV Treatment Initiation
- Enhanced Case Management Outreach for HCV Screening
- Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100
- Virtual provider outreach and education to PCP on HCV screenings and treatment options
- Identify current members with HIV diagnosis for targeted outreach efforts
- Identify current members with SUD/SMI diagnosis for targeted outreach efforts
- Identify current members on the OPH list and assist PCPs with outreach and appointments for treatment of HCV
- Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd

**Performance Improvement Summary**

*Strengths:*

- The plan identified a new barrier: Difficulty contacting transient members, and added an intervention to partner with housing and homeless support organizations, with a corresponding ITM
- The plan is using ITMs for monitoring appointment scheduling for all members on the OPH listing, as well as the subsets of members with a diagnosis of HIV and members with a current SUD/SMI diagnosis

*Opportunities for improvement:*

- Less than half of Healthy Blue eligible enrollees on the Office of Public Health listing were treated for HCV.
- Less than half of Healthy Blue eligible enrollees on the Office of Public Health listing were treated for HCV.
- There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with finding used to inform ongoing modification of interventions to address barriers for continuous quality improvement.

**PIP 6:** Behavioral Health Transitions in Care
Validation Summary: N/A

**Aim**

To improve the rate of (1) Follow-up After Hospitalization for Mental Illness, (2) Follow-up After Emergency Department Visit for Mental Illness, and (3) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, by implementing interventions.

**Interventions**

1. Enhance hospital-to-MCO workflow for notification of hospital and emergency department admissions, discharges and transfers:

a. Develop or enhance real-time/near-real-time admit, discharge, transfer (ADT) data exchange for behavioral health-related emergency department visits and hospital stays.
b. Streamline and improve processes for obtaining and documenting member's consent to share information with aftercare providers.
c. Ensure hospitals and emergency departments have user-friendly, accessible provider directories, which indicate BH providers with availability for urgent aftercare appointments.
d. Perform medication reconciliation to ensure medication is on approved formulary and member has access to medication.
e. Provide enhanced MCO case/care management to ensure aftercare planning for members prior to discharge from hospital or emergency department.
    i. Identify and address social determinants of health, which may serve as a barrier to aftercare.
    ii. Ensure member has a discharge plan, which includes current medication list, appointment with aftercare provider(s) at a time/location convenient to member/based on member preferences, and interventions to address barriers to care (e.g., transportation, language etc.).
    iii. Ensure member understands discharge plan using teach-back methods to address health literacy.
    iv. Educate members on purpose and importance of aftercare appointments, and how to reschedule appointments if the scheduled time does not work.
    v. Provide follow-up to member within 72 hours following discharge from hospital or emergency department to identify and address any unmet needs.
    vi. Provide ongoing MCO case management to members with special health care needs.
        1. Evaluate the effectiveness of the MCO case management program considering member feedback and engagement level and develop and implement interventions to improve case management processes based on member feedback.

2. Link members to aftercare with BH providers prior to discharge from hospital or emergency department for members enrolled in case management and for members not enrolled in case management
    a. Develop and implement at least three (3) strategies to increase warm hand-offs to BH providers to ensure member continuity of care. At least, one (1) strategy must relate to increasing warm hand-offs to residential substance use providers. Implementation may be delayed due to Omicron. To start, consider partnering with a large volume ID with whom you have an established relationship, then spread successes over the course of the PIP.
    b. Develop and implement strategies for reminding members regarding upcoming behavioral health appointments.
    c. Share critical member information which is necessary for patient care (including but not limited to MCO plan of care if applicable, discharge plan, and current medication listing) with aftercare BH providers within 3 days following member's discharge from the hospital or emergency department through provider-friendly, automated processes (e.g., provider portal) in accordance with the privacy requirements at 45 CFR Parts 160 and 164, 42 CFR Part 2, and other applicable state and federal laws.
3. Identify and address needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ.
4. Initiate a broader intervention to facilitate follow-up with members with an appropriate mental health provider (per NCQA Appendix 3) e.g., text messaging, letter to member and member's PCP with list of follow-up providers in member's location).

**Performance Improvement Summary**

- The Plan conducted the Disproportionate Analysis, identified Region 1 as under-represented, developed an intervention to partner with SUD providers in Region 1, with a corresponding ITM 3a to monitor the progress of this intervention.
- The Plan added two additional ITMs 3b (events with homeless/housing insecurity organizations to obtain contact information) and 3c (text outreach campaign) to address objective #4 for interventions that more broadly impact the BH population.

| HBL: PIP Summaries |
|---|
| • The Data Collection Section was amended to include a process to obtain ongoing member and provider feedback on barriers and drivers, including meetings with facilities with disproportionate index of under-representation >100% and <100% to address barriers and drivers with modified interventions.<br><br>*Opportunities for improvement:* See above for PIP proposal validation results. |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians<br>Validation Summary: N/A |
| **Aim**<br>To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions.<br><br>**Interventions**<br>• Enhanced MCO CM member outreach + education with dental provider appointment scheduling<br>• Member education text outreach campaign via HealthCrowd<br>• Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources<br>• Enroll members in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd<br>• Enroll members that reside in Region 1 in text educational campaigns to educate members ages 3-5 years on Fluoride Varnish application done by PCP through Health Crowd<br><br>**Performance Improvement Summary**<br>*Strengths:*<br>• The data analysis section indicates that Healthy Blue will complete monthly PDSA and run charts to monitor interventions and will conduct barrier analysis, using member/provider focus groups, as needed for interventions that are not driving goals.<br>• Additional ITM 2a monitors a new member education text outreach intervention<br>• Additional ITM 4a monitors a new educational texting campaign to disproportionate subset ages 3-5 years<br>• Additional ITM 4b monitors a new educational texting campaign to disproportionate subset ages 3-5 years in Region 1<br><br>*Opportunities for improvement:*<br>See above for PIP proposal validation results. |

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

**Table 16: LHCC PIP Summaries, 2021–2022**

| LHCC: PIP Summaries |
|---|
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence<br>**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk. |
| **Aim** |

**LHCC: PIP Summaries**

The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020), as well as Pharmacotherapy for Opioid Use Disorder (POD) by implementing enhanced interventions to test the change concepts indicated in the Driver Diagram (Appendix D) to achieve the following objectives:

1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs:
   - The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning)
   - Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) — ASAM; Targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
   - Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
   - The ASAM Criteria Course for appropriate levels of care; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
   - ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (https://www.samhsa.gov/sbirt/resources) and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).

**Interventions**

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

**LHCC: PIP Summaries**

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Indicator 1 Initiation of Alcohol abuse/dependence treatment (all ages) increased by approximately 5 percentage points from 46.93% in CY 2018 to 51.62% in CY 2021.
- Indicator 2 Initiation of Opioid abuse/dependence treatment (all ages) increased by almost 10 percentage points from 58.95% in CY 2018 to 68.30% in CY 2021.
- Indicator 5 Engagement in Opioid abuse/dependence treatment (all ages) increased by almost 7 percentage points from 27.02% in CY 2018 to 33.96% in CY 2021.

Intervention Tracking Measures:

- ITM 3c to provide EDs with listing of providers for referral of suspected SDU to ensure ASAM 6 Dimension risk evaluation increased from 25.78% in QTR 3 2020 to 94.70% in QTR 4 2021
- ITM 4b CM outreach via reorganized Community Health Outreach team to SHCN enrollees remained high throughout 2020 and 2021, ranging between 81.08% and 85.97%, although rates dropped to 60.00% in QTR 4 2021 and 64.25% in QTR 3 2021

*Opportunities for improvement:*

- None of the performance indicators reached the target rates, and the lowest 2021 rates were reported for the following indicators representing engagement and follow-up:
  - Engagement Indicator 4: Alcohol abuse/dependence cohort, all ages
  - Engagement Indicator 6: Total diagnosis cohort, all ages
  - Indicator 6: Follow-up within 7 days of ED visit for AOD: 7.61%
  - Indicator 7: Follow-up within 30 days of visit for AOD: 11.45%

**PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is 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. CM Outreach: Enhanced Case Management Outreach for HCV Screening
3. Provider Outreach: Provide PCPs with customized list of members for whom HCV screening and treatment is indicated.
4. Provider education regarding Sofosbuvir/Velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
5. Provider Outreach: Provide PCP education to include prior authorization is not required for Epclusa generic and applicable billing guidelines for HCV DAA agents and Medicaid reimbursement.

6. CM Outreach: Increase members enrolled in CM through targeted CM outreach and strategic care coordination for identified members with HCV.
7. Enhanced case management/ongoing outreach to support members through course of therapy
8. Treatment completion: Member compliance with course of treatment as prescribed.

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Performance Indicator 2a (Risk Factor screening) increased by 6.91 percentage points from 23.16% in CY 2019 to 30.07% in CY 2021.
- Performance Indicator 2b (Risk Factor annual screening) increased by 7.91 percentage points from 8.82% in CY 2019 to 16.73% in CY 2021.
- Performance Indicator 3b (HCV Treatment, Persons who use drugs) increased by 5.94 percentage points from 12.25% in CY 2019 to 18.19% in CY 2021.
- Performance Indicator 3c (HCV Treatment, Persons with HIV) increased by 6.02 percentage points from 14.34% in CY 2019 to 20.36% in CY 2021.

Intervention Tracking Measures:

- ITM 2b (distribution of screening-eligible member gap reports to providers) was over 50% in Q3 (251,290/473,138) 2021 and Q4 (251,701/476,222) 2021.
- ITM3b (Provider education Epclusa) increased from 14.94% (95/636) in Q3 2020 to 54.60% (433/793) in Q3 2021.
- ITM 5b (Members completing prescribed medication therapy) increased from 40.80% (82/201) in Q1 2020 to 69.03% (439/636) in Q4 2021.

*Opportunities for improvement:*

- Less than half of enrollees were screened for HCV.
- Less than half of eligible enrollees received treatment for HCV.
- Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.
- Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions.

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

**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the measurement and interpretation-related issues indicated in the above comments 5d, 6b and 7a.

**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. Develop and implement COVID-19 vaccination outreach to the pediatric population.
4. Distribute eligible enrollee lists to PCPs and facilitate referrals as needed.
5. Distribute vaccination site lists to PCPs.
6. Eligible enrollees pending the 2nd dose of COVID vaccine will be outreached with reminder communications to facilitate completion of vaccination series.
7. Eligible enrollees in susceptible subpopulations will receive tailored and targeted interventions to address observed disparities in receiving the COVID-19 vaccine.

8. Eligible enrollees with transportation barriers/homebound status will be outreached to assess vaccination status and connection to plan resources to facilitate vaccination access.
9. Provide transportation for members with transportation/ mobility barriers to COVID vaccination sites
10. Leverage the trusted relationship between members/providers to decrease vaccine hesitancy and increase vaccine administration

**Performance Improvement Summary**

*Strengths:*

1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:

- Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.26 percentage points from 11.17% to 37.27% (April 2021 to December 2021).
- Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.26 percentage points from 5.59% to 31.66% (April 2021 to December 2021).
- Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.98 percentage points from 5.62% to 25.50% (July 2021 to December 2021).
- Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.45 percentage points from 3.53% to 20.80% (July 2021 to December 2021).

2. Approved Incentive Arrangement (AIA) Progress

- Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 8.97 percentage points from 17.03% to 26.00%.
- Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.29 percentage points from 21.09% to 30.38%.
- Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.01 percentage points from 12.67% to 24.68%.

3. Intervention tracking measures that showed improvement:

- ITM 2a the percentage of enrollees where PCPs were provided with their eligible patient list increased from 15.3% in May 2021 to 100% in August 2021
- ITM 2b the percentage of PCPs who were provided a list of available vaccine sites increased from 42.09% in April 2021 to 100% in August 2021
- ITM 6 indicates an initial vaccination rate of 10.73 percent in this group as the initiative launched, maintaining a vaccination rate in these member groups between 26.49 – 33.96 percent each month thereafter.

*Opportunities for improvement:*

- As of December 2021, LHCC's cumulative COVID-19 vaccination rate of 37.27% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of LHCC enrollees who received at least 1 COVID-19 vaccine declined from 19,929 in September 2021 to 5,412 in December 2021.
- The non-cumulative number of LHCC enrollees who received the full COVID-19 vaccine course declined from 14,201 in September 2021 to 4,876 in December 2021.

**PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life
**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

**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**

**LHCC: PIP Summaries**

1. Conduct provider education on standardized global developmental screening tools, Healthy Louisiana billing & coding guideline, and early intervention programs. Resources include but are not limited to LDH developmental screening guidance and resources by region: https://ldh.la.gov/index.cfm/page/3195 and AAP/Bright Futures: (https://screeningtime.org/star-center/#/screening-tools).
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct parent education on importance of developmental screening. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a Quarter 1 through Quarter 3 2021 PCP chart review of:
    a. random sample of 30 eligible population charts in the Indicators 1, 2 & 3 aggregate denominator 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 in the Indicators 1, 2 & 3 aggregate denominator 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**

*Strengths:*

1. Performance Indicator Improvement:

- Indicator 1 increased by 11.25 percentage points to 36.07% from the ULM-calculated statewide baseline rate of 24.82% in CY 2018 and exceeded the target rate of 34.82%.
- Indicator 2 increased by 19.76 percentage points to 38.01% from the ULM-calculated statewide baseline rate of 18.25% and exceeded the target rate of 28.25%. LHCC adjusted the target rate higher to 38.25% for ongoing improvement.
- Indicator 3 increased by 11.24 percentage points to 22.92% from the ULM-calculated statewide baseline rate of 11.68% for 2018 and exceeded the target rate of 21.68%.

2. Intervention Tracking Measure Performance:

- ITM 2 to distribute member gap reports to providers remained substantial, although the rate decreased from 49.43% to 45.14% from QTR 2 to QTR 4 2021.
- ITM 4a (30 charts reviewed among the sample with CPT Code 96110) demonstrated a high rate (73.33%) of appropriate global developmental screening.
- ITM6b (tailored and targeted intervention for PCP education, Region 9) increased from 46.97% in QTR 2 2021 to 100% in QTR 3 and remained elevated from QTR 2 in QTR 4 at 94.37%.

*Opportunities for improvement:*

There is an opportunity to improve the performance indicator 3 rate to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.

**PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate
**Validation Summary:** N/A

**Aim**

Improve the Healthy Louisiana initiation of HCV pharmaceutical treatment rate by ten percentage points by implementing a robust set of interventions.

**Interventions**

1a. Enhanced MCO Outreach for HCV Treatment Initiation
1b. Targeted case management outreach for HCV treatment initiation for members in DOJ population
2a. Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription
2b. Outreach to providers to educate about HCV CPG and to distribute listing of HCV Treatment Providers and HCV Care Gap Reports
3a. Targeted member identification and outreach for linkage to community partners and alternative care providers/settings for treatment

**LHCC: PIP Summaries**

**Performance Improvement Summary**

*Strengths:*

- The intervention for targeted case management outreach to members in DOH population is new, with a corresponding ITM.
- The intervention for targeted case management outreach to members with HIV-infection is new, with two corresponding ITMs.
- Direct member and provider feedback about barriers informed interventions, as well as member outreach analysis and clinical encounter feedback.

*Opportunities for improvement:*

- Less than half of eligible enrollees received treatment for HCV.
- Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.
- Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions.

**PIP 6:** Behavioral Health Transitions in Care
Validation Summary: N/A

**Aim**

To improve the rate of (1) Follow-up After Hospitalization for Mental Illness, (2) Follow-up After Emergency Department Visit for Mental Illness, and (3) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.

**Interventions**

1. Enhance hospital-to-MCO workflow for notification of hospital admissions, discharges, and transfers
2. Enhance hospital-to-MCO workflow for notification of emergency department admissions, discharges, and transfers
3. Linkage to aftercare with BH providers prior to discharge from hospital

**Performance Improvement Summary**

*Strengths:*

- Member barriers identified based upon feedback from member-facing staff
- Provider barriers identified based upon direct provider feedback
- QI tools utilized include the Fishbone diagram, Priority Matrix, SWOT Analysis
- LHCC conducted the analysis of disproportionate underrepresentation and identified susceptible member subgroups
- LHCC added a linkage intervention and corresponding ITM 3a to address the SUD subgroup of the FUH eligible population.

*Opportunities for improvement:*

None identified.

**PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians
Validation Summary: N/A

**Aim**

To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP.

**Interventions**

- Enhanced MCO CM member outreach + education with dental provider appointment scheduling
- Provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin re reimbursement and course requirements/link, and Well-Ahead Louisiana resources
- Provide PCPs with customized list of members for whom fluoride varnish application is indicated

| LHCC: PIP Summaries |
|---|
| **Performance Improvement Summary**<br>*Strengths:*<br>• LHCC conducted the disproportionate analysis of under-representation and used findings to inform a tailored and targeted interventions with corresponding ITMs 3a-3f.<br>• LHCC obtained direct member feedback to inform member interventions and described a method to collect and analyze ongoing feedback.<br>• LHCC obtained direct provider feedback to inform provider interventions and described a method to collect and analyze ongoing feedback.<br>• The following QI tools were utilized: Fishbone diagram, Priority matrix, SWOT analysis<br><br>*Opportunities for improvement:*<br>None identified. |

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

### Table 17: UHC PIP Summaries, 2021–2022

| UHC: PIP Summaries |
|---|
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence<br>**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk. |
| **Aim**<br>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.<br><br>Objectives:<br>1. Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in training programs,<br>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),<br>3. Partner with hospital emergency departments to improve timely initiation and engagement in treatment,<br>4. Provide enhanced member care coordination,<br>5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.<br><br>**Interventions**<br>1. Enhanced provider education through provider engagement activities, free continuing education credits, and direct doctor-to-doctor outreach in order to increase knowledge of both first line medical and behavioral health providers around SUD and SAMHSA best practices.<br>2. Developed enhanced materials for case management to increase member engagement and knowledge around SUD diagnoses and treatment.<br>3. Increased member outreach and advocacy for members involved in MAT or with a history of non-compliance with care through focused care advocacy program and pharmacy outreach initiatives to increase member engagement and motivation for treatment. |

4. Provided education to providers, case management, and utilization management to increase knowledge of appropriate Vivitrol® administration and prior authorization in order to decrease member barriers to accessing medications.

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Indicator 1 Initiation of treatment for alcohol abuse/dependence increased by 12.45 percentage points from 43.29% in CY 2018 to 55.74% in CY 2020.
- Indicator 2 Initiation of treatment for opioid abuse/dependence increased by 8.62 percentage points from 58.23% in CY 2018 to 66.85% in CY 2020.
- Indicator 3 Initiation of AOD treatment total increased by 8.21 percentage points from 45.67% in CY 2018 to 53.88% in CY 2020.
- Indicator 5 Engagement in treatment for opioid abuse/dependence increased by 7.68 percentage points from 24.45% in CY 2018 to 32.13% in CY 2020.

Intervention Tracking Measures:

- ITM 2: In QTR 2 2021, 68.23% of total in-network providers were distributed electronic ATLAS, the free, on-line SUD treatment locator
- ITM 4: The proportion of members prescribed buprenorphine and who had a therapy encounter increased from 21.45% in Q1 2020 to 25.65% in Q3 2021.
- ITM 5a: The proportion of members with an SUD ED visit and who had a follow-up visit within 30 days via telehealth increased from 7.64% in Q1 2020 to 27.78% in Q3 2021.

*Opportunities for improvement:*

- Indicator 4 Engagement in treatment for alcohol abuse/dependence increased by less than 5 percentage points from CY 2018 to CY 2020.
- Indicator 6 Engagement in AOD treatment (total diagnosis cohort) increased by less than 5 percentage points from CY 2018 to CY 2020.
- Indicators 7 and 8 Follow-up After ED visits for AOD showed the lowest rates and percentage point gains.

**PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is 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. ITM for provider education regarding HCV program including HCV clinician support line and additional resources available.
7. ITM for provider education regarding the HCV program to targeted ER departments and outpatient substance abuse providers.

**Performance Improvement Summary**

*Strengths:*

Performance Indicators:

- Indicator 1a (Universal screening) increased by 10 percentage points from 14% in CY 2019 to 24% in CY 2021, meeting the target rate.
- Indicator 1b (Birth cohort screening) increased by 10 percentage points from 185 in CY 2019 to 28% in CY 2021, meeting the target rate.
- Indicator 2a (Risk Factor cohort, ever-screened) increased by 11 percentage points from 22% in CY 2019 to 33% in CY 2021, exceeding the target rate of 32%.
- Indicator 2b (Risk Factor cohort, annual screen) increased by 25 percentage points from 4% in CY 2019 to 29% in CY 2021.
- Indicator 3a (HCV treatment initiation, overall) increased by 24 percentage points from 15% in CY 2019 to 39% in CY 2021.

Intervention Tracking Measures:

- ITM 4a (provider education regarding their patients on the OPH listing) increased from 0.2% (2/1,082) in Q1 2020 to 47% (509/1,082) in Q4 2021.
- ITM5a (providers with member on the OPH listing who were educated about the HCV program and benefits) showed a rate of 100% (1,082/1,082) in 2020 and 2021.
- ITM 6a (ED facilities and outpatient substance abuse providers who were educated about the HCV program) increased from 21% (25/119) in Q2 2021 to 100% (121/121) in Q4 2021.

*Opportunities for improvement:*

- Less than half of the eligible population received screening for HCV.
- Less than half of the eligible population on the Office for Public Health listing received treatment for HCV.
- The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only 4 percentage points from 11% in CY 2019 to 15% in C& 2021 and did not meet the target rate.
- The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only 3 percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.
- ITM 1 (CM outreach to schedule HCV treatment appointment) decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 QTRs 2-4.

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

**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

**Aim**

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

**Interventions**

Enrollee Interventions will be the focus of this PIP, as follows:

1. Refer and facilitate making appointments for eligible enrollees engaged in case management to COVID-19 vaccination sites.
2. Refer and facilitate making appointments for eligible enrollees NOT engaged in case management to COVID-19 vaccination sites.

3. Educate and inform enrollees on vaccine merits, safety and accessibility with comprehensive and clear communication in accordance with the State of Louisiana communication plan for the COVID-19 vaccine [e.g., LDH COVID-19 website: Louisiana Coronavirus COVID-19 | Department of Health | State of Louisiana (la.gov) ].
4. Provide enrollees with second dose reminders for those overdue.

Provider Interventions:

5. Distribute listings of COVID-19 vaccine-eligible enrollees, as well as listings of pharmacy vaccination sites and other LINK-enrolled providers, to PCPs.
6. Conduct training and education of providers, when necessary, using LINKS training videos and CDC/ACIP evidence-based guidance in collaboration with the Tri-Regional LINKS Outreach Coordinators.

Collaborate with state and local partners:

7. Outreach to racial/ethnic minority enrollees. Utilize COVID-19 vaccination coverage reports generated in LINKS to track and monitor COVID-19 vaccination rates and to determine pockets of need (e.g., zip code and region level). Collaborate and coordinate with the Louisiana Department of Health Vaccination Strike Teams to vaccinate hard-to-reach target populations in Louisiana.
8. Collaborate with the Office of Public Health on vaccine education materials.

**Performance Improvement Summary**

*Strengths:*

1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:

- Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.09 percentage points from 16.45% to 41.14% (April 2021 to December 2021).
- Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.16 percentage points from 10.02% to 35.31% (April 2021 to December 2021).

2. Approved Incentive Arrangement (AIA) Progress

- Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 9.39 percentage points from 19.16% to 28.55%.
- Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.59 percentage points from 23.37% to 32.96%.
- Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.33 percentage points from 14.74% to 27.07%.

3. Intervention tracking measures that showed improvement:

- ITM 1a: The percentage of enrollees age 16+ engaged in CM and had an appointment made for COVID-19 vaccination increased month over month throughout the measurement period.
- ITM 1b: the percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination increased from 0.21% in April 2021 to 41.1% in December 2021.
- ITM 4b: The percentage of vaccinated UHC members associated with FQHC increased from 0.76% in April 2021 to 64.73% in December 2021.
- ITM 5: The percentage of members taken for vaccination administration who were enrolled with UHC's transportation services increased from 3.54% in April 2021 to 36.92% in December 2021.

*Opportunities for improvement:*

- As of December 2021, UHC's cumulative COVID-19 vaccination rate of 41.14% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of UHC enrollees who received at least 1 COVID-19 vaccine declined from 20,741 in September 2021 to 5,442 in December 2021.

**UHC: PIP Summaries**

- The non-cumulative number of UHC enrollees who received the full COVID-19 vaccine course declined from 15,021 in September 2021 to 5,163 in December 2021.

**PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life
**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to small differences (<0.5%) between actual and correct Performance Indicator rate calculations.

**Aim**

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

**Interventions**

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct parent education on importance of developmental screening. 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**

*Strengths:*

1. Performance Indicator Improvement:

- Indicator 1 increased by 6002 percentage points to 24.63% in CY 2021 from 18.63% during the interim 6-month period from 1/1/21-6/27/21.
- Indicator 2 increased by 4.03 percentage points to 23.24% in CY 2021 from 19.21% during the interim 6-month period from 1/1/21-6/27/21.
- Indicator 3 increased by 2.07 percentage points to 17.00% in CY 2021 from 14.93% during the interim 6-month period from 1/1/21-6/27/21.

2. Intervention Tracking Measure Performance:

- By the fourth quarter of 2021, 100% of PCPs received global developmental screening guideline + coding + referral education.
- By the fourth quarter of 2021, 100% of members with a developmental screening care gap had their providers notified via the distribution of the care gap report.
- Among the chart review sample of 30 charts with CPT Code 96110, 63% documented developmental screening was conducted using a validated and approved instrument.
- The proportion of the susceptible subpopulation identified as residing in Region 7 who received outreach for developmental screening increased from 46.3% in QTR 3 2021 to 74.2% in QTR 4 2021.

*Opportunities for improvement:*

For all three performance indicators, there is an opportunity to improve by reaching the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. Member interventions merit improvement by refining barrier analysis with direct member feedback and modifying interventions to address the member-identified barriers. The Plan is also advised to conduct rate calculation checks in Excel and report all findings consistently, e.g., to the 2nd decimal place.

**PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate
**Validation Summary:** N/A

**UHC: PIP Summaries**

**Aim**

Improve the Healthy Louisiana initiation of HCV pharmaceutical treatment rate by ten percentage points.

**Interventions**

- Enhanced Case Management Outreach for HCV Treatment Initiation for all eligible members.
- Enhanced Case Management Outreach for HCV Treatment Initiation for all eligible members who also have a history of drug use.
- Enhanced Case Management Outreach for HCV Treatment Initiation for all eligible members who also have HIV.
- Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription.
- PCP education regarding HCV members assigned to them and associated high-risk cohorts and comorbid conditions.
- PCP education regarding HCV/HIV members assigned to them and associated HIV associated toolkits and regional based referral listings of Ryan White Supported services.
- Provider education regarding the HCV program to targeted ER departments and outpatient substance abuse providers.

**Performance Improvement Summary**

*Strengths:*

- Barrier Analysis: Footnote 1, Table 4 indicates plans for CM outreach to obtain direct member feedback on barriers to HCV treatment, including persons with HIV and persons who use drugs.
- Barrier Analysis: Footnote 2, Table 4 documents that direct provider feedback was obtained and informed the provider-based incentive implemented in 2021, to continue this year.
- Barrier Analysis: Footnote 3, Table 4: The plan analyzed pharmacy claims to identify HCV high volume prescribers and used findings to develop a regional based referral system to assist with complex cases.
- Barrier Analysis: Footnote 4, Table 4: Provider feedback also informed the need for PCP education about resources/support services for patients with HIV and informed the AIDS Certified Registered Nurse's development of an HIV provider toolkit.
- The plan has deployed an AIDS Certified Registered Nurse to develop and implement a comprehensive HIV strategy, with a corresponding ITM.
- Barrier Analysis: Footnote 5, Table 4: Provider feedback also informed the need for a BH integration strategy. The plan collaborated with the IET PIP leads to develop and implement a behavioral health intervention strategy with a corresponding ITM.
- QM leads for the HCV PIP will collaborate with QM leads for the COVID-19 vaccine PIP for enhanced + coordinated member education.

*Opportunities for improvement:*

- The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only 4 percentage points from 11% in CY 2019 to 15% in C& 2021 and did not meet the target rate.
- The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only 3 percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.
- ITM 1 (CM outreach to schedule HCV treatment appointment) decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 QTRs 2-4. There is an opportunity to obtain direct member feedback and use to inform improvements to the member outreach intervention(s).

**PIP 6:** Behavioral Health Transitions in Care
Validation Summary: N/A

**Aim**

To improve the rate of (1) Follow-up After Hospitalization for Mental Illness, (2) Follow-up After Emergency Department Visit for Mental Illness, and (3) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence.

**Interventions**

1. Enhance hospital-to-MCO workflow for notification of hospital and emergency department admissions, discharges and transfers

2. Link members to aftercare with BH providers prior to discharge from hospital or emergency department
3. Identify and address needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ.
4. Initiate a broader intervention to facilitate follow-up with members with an appropriate mental health provider e.g., text messaging, letter to member and member's PCP with list of follow-up providers in member's location).

**Performance Improvement Summary**

*Strengths:*

- UHC calculated the Index of Disproportionate Under-representation of FUH for both member characteristics and hospitals.
- The following QI tools were applied: Fishbone diagram, Priority Matrix, SWOT analysis, and Driver Diagram.
- First quarter ITMs are reported.
- Interventions with corresponding ITMs were added to address disparity subgroups.

*Opportunities for improvement:*

None identified.

**PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians

Validation Summary: N/A

**Aim**

To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children ages 6 months through 5 years who received fluoride varnish application by their PCP.

**Interventions**

1. Create a Member Fluoride Varnish Care Gap Report, with a version organized by PCP, which identifies all enrollees ages 6 months through 5 years who have not received any fluoride varnish application by their PCP (CPT code 99188) or dentist (CDT code D1206 or D1208) during the baseline year. The gap report would also identify missed opportunities by reporting the number of PCP visits for each child on the list.
2. Conduct member outreach to (a) educate parents of each child on the Member Fluoride Varnish Care Gap report about oral hygiene, caries risk and the importance of fluoride (e.g., toothpaste, varnish), (b) to link with a PCP if they do not already have one, and (c) to schedule a dental provider appointment. Collaborate with MCNA and DentaQuest for dental provider referrals. Use AAP resources available at: https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Brushing-up-on-Oral-Health-Never-Too-Early-to-Start.aspx
3. Conduct provider educational outreach to each PCP with patients on the Member Fluoride Varnish Care Gap Report and support by distributing the following educational materials:
4. Develop and implement tailored and targeted interventions informed by your Analysis of Disproportionate Under-Representation.

**Performance Improvement Summary**

*Strengths:*

- UHC completed the following QI tools: Fishbone Diagram, Priority Matrix, SWOT Analysis, Driver Diagram, and preliminary PDSA.
- PDSA findings based upon UHC's experience with the Developmental Screening PIP informed the plan to develop an incentive for FQHC/RHC providers to apply fluoride varnish.
- Work is underway to develop educational materials to increase member awareness of oral health, with corresponding dental varnish outreach scripting via IVR.

*Opportunities for improvement:*

None identified.

UHC: UnitedHealthcare Community Plan of Louisiana; PIP: performance improvement project; MCO: managed care organization; MAT: medication-assisted treatment; ED: emergency department; N/A: not applicable; LDH: Louisiana Department of Health; OPH: Office of Public Health; PCP: primary care provider; HIV: human immunodeficiency virus;

ER: emergency room; ITM: intervention treatment measure; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology.

**Table 18–Table 22** show IPRO's assessment of PIP indicator performance for MY 2021 by topic for each MCO.

**Table 18: Assessment of ABHLA PIP Indicator Performance – 2021**

| ABHLA 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.<br>**Baseline:** 48.63%<br>**Final:** 53.38%<br>**Target:** 52.37% | Target met and performance improvement demonstrated. |
| 2 | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 62.07%<br>**Final:** 68.98%<br>**Target:** 69.62% | Target not met, but performance improvement demonstrated. |
| 3 | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 50.66%<br>**Final:** 54.38%<br>**Target:** 55.49% | Target not met, but performance improvement demonstrated. |
| 4 | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort<br>**Baseline:** 13.26%<br>**Final:** 16.89%<br>**Target:** 16.56% | Target met and performance improvement demonstrated. |
| 5 | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 27.24%<br>**Final:** 34.24%<br>**Target:** 35.95% | Target not met, but performance improvement demonstrated. |
| 6 | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 16.14%<br>**Final:** 19.57%<br>**Target:** 18.12% | Target met and 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 for AOD within 7 days of the ED visit<br>**Baseline:** 13.78%<br>**Final:** 15.01%<br>**Target:** 19.44% | 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 30 days of the ED visit<br>**Baseline:** 9.25%<br>**Final:** 9.40%<br>**Target:** 12.73% | Target not met, but performance improvement demonstrated. |

| ABHLA Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 9 | The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD<br>**Baseline:** NA<br>**Final:** 37.72%<br>**Target:** 52.98% | Unable to evaluate performance at this time. |
| | **PIP 2:** Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation | |
| 1a | Universal Screening<br>**Baseline:** 16.00%<br>**Final:** 21.68%<br>**Target:** 26.00% | Target not met, but performance improvement demonstrated. |
| 1b | Birth Cohort Screening<br>**Baseline:** 18.00%<br>**Final:** 22.48%<br>**Target:** 28.00% | Target not met, but performance improvement demonstrated. |
| 2a | Non-Birth Cohort/Risk Factor Screening- ever screened<br>**Baseline:** 33.00%<br>**Final:** 42.01%<br>**Target:** 43.00% | Target not met, but performance improvement demonstrated. |
| 2b | Non-Birth Cohort/Risk Factor Screening- Annual Screening<br>**Baseline:** 17.00%<br>**Final:** 18.38%<br>**Target:** 27.00% | Target not met, but performance improvement demonstrated. |
| 3a | HCV Treatment Initiation-Overall<br>**Baseline:** 16.00%<br>**Final:** 31.06%<br>**Target:** 26.00% | Target met and performance improvement demonstrated. |
| 3b | HCV Treatment Initiation-Drug Users<br>**Baseline:** 14.00%<br>**Final:** 31.55%<br>**Target:** 24.00% | Target met and performance improvement demonstrated. |
| 3c | HCV Treatment Initiation-Persons with HIV<br>**Baseline:** 7.00%<br>**Final:** 46.47%<br>**Target:** 45.00% | Target met and performance improvement demonstrated. |
| | **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: 18 years of age or older | |
| 1a | Receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 17.19%<br>**Final:** 36.40%<br>**Target:** 27.19% | Target met and performance improvement demonstrated. |
| 1b | Receipt of a complete vaccine series<br>**Baseline:** 16.21%<br>**Final:** 36.02%<br>**Target:** 26.21% | Target met and performance improvement demonstrated. |
| 2a | White enrollees receiving at least one dose<br>**Baseline:** 14.93%<br>**Final:** 31.96%<br>**Target:** 24.93% | Target met and performance improvement demonstrated. |

| ABHLA Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 2b | Black enrollees receiving at least one dose<br>**Baseline:** 18.97%<br>**Final:** 39.94%<br>**Target:** 26.55% | Target met and performance improvement demonstrated. |
| 2c | Hispanic enrollees receiving at least one dose<br>**Baseline:** 21.81%<br>**Final:** 44.60%<br>**Target:** 31.81% | Target met and performance improvement demonstrated. |
| 3a | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 14.01%<br>**Final:** 31.63%<br>**Target:** 24.01% | Target met and performance improvement demonstrated. |
| 3b | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 15.69%<br>**Final:** 39.51%<br>**Target:** 25.69% | Target met and performance improvement demonstrated. |
| 3c | Hispanic enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 20.60%<br>**Final:** 44.19%<br>**Target:** 30.60% | Target met and performance improvement demonstrated. |
| 4a | Children: receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** NA<br>**Final:** 9.21%<br>**Target:** 10.0% | Unable to evaluate performance at this time. |
| 4b | Children: receipt of a complete vaccine series<br>**Baseline:** NA<br>**Final:** 9.09%<br>**Target:** 10.0% | Unable to evaluate performance at this time. |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | | |
| 1 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their first birthday<br>**Baseline:** 24.82%<br>**Final:** 16.83%<br>**Target:** 34.82% | Target not met, and performance decline demonstrated. |
| 2 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their second birthday<br>**Baseline:** 18.25%<br>**Final:** 18.13%<br>**Target:** 28.25% | Target not met, and performance decline demonstrated. |
| 3 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their third birthday<br>**Baseline:** 11.68%<br>**Final:** 12.42%<br>**Target:** 21.68% | Target not met, but performance improvement demonstrated. |

MCO: managed care organization; PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; AOD: Alcohol or Other Drug; ED: emergency department; HIV/AIDS: human immunodeficiency virus/acquired immune

deficiency syndrome; red: target not met, and performance decline demonstrated; yellow: target not met, but performance improvement demonstrated; green: target met and performance improvement demonstrated.

**Table 19: Assessment of ACLA PIP Indicator Performance – 2021**

| ACLA 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<br>**Baseline:** 55.86%<br>**Final:** 55.36%<br>**Target:** 63.76% | Target not met, and performance decline demonstrated. |
| 2 | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 72.23%<br>**Final:** 73.95%<br>**Target:** 77.06% | Target not met, but performance improvement demonstrated. |
| 3 | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 61.56%<br>**Final:** 57.96%<br>**Target:** 65.64% | Target not met, and performance decline demonstrated. |
| 4 | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort<br>**Baseline:** 17.72%<br>**Final:** 16.13%<br>**Target:** 23.89% | Target not met, and performance decline demonstrated. |
| 5 | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 31.09%<br>**Final:** 36.16%<br>**Target:** 40.83% | Target not met, but performance improvement demonstrated. |
| 6 | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 22.17%<br>**Final:** 19.04%<br>**Target:** 27.14% | Target not met, and performance decline 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<br>**Baseline:** 9.86%<br>**Final:** 12.57%<br>**Target:** 26.55% | Target not met, but performance improvement demonstrated. |
| 8 | The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow up visit within 7 days of the ED visit<br>**Baseline:** 5.46%<br>**Final:** 8.54%<br>**Target:** 16.97% | Target not met, but performance improvement demonstrated. |

| ACLA Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation | | |
| 1a | Universal Screening<br>**Baseline:** 15.47%<br>**Final:** 23.14%<br>**Target:** 30.47% | Target not met, but performance improvement demonstrated. |
| 1b | Birth Cohort Screening<br>**Baseline:** 8.53%<br>**Final:** 28.66%<br>**Target:** 28.94% | Target not met, but performance improvement demonstrated |
| 2a | Non-Birth Cohort/Risk Factor Screening- ever screened<br>**Baseline:** 10.99%<br>**Final:** 34.46%<br>**Target:** 32.93% | Target met and performance improvement demonstrated. |
| 2b | Non-Birth Cohort/Risk Factor Screening- Annual Screening<br>**Baseline:** 10.37%<br>**Final:** 14.52%<br>**Target:** 25.37% | Target not met, but performance improvement demonstrated |
| 3a | HCV Treatment Initiation-Overall<br>**Baseline:** 13.91%<br>**Final:** 13.61%<br>**Target:** 28.91% | Target not met, and performance decline demonstrated. |
| 3b | HCV Treatment Initiation-Drug Users<br>**Baseline:** 12.92%<br>**Final:** 13.45%<br>**Target:** 27.92% | Target not met, but performance improvement demonstrated. |
| 3c | HCV Treatment Initiation-Persons with HIV<br>**Baseline:** 17.26%<br>**Final:** 21.59%<br>**Target:** 32.26% | Target not met, but performance improvement demonstrated. |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: 18 years of age or older | | |
| 1a | Receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 14.10%<br>**Final:** 40.48%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |
| 1b | Receipt of a complete vaccine series<br>**Baseline:** 7.34%<br>**Final:** 34.87%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |
| 2a | White enrollees receiving at least one dose<br>**Baseline:** 10.60%<br>**Final:** NA<br>**Target:** 25.60% | Unable to evaluate performance at this time. |
| 2b | Black enrollees receiving at least one dose<br>**Baseline:** 13.89%<br>**Final:** NA<br>**Target:** 28.89% | Unable to evaluate performance at this time. |
| 2c | Hispanic enrollees receiving at least one dose<br>**Baseline:** 8.69% | Unable to evaluate performance at this time. |

| ACLA Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| | **Final:** NA<br>**Target:** 23.69% | |
| 2d | Other receiving a complete COVID-19 vaccine course<br>**Baseline:** 16.84%<br>**Final:** NA<br>**Target:** 31.84% | Unable to evaluate performance at this time. |
| 3a | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 7.20%<br>**Final:** NA<br>**Target:** 20.48% | Unable to evaluate performance at this time. |
| 3b | Black enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 7.21%<br>**Final:** NA<br>**Target:** 22.21% | Unable to evaluate performance at this time. |
| 3c | Hispanic: receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 4.16%<br>**Final:** NA<br>**Target:** 19.16% | Unable to evaluate performance at this time. |
| 3d | Other enrollees: receipt of a complete vaccine series<br>**Baseline:** 8.86%<br>**Final:** NA<br>**Target:** 23.86% | Unable to evaluate performance at this time. |
| | **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | |
| 1 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their first birthday<br>**Baseline:** 24.82%<br>**Final:** 17.78%<br>**Target:** 34.82% | Target not met, and performance decline demonstrated. |
| 2 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their second birthday<br>**Baseline:** 18.25%<br>**Final:** 15.29%<br>**Target:** 28.25% | Target not met, and performance decline demonstrated. |
| 3 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their third birthday<br>**Baseline:** 11.68%<br>**Final:** 7.30%<br>**Target:** 21.68% | Target not met, and performance decline demonstrated. |

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

**Table 20: Assessment of HBL PIP Indicator Performance – 2021**

| HBL 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<br>**Baseline:** 57.45%<br>**Final:** 58.20%<br>**Target:** 63.68% | Target not met, but performance improvement demonstrated. |
| 2 | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 69.45%<br>**Final:** 72.93%<br>**Target:** 76.92% | Target not met, but performance improvement demonstrated. |
| 3 | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 58.29%<br>**Final:** 59.10%<br>**Target:** 64.66% | Target not met, but performance improvement demonstrated. |
| 4 | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort<br>**Baseline:** 16.46%<br>**Final:** 19.74%<br>**Target:** 21.74% | Target not met, but performance improvement demonstrated. |
| 5 | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 30.70%<br>**Final:** 37.08%<br>**Target:** 40.66% | Target not met, but performance improvement demonstrated. |
| 6 | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 19.83%<br>**Final:** 20.63%<br>**Target:** 25.05% | 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<br>**Baseline:** 6.33%<br>**Final:** 9.09%<br>**Target:** 20.91% | Target not met, but performance improvement demonstrated. |
| 7a | The percentage of ED visits for members 13 years of age and older with a diagnosis of HIV/AIDS and principal diagnosis of AOD abuse or dependence who had a follow up visit for AOD within 30 days of the ED visit<br>**Baseline:** 10.94%<br>**Final:** 14.42%<br>**Target:** 15.90% | 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<br>**Baseline:** 6.33%<br>**Final:** 10.63%<br>**Target:** 11.56% | Target not met, but performance improvement demonstrated. |

| HBL Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 9 | The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD<br>**Baseline:** NA<br>**Final:** 25.98%<br>**Target:** 41.59% | Unable to evaluate performance at this time. |
| | **PIP 2:** Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation | |
| 1a | Universal Screening<br>**Baseline:** 14.31%<br>**Final:** 20.73%<br>**Target:** 24.31% | Target not met, but performance improvement demonstrated. |
| 1b | Birth Cohort Screening<br>**Baseline:** 19.66%<br>**Final:** 24.26%<br>**Target:** 29.66% | Target not met, but performance improvement demonstrated. |
| 2a | Non-Birth Cohort/Risk Factor Screening- ever screened<br>**Baseline:** 30.84%<br>**Final:** 37.53%<br>**Target:** 40.84% | Target not met, but performance improvement demonstrated. |
| 2b | Non-Birth Cohort/Risk Factor Screening- Annual Screening<br>**Baseline:** 14.59%<br>**Final:** 17.59%<br>**Target:** 24.59% | Target not met, but performance improvement demonstrated. |
| 3a | HCV Treatment Initiation-Overall<br>**Baseline:** 16.44%<br>**Final:** 29.03%<br>**Target:** 26.44% | Target met and performance improvement demonstrated. |
| 3b | HCV Treatment Initiation-Drug Users<br>**Baseline:** 15.27%<br>**Final:** 27.63%<br>**Target:** 25.27% | Target met and performance improvement demonstrated. |
| 3c | HCV Treatment Initiation-Persons with HIV<br>**Baseline:** 22.03%<br>**Final:** 34.83%<br>**Target:** 32.03% | Target met and performance improvement demonstrated. |
| | **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: 18 years of age or older | |
| 1a | Receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 13.75%<br>**Final:** 35.58%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |
| 1b | Receipt of a complete vaccine series<br>**Baseline:** 6.93%<br>**Final:** 44.94%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |
| 2a | White enrollees receiving at least one dose<br>**Baseline:** 11.02%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |

| HBL Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 2b | Black enrollees receiving at least one dose<br>**Baseline:** 13.58%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 2c | Hispanic enrollees receiving at least one dose<br>**Baseline:** 10.65%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 3a | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 5.34%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 3b | Black enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 6.98%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 3c | Hispanic enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 4.68%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 3d | Other enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 8.25%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 4a | Children: receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 7.08%<br>**Final:** NA<br>**Target:** 10.0% | Unable to evaluate performance at this time. |
| 4b | Children: receipt of a complete vaccine series<br>**Baseline:** 4.71%<br>**Final:** NA<br>**Target:** 10.0% | Unable to evaluate performance at this time. |
| | **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | |
| 1 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their first birthday<br>**Baseline:** 24.82%<br>**Final:** 27.46%<br>**Target:** 34.82% | Target not met, but performance improvement demonstrated. |
| 2 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their second birthday<br>**Baseline:** 18.25%<br>**Final:** 28.66%<br>**Target:** 28.25% | Target met and performance improvement demonstrated. |
| 3 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their third birthday<br>**Baseline:** 11.68% | Target not met, but performance improvement demonstrated. |

| HBL Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| | **Final:** 21.26%<br>**Target:** 21.68% | |

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

**Table 21: Assessment of LHCC PIP Indicator Performance – 2021**

| LHCC 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<br>**Baseline:** 46.93%<br>**Final:** 51.62%<br>**Target:** 56.93% | Target not met, but performance improvement demonstrated. |
| 2 | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 58.95%<br>**Final:** 68.30%<br>**Target:** 68.95% | Target not met, but performance improvement demonstrated. |
| 3 | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 47.95%<br>**Final:** 50.96%<br>**Target:** 57.95% | Target not met, but performance improvement demonstrated. |
| 4 | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort<br>**Baseline:** 11.67%<br>**Final:** 15.88%<br>**Target:** 16.43% | Target not met, but performance improvement demonstrated. |
| 5 | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 27.02%<br>**Final:** 33.96%<br>**Target:** 35.15% | Target not met, but performance improvement demonstrated. |
| 6 | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 15.67%<br>**Final:** 16.74%<br>**Target:** 18.45% | Target not met, but performance improvement demonstrated. |
| 7 | The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow up visit within 7 days of the ED visit<br>**Baseline:** 5.88%<br>**Final:** 7.61%<br>**Target:** 11.56% | Target not met, but performance improvement demonstrated. |

| LHCC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 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 for AOD within 30 days of the ED visit<br>**Baseline:** 10.11%<br>**Final:** 11.45%<br>**Target:** 17.91% | Target not met, but performance improvement demonstrated. |
| 9 | The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.<br>**Baseline (2020):** 33.36%<br>**Final:** 34.02%<br>**Target:** 40.0% | Target not met, but performance improvement demonstrated. |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation | | |
| 1a | Universal Screening<br>**Baseline:** 10.31%<br>**Final:** 14.49%<br>**Target:** 20.31% | Target not met, but performance improvement demonstrated. |
| 1b | Birth Cohort Screening<br>**Baseline:** 13.61%<br>**Final:** 15.91%<br>**Target:** 23.61% | Target not met, but performance improvement demonstrated. |
| 2a | Non-Birth Cohort/Risk Factor Screening- ever screened<br>**Baseline:** 23.16%<br>**Final:** 30.07%<br>**Target:** 33.16% | Target not met, but performance improvement demonstrated. |
| 2b | Non-Birth Cohort/Risk Factor Screening- Annual Screening<br>**Baseline:** 8.82%<br>**Final:** 16.73%<br>**Target:** 18.82% | Target not met, but performance improvement demonstrated. |
| 3a | HCV Treatment Initiation-Overall<br>**Baseline:** 11.99%<br>**Final:** 16.53%<br>**Target:** 21.99% | Target not met, but performance improvement demonstrated. |
| 3b | HCV Treatment Initiation-Drug Users<br>**Baseline:** 12.25%<br>**Final:** 18.19%<br>**Target:** 22.25% | Target not met, but performance improvement demonstrated. |
| 3c | HCV Treatment Initiation-Persons with HIV<br>**Baseline:** 14.34%<br>**Final:** 20.36%<br>**Target:** 24.34% | Target not met, but performance improvement demonstrated. |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: 18 years of age or older | | |
| 1a | Receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 11.17%<br>**Final:** 31.66%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |

| LHCC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 1b | Receipt of a complete vaccine series<br>**Baseline:** 5.59%<br>**Final:** 31.66%<br>**Target:** 50.0% | Target not met, but performance improvement demonstrated. |
| 2a | White enrollees receiving at least one dose<br>**Baseline:** 8.07%<br>**Final:** NA<br>**Target:** 24.93% | Unable to evaluate performance at this time. |
| 2b | Black enrollees receiving at least one dose<br>**Baseline:** 11.34%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 2c | Hispanic enrollees receiving at least one dose<br>**Baseline:** 7.97%<br>**Final:** NA<br>**Target:** 50.0% | Unable to evaluate performance at this time. |
| 2c | Other enrollees receiving at least one dose<br>**Baseline:** 13.58%<br>**Final:** NA<br>**Target:** 70.0% | Unable to evaluate performance at this time. |
| 3a | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 4.00%<br>**Final:** NA<br>**Target:** 50.0% | Unable to evaluate performance at this time. |
| 3b | Black enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 5.66%<br>**Final:** NA<br>**Target:** 50.0% | Unable to evaluate performance at this time. |
| 3c | Hispanic enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 3.41%<br>**Final:** NA<br>**Target:** 50.0% | Unable to evaluate performance at this time. |
| 3c | Other enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 6.94%<br>**Final:** NA<br>**Target:** 50.0% | Unable to evaluate performance at this time. |
| 4a | Children: receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 5.62%<br>**Final:** 25.50%<br>**Target:** 70.0% | Target not met, but performance improvement demonstrated. |
| 4b | Children: receipt of a complete vaccine series<br>**Baseline:** 3.53%<br>**Final:** 20.8%<br>**Target:** 50.0% | Target not met, but performance improvement demonstrated. |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | | |
| 1 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their first birthday<br>**Baseline:** 24.82% | Target met and performance improvement demonstrated. |

| LHCC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| | **Final:** 36.07%<br>**Target:** 34.82% | |
| 2 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their second birthday<br>**Baseline:** 18.25%<br>**Final:** 38.01%<br>**Target:** 38.25% | Target not met, but performance improvement demonstrated. |
| 3 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their third birthday<br>**Baseline:** 11.68%<br>**Final:** 22.92%<br>**Target:** 22.68% | Target met and performance improvement demonstrated. |

MCO: managed care organization; PIP: performance improvement project; LHCC: Louisiana Healthcare Connections; 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.

**Table 22: Assessment of UHC PIP Indicator Performance – 2021**

| UHC 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<br>**Baseline:** 43.29%<br>**Final:** 51.26%<br>**Target:** 58.53% | Target not met, but performance improvement demonstrated. |
| 2 | Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 58.23%<br>**Final:** 66.97%<br>**Target:** 69.62% | Target not met, but performance improvement demonstrated. |
| 3 | Initiation of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 45.67%<br>**Final:** 50.57%<br>**Target:** 54.93% | Target not met, but performance improvement demonstrated. |
| 4 | Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort<br>**Baseline:** 12.75%<br>**Final:** 13.93%<br>**Target:** 21.37% | Target not met, but performance improvement demonstrated. |

| UHC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 5 | Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort<br>**Baseline:** 24.45%<br>**Final:** 31.70%<br>**Target:** 35.11% | Target not met, but performance improvement demonstrated. |
| 6 | Engagement of AOD Treatment: Total age groups, Total diagnosis cohort<br>**Baseline:** 15.46%<br>**Final:** 17.14%<br>**Target:** 23.53% | Target not met, but performance improvement demonstrated. |
| 7 | 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 for AOD within 7 days of the ED visit<br>**Baseline:** 6.84%<br>**Final:** 7.28%<br>**Target:** 12.73% | Target not met, but performance improvement demonstrated. |
| 8 | 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 for AOD within 30 days of the ED visit<br>**Baseline:** 10.46%<br>**Final:** 12.15%<br>**Target:** 14.66% | Target not met, but performance improvement demonstrated. |
| 9 | Percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older.<br>**Baseline:** NA<br>**Final:** 19.12%<br>**Target:** 38.61% | Unable to evaluate performance at this time. |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus and Pharmaceutical Treatment Initiation | | |
| 1a | Universal Screening<br>**Baseline:** 14%<br>**Final:** 24%<br>**Target:** 34% | Target not met, but performance improvement demonstrated.<br>(Initial target rate of 24% was met and new goal was increased to 34%.) |
| 1b | Birth Cohort Screening<br>**Baseline:** 18%<br>**Final:** 28%<br>**Target:** 38% | Target not met, but performance improvement demonstrated.<br>(Initial target rate of 28% was met and new goal was increased to 38%.) |
| 2a | Non-Birth Cohort/Risk Factor Screening- ever screened<br>**Baseline:** 22%<br>**Final:** 33%<br>**Target:** 42% | Target not met, but performance improvement demonstrated.<br>(Initial target rate of 32% was met and new goal was increased to 42%.) |

| UHC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| 2b | Non-Birth Cohort/Risk Factor Screening- Annual Screening<br>**Baseline:** 4%<br>**Final:** 29%<br>**Target:** 34% | Target not met, but performance improvement demonstrated.<br>(previous target rate of 24% was met and new goal was increased to 34%.) |
| 3a | HCV Treatment Initiation-Overall<br>**Baseline:** 15%<br>**Final:** 39%<br>**Target:** 45% | Target not met, but performance improvement demonstrated.<br>(previous target rate of 35% was met and new goal was increased to 45%.) |
| 3b | HCV Treatment Initiation-Drug Users<br>**Baseline:** 11%<br>**Final:** 15%<br>**Target:** 21% | Target not met, but performance improvement demonstrated. |
| 3c | HCV Treatment Initiation-Persons with HIV<br>**Baseline:** 14%<br>**Final:** 17%<br>**Target:** 24% | Target not met, but performance improvement demonstrated. |
| | **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: 18 years of age or older | |
| 1a | Receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** 16%<br>**Final:** 41.14%<br>**Target:** 70% | Target not met, but performance improvement demonstrated. |
| 1b | Receipt of a complete vaccine series<br>**Baseline:** 10%<br>**Final:** 35.31%<br>**Target:** 70% | Target not met, but performance improvement demonstrated. |
| 2a | White enrollees receiving at least one dose<br>**Baseline:** 8.86%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 2b | Black enrollees receiving at least one dose<br>**Baseline:** 13.25%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 2c | Hispanic enrollees receiving at least one dose<br>**Baseline:** 9.22%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 2d | Other enrollees receiving at least one dose<br>**Baseline:** 15.00%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 3a | White enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 4.18%<br>**Final:** NA | Unable to evaluate performance at this time. |

| UHC Indicator # | Indicator Description | Assessment of Performance, Baseline to Final |
|---|---|---|
| | **Target:** 70% | |
| 3b | Black enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 6.66%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 3c | Hispanic enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 4.27%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 3d | Other enrollees receiving a complete COVID-19 vaccine course<br>**Baseline:** 7.60%<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 4a | Children: receipt of at least one dose of COVID-19 vaccine<br>**Baseline:** NA<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| 4b | Children: receipt of a complete vaccine series<br>**Baseline:** NA<br>**Final:** NA<br>**Target:** 70% | Unable to evaluate performance at this time. |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | | |
| 1 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their first birthday<br>**Baseline:** 24.82%<br>**Final:** 24.85%<br>**Target:** 35.8% | Target not met, but performance improvement demonstrated. |
| 2 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their second birthday<br>**Baseline:** 18.25%<br>**Final:** 23.33%<br>**Target:** 35.8% | Target not met, but performance improvement demonstrated. |
| 3 | Percentage of children screened for risk of developmental, behavioral and social delays using a standardized global developmental screening tool by their third birthday<br>**Baseline:** 11.68%<br>**Final:** 17.06%<br>**Target:** 35.8% | Target not met, but performance improvement demonstrated. |

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

# IV. Validation of Performance Measures

## Objectives

Federal requirements from the Balanced Budget Act of 1997 (BBA), as specified in *Title 42 CFR § 438.358*, require that states ensure their MCOs collect and report PMs 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 MCO, or the state can calculate the MCO's PM results for the preceding 12 months. LDH required its Medicaid MCOs to calculate their own PM rates and have them audited by an NCQA-certified auditor.

LDH contracted with IPRO to conduct the functions associated with PMV.

## 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 2021. 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 2021 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" 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 2021 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 2021 *Quality Compass* national Medicaid HMO 50th percentile.

## Description of Data Obtained

IPRO used the 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 PM. The IDSS file detailed all rates that were submitted to NCQA and whether the auditor deemed them to be reportable. The IDSS file is "locked" by the auditor so that no changes can be made to the results.

## Conclusions and Comparative Findings

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

Based on a review of the FARs issued by each MCOs independent auditor, IPRO found that the MCOs were determined to be *fully compliant* with all seven of the applicable NCQA IS standards. HEDIS rates produced by the MCOs were reported to the NCQA. MCOs' compliance with IS standards are highlighted in **Table 23**.

**Table 23: MCO Compliance with Information System Standards – MY 2021**

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

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

For SFY 2022, LDH required each contracted MCO to collect and report on 47 HEDIS measures which includes 81 total measures/submeasures indicators for HEDIS MY 2021 specified in the provider agreement. The measurement set includes 11 incentive measures. **Table 24**–**Table 26** display the 81 measure 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 34** displays a summary of MCO HEDIS measures.

**Table 24: MCO HEDIS Effectiveness of Care Measures – MY 2021**

| HEDIS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide Average |
|---|---|---|---|---|---|---|
| Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) | 54.64% | 56.27% | 47.73% | 58.91% | 47.44% | 52.96% |
| Pharmacotherapy for Opioid Use Disorder (POD) | 42.19% | 38.46% | 27.68% | 36.59% | 23.72% | 31.72% |
| Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) | | | | | | |
| Initiation of AOD | 53.78% | 58.99% | 60.98% | 51.18% | 51.40% | 54.64% |
| Engagement of AOD | 20.34% | 20.49% | 22.12% | 17.09% | 18.06% | 19.23% |
| Use of First-Line Psychosocial Care for Children and Adolescent son Antipsychotics (APP) | 71.43% | 57.05% | 66.95% | 62.77% | 65.09% | 64.02% |
| Antidepressant Medication Management (AMM) | | | | | | |
| Effective Acute Phase Treatment | 63.09% | 57.51% | 57.42% | 58.32% | 56.44% | 57.91% |
| Effective Continuation Phase Treatment | 46.89% | 40.50% | 39.58% | 42.72% | 38.22% | 40.82% |
| Breast Cancer Screening (BCS) | 53.67% | 54.48% | 54.42% | 54.48% | 53.25% | 54.04% |
| **Cervical Cancer Screening (CCS)** | 53.53% | 58.44% | 58.88% | 57.66% | 59.37% | 58.17% |
| **Childhood Immunization Status (CIS)** | | | | | | |
| DTaP | 65.69% | 64.72% | 71.29% | 65.45% | 66.18% | 66.71% |
| IPV | 85.16% | 85.64% | 87.83% | 86.37% | 85.16% | 86.13% |
| MMR | 78.83% | 81.51% | 81.75% | 84.91% | 81.02% | 82.36% |
| HiB | 81.51% | 82.24% | 85.16% | 83.94% | 80.54% | 82.83% |
| Hepatitis B | 84.91% | 88.32% | 90.51% | 90.02% | 85.64% | 88.31% |
| VZV | 79.56% | 81.02% | 82.97% | 85.16% | 81.02% | 82.67% |
| Pneumococcal conjugate | 66.67% | 65.21% | 72.26% | 64.23% | 63.50% | 65.85% |
| Hepatitis A | 76.89% | 76.89% | 80.78% | 79.56% | 78.35% | 78.94% |
| Rotavirus | 63.50% | 64.23% | 70.56% | 60.58% | 65.69% | 64.61% |
| Influenza | 27.01% | 30.90% | 29.20% | 25.55% | 27.49% | 27.56% |
| **Combo 3** | 60.34% | 61.07% | 66.67% | 59.37% | 61.07% | 61.53% |
| Combo 7 | 49.15% | 52.55% | 57.66% | 47.93% | 53.77% | 52.12% |
| Combo 10 | 19.46% | 23.60% | 22.87% | 17.03% | 22.14% | 20.59% |
| Chlamydia Screening in Women (CHL) – Total | 59.44% | 64.24% | 61.27% | 63.80% | 61.15% | 62.40% |
| **Colorectal Cancer Screening (COL)** | 34.76% | 40.07% | 36.77% | 38.06% | 43.80% | 38.69% |
| **Comprehensive Diabetes Care (CDC)** | | | | | | |
| HbA1c Testing | 85.64% | 83.21% | 83.94% | 84.91% | 81.75% | 83.64% |
| **HbA1c poor control (>9.0%)*** | 35.28% | 43.80% | 42.09% | 52.80% | 40.88% | 44.32% |
| HbA1c control (<8.0%) | 55.47% | 46.96% | 50.85% | 40.88% | 49.15% | 47.49% |
| Eye exams | 51.58% | 50.61% | 48.66% | 61.31% | 54.74% | 54.48% |
| Blood Pressure control (<140/90 mm Hg). | 53.77% | 55.96% | 55.96% | 42.34% | 58.88% | 52.80% |
| **Controlling High Blood Pressure (CBP)** | 54.50% | 54.50% | 57.42% | 49.39% | 57.91% | 54.73% |
| Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications (SSD) | 83.58% | 82.68% | 83.39% | 81.59% | 81.28% | 82.24% |

| HEDIS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide Average |
|---|---|---|---|---|---|---|
| Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) | 63.64% | 64.82% | 61.19% | 65.50% | 65.42% | 64.25% |
| Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) | 70.97% | 63.83% | 75.86% | 74.12% | 73.77% | 72.67% |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) | | | | | | |
| Blood Glucose Testing | 54.43% | 52.31% | 53.65% | 51.01% | 53.39% | 52.41% |
| Cholesterol Testing | 29.11% | 26.58% | 29.44% | 26.82% | 30.02% | 28.23% |
| Blood Glucose and Cholesterol Testing | 27.22% | 24.27% | 28.67% | 26.17% | 29.20% | 27.30% |
| Lead Screening in Children (LSC) | 61.07% | 65.21% | 66.91% | 63.39% | 66.67% | 64.78% |
| CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10) | 76.87% | 82.18% | 81.70% | 77.94% | 81.51% | 80.04% |
| CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan-General Population, 8+9+10) | 87.13% | 85.71% | 89.22% | 86.78% | 90.19% | 86.37% |
| Initiation of Injectable Progesterone for Preterm Birth Prevention | 17.69% | 20.71% | 18.10% | 17.63% | 21.25% | 19.16% |
| Flu Vaccinations for Adults Ages 18 to 64 (FVA) | 34.25% | 30.97% | 37.01% | 40.46% | 30.34% | 34.61% |
| **Follow-up After Hospitalization for Mental Illness (FUH)** | | | | | | |
| Within 7 Days of Discharge | 16.89% | 18.95% | 17.82% | 21.52% | 22.28% | 20.12% |
| **Within 30 Days of Discharge** | 35.55% | 38.05% | 37.59% | 41.23% | 41.76% | 39.60% |
| **Follow-up After Emergency Department Visit for Mental Illness (FUM)** | | | | | | |
| Within 7 Days of Discharge | 21.18% | 22.01% | 21.02% | 21.35% | 22.56% | 21.69% |
| **Within 30 Days of Discharge** | 30.52% | 37.02% | 35.86% | 36.29% | 34.80% | 35.35% |
| **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)** | | | | | | |
| Within 7 Days of Discharge | 9.81% | 9.45% | 9.63% | 8.06% | 7.49% | 8.64% |
| **Within 30 Days of Discharge** | 16.13% | 14.22% | 14.92% | 12.05% | 13.11% | 13.74% |
| Follow-up Care for Children Prescribed ADHD Medication (ADD) | | | | | | |
| Initiation Phase | 38.43% | 33.23% | 36.21% | 42.64% | 35.14% | 38.00% |
| Continuation Phase | 52.38% | 47.25% | 54.19% | 55.00% | 47.64% | 51.70% |
| **Immunization Status for Adolescents (IMA)** | | | | | | |
| Meningococcal | 79.08% | 85.40% | 86.13% | 84.43% | 88.81% | 85.98% |
| Tdap/Td | 79.32% | 86.62% | 86.37% | 85.64% | 88.32% | 86.47% |
| HPV | 32.60% | 43.55% | 39.66% | 43.55% | 39.17% | 41.17% |
| Combo 1 | 78.59% | 85.40% | 85.40% | 84.43% | 87.83% | 85.54% |
| **Combo 2** | 32.12% | 43.31% | 39.17% | 43.07% | 39.17% | 40.86% |
| Medical Assistance with Smoking and Tobacco Use Cessation (MSC) | | | | | | |
| Advising Smokers and Tobacco Users to Quit | 78.18% | 73.18% | 67.14% | 72.34% | 73.15% | 72.80% |

| HEDIS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide Average |
|---|---|---|---|---|---|---|
| Discussing Cessation Medications | 42.73% | 47.17% | 35.25% | 52.90% | 53.70% | 46.55% |
| Discussing Cessation Strategies | 43.52% | 40.48% | 34.53% | 46.10% | 43.93% | 41.71% |
| Plan All-Cause Readmissions (PCR) | | | | | | |
| Observed Readmission (Num/Den) | 9.96% | 10.33% | 10.38% | 10.22% | 10.87% | 10.35% |
| Expected Readmissions Rate | 9.79% | 9.62% | 9.55% | 9.44% | 9.55% | 9.59% |
| Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions) | 1.0178 | 1.0732 | 1.0872 | 1.0836 | 1.1383 | 1.0800 |
| Statin Therapy for Patients with Cardiovascular Disease (SPC) | | | | | | |
| Received Statin Therapy: Total | 81.26% | 81.22% | 81.10% | 82.26% | 78.91% | 80.79% |
| Statin Adherence 80%: Total | 70.82% | 67.32% | 59.84% | 68.56% | 62.13% | 64.96% |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Body Mass Index Assessment for Children/Adolescents (WCC) | | | | | | |
| BMI percentile documentation | 74.94% | 65.61% | 75.18% | 63.26% | 79.81% | 70.97% |
| Counseling for nutrition | 66.67% | 60.49% | 67.64% | 54.99% | 65.21% | 61.35% |
| Counseling for physical activity | 58.88% | 57.80% | 57.66% | 47.69% | 59.12% | 54.48% |
| Appropriate Treatment for Children with Upper Respiratory Infection (URI) | 75.97% | 77.26% | 77.65% | 77.12% | 76.86% | 77.09% |
| Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) | 40.78% | 43.17% | 43.07% | 41.64% | 42.21% | 42.21% |
| Use of Imaging Studies for Low Back Pain (LBP) | 71.65% | 72.96% | 70.83% | 72.57% | 72.20% | 72.09% |
| Non-recommended Cervical Screening in Adolescent Females (NCS) | 0.75% | 3.07% | 0.73% | 1.96% | 3.06% | 2.17% |
| **HIV Viral Load Suppression (HIV)** | 79.30% | 80.39% | 81.65% | 78.97% | 78.72% | 79.80% |
| **Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)*** | 28.62% | 29.40% | 29.21% | 29.28% | 28.62% | 29.05% |

* A lower rate is desirable.

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

**Table 25: MCO HEDIS Access to/Availability of Care Measures – MY 2021**

| HEDIS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide Average |
|---|---|---|---|---|---|---|
| Adults' Access to Preventive/ Ambulatory Health Services (AAP) | 70.32% | 74.48% | 76.20% | 76.90% | 77.13% | 75.91% |
| Prenatal and Postpartum Care (PPC) | | | | | | |
| Prenatal Care | 79.32% | 85.42% | 84.26% | 78.35% | 82.24% | 81.56% |
| Postpartum Care | 77.37% | 73.26% | 78.03% | 69.59% | 76.64% | 74.31% |
| Well-Child Visits in the First 30 Months of Life (W30) | | | | | | |
| First 15 Months | 56.48% | 58.00% | 56.01% | 53.57% | 59.20% | 56.41% |
| 15 Months–30 Months | 62.09% | 63.43% | 62.98% | 61.53% | 62.39% | 62.32% |

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

**Table 26: MCO HEDIS Use of Services Measures – MY 2021**

| HEDIS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide Average |
|---|---|---|---|---|---|---|
| Ambulatory Care (AMB) | | | | | | |
| Emergency Department Visits/ 1,000 MM* | 62.04% | 62.43% | 62.87% | 60.02% | 57.80% | 60.36% |
| Child and Adolescent Well-Care Visits (WCV) | | | | | | |
| 3–11 years | 50.82% | 53.71% | 51.71% | 54.33% | 52.94% | 53.19% |
| 12–17 years | 41.95% | 51.52% | 47.98% | 51.71% | 50.48% | 50.29% |
| 18–21 years | 22.98% | 27.23% | 24.74% | 27.29% | 26.02% | 26.26% |
| Total | 43.43% | 48.11% | 45.63% | 48.52% | 47.18% | 47.32% |

* A lower rate is desirable.

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

**Table 27: MCO HEDIS Measures Summary – MY 2021**

| Measure Status | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| > 50th NCQA National Benchmark | 23 | 24 | 34 | 31 | 24 |
| < 50th NCQA National Benchmark | 54 | 53 | 43 | 46 | 53 |
| NCQA National Benchmark Unavailable | 4 | 4 | 4 | 4 | 4 |
| Total | 81 | 81 | 81 | 81 | 81 |

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

# V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

## Objectives

Federal regulations at *Title 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, 2020, 2021, and 2022. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The 2022 annual compliance audit was a full review of each MCO's compliance with contractual requirements during the period of January 1, 2021, through 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 3-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 crosswalked and do not fully meet equivalency with federal requirements;
- regulations that are due for evaluation, based on the 3-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; and
- areas of interest to the state, or noted to be at risk by either the EQRO and/or state.

Note that Quality Management: Measurement and Improvement – Quality Assessment and Performance improvement (QAPI; *Title 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 12 domains:

| | CFR | Domain |
|---|---|---|
| 1. | 438.206 | Availability of Services |
| 2. | 438.207 | Assurances of Adequate Capacity and Services |
| 3. | 438.208 | Coordination and Continuity of Care |
| 4. | 438.210 | Coverage and Authorization of Services – UM |
| 5. | 438.214 | Provider Selection |
| 6. | 438.224 | Enrollee Rights and Protection |
| 7. | 438.228 | Grievance and Appeal Systems |
| 8. | 438.230 | Subcontractual Relationships |
| 9. | 438.236 | Practice Guidelines |
| 10. | 438.242 | Health Information Services |
| 11. | 438.330 | Quality Assessment and Performance Improvement Program (QAPI) |
| 12. | 438.608 | Fraud, Waste and Abuse |

During these audits, determinations of "met," "partially met," and "not met" were used for each element under review. A not applicable (N/A) was used if the requirement was not applicable to the MCO. The definition of each of the review determinations is presented in **Table 28**.

**Table 28: Review Determination Definitions**

| Level of Compliance | Meaning |
|---|---|
| Met | The MCO is compliant with the standard. |
| Partially met | The MCO is compliant with most of the requirements of the standard but has minor deficiencies. |
| Not met | The MCO is not in compliance with the standard. |
| Not applicable | The requirement was not applicable to the MCO. |

MCO: managed care organization.

## Description of Data Obtained

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

## Conclusions and Comparative Findings

Louisiana MCOs showed strong performance in the 2022 compliance review. The average total compliance rate among all MCOs was 98.4% (**Table 29**). Healthy Blue had the highest total compliance rate at 99.7% while Aetna had the lowest at 97.0%. Across the 12 domains, there were four that achieved 100% compliance, while the rest ranged from 93.7% (Coordination and Continuity of Care) to 99.9% (Grievance and Appeal Systems; **Table 29**).

The domains with the lowest performance, Coordination and Continuity of Care (93.7%), Enrollee Rights and Protection (97.8%), and Availability of Services (98.6%), each had three MCOs performing at less than 100%. A breakdown of each domain, and corresponding compliance score for each MCO is presented in **Table 29**.

**Table 29: MCO Performance by Review Domain MCO Average Performance**

| Review Domain[1] | Aetna | ACLA | HBL | LHCC | UHC | MCO Average |
|---|---|---|---|---|---|---|
| Availability of Services | 99.2% | 95.0% | 99.6% | 100% | 98.9% | 98.5% |
| Assurances of Adequate Capacity and Services | 100% | 100% | 100% | 100% | 100% | 100% |
| Coordination and Continuity of Care | 91.6% | 95.2% | 100% | 91.0% | 90.7% | 93.7% |
| Coverage and Authorization of Services – UM | 98.5% | 99.2% | 100% | 99.2% | 100% | 99.4% |
| Provider Selection | 97.8% | 100% | 97.8% | 100% | 97.8% | 98.7% |
| Enrollee Rights and Protection | 92.1% | 99.1% | 99.1% | 99.1% | 99.5% | 97.8% |
| Grievance and Appeal Systems | 100% | 100% | 99.3% | 100% | 100% | 99.9% |
| Subcontractual Relationships | 100% | 100% | 100% | 100% | 100% | 100% |
| Practice Guidelines | 100% | 100% | 100% | 100% | 100% | 100% |
| Health Information Services | 100% | 100% | 100% | 100% | 100% | 100% |
| Quality Assessment and Performance Improvement | 98.6% | 98.6% | 100% | 100% | 100% | 99.4% |
| Fraud, Waste and Abuse | 95.8% | 100% | 100% | 94.7% | 100% | 98.1% |
| **Total** | **97.0%** | **98.3%** | **99.7%** | **98.0%** | **98.8%** | **98.4%** |

[1] The MCO(s) score that was the highest in each domain is highlighted in green while the score of the lowest performing MCO(s) are highlighted in red.
Aetna: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas of Louisiana; Healthy Blue: Healthy Blue of Louisiana; LHCC: Louisiana Health Care Connections; UHC: United Healthcare; UM: utilization management.

In total, 814 elements were reviewed across all domains for each MCO (**Table 30**). Healthy Blue, LHCC, and UHC each had 100% compliance for 8 of the 12 domains, followed by ACLA with 7 domains at 100% compliance, and Aetna with 5 domains with 100% compliance (**Table 30–Table 34**). A total of 25 elements received Not Met determinations, including Aetna with 12 elements receiving Not Met determinations; followed by LHCC with 8 elements Not Met; ACLA with 4 and UHC with 1 element determined to be Not Met. Audit results for each MCO are shown in **Table 30** thru **Table 34**.

For specific findings and recommendations for compliance elements that did not receive a "Met" determination refer to **Appendix C.**

**Table 30: ABHLA Audit Results by Audit Domain**

| Audit Domain | Total Elements | Met | Partially Met | Not Met | N/A | Score[1] |
|---|---|---|---|---|---|---|
| Availability of Services | 132 | 128 | 0 | 1 | 3 | 99.2% |
| Assurances of Adequate Capacity and Services | 48 | 48 | 0 | 0 | 0 | 100.0% |
| Coordination and Continuity of Care | 83 | 71 | 10 | 2 | 0 | 91.6% |
| Coverage and Authorization of Services – UM | 65 | 63 | 2 | 0 | 0 | 98.5% |
| Provider Selection | 24 | 22 | 1 | 0 | 1 | 97.8% |
| Enrollee Rights and Protection | 107 | 97 | 5 | 5 | 0 | 93.0% |
| Grievance and Appeal Systems | 71 | 70 | 0 | 0 | 1 | 100.0% |
| Subcontractual Relationships | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Practice Guidelines | 27 | 27 | 0 | 0 | 0 | 100.0% |
| Health Information Services | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Quality Assessment and Performance Improvement | 109 | 106 | 3 | 0 | 0 | 98.6% |
| Fraud, Waste and Abuse | 132 | 123 | 3 | 4 | 2 | 95.8% |
| **Total** | 814 | 771 | 24 | 12 | 7 | 97.0% |

[1] Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management.

**Table 31: ACLA Audit Results by Audit Domain**

| Audit Domain | Total Elements | Met | Partially Met | Not Met | N/A | Score[1] |
|---|---|---|---|---|---|---|
| Availability of Services | 132 | 116 | 13 | 0 | 3 | 95.0% |
| Assurances of Adequate Capacity and Services | 48 | 48 | 0 | 0 | 0 | 100.0% |
| Coordination and Continuity of Care | 83 | 78 | 2 | 3 | 0 | 95.2% |
| Coverage and Authorization of Services – UM | 65 | 64 | 1 | 0 | 0 | 99.2% |
| Provider Selection | 24 | 23 | 0 | 0 | 1 | 100.0% |
| Enrollee Rights and Protection | 107 | 105 | 2 | 0 | 0 | 99.1% |
| Grievance and Appeal Systems | 71 | 70 | 0 | 0 | 1 | 100.0% |
| Subcontractual Relationships | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Practice Guidelines | 27 | 27 | 0 | 0 | 0 | 100.0% |
| Health Information Services | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Quality Assessment and Performance Improvement | 109 | 107 | 1 | 1 | 0 | 98.6% |
| Fraud, Waste and Abuse | 132 | 130 | 0 | 0 | 2 | 100.0% |
| **Total** | 814 | 784 | 19 | 4 | 7 | 98.3% |

[1] Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management.

**Table 32: HBL Audit Results by Audit Domain**

| Audit Domain | Total Elements | Met | Partially Met | Not Met | N/A | Score[1] |
|---|---|---|---|---|---|---|
| Availability of Services | 132 | 128 | 1 | 0 | 3 | 99.6% |
| Assurances of Adequate Capacity and Services | 48 | 48 | 0 | 0 | 0 | 100.0% |
| Coordination and Continuity of Care | 83 | 83 | 0 | 0 | 0 | 100.0% |
| Coverage and Authorization of Services – UM | 65 | 65 | 0 | 0 | 0 | 100.0% |
| Provider Selection | 24 | 22 | 1 | 0 | 1 | 97.8% |
| Enrollee Rights and Protection | 107 | 105 | 2 | 0 | 0 | 99.1% |
| Grievance and Appeal Systems | 71 | 69 | 1 | 0 | 1 | 99.3% |
| Subcontractual Relationships | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Practice Guidelines | 27 | 27 | 0 | 0 | 0 | 100.0% |
| Health Information Services | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Quality Assessment and Performance Improvement | 109 | 109 | 0 | 0 | 0 | 100.0% |
| Fraud, Waste and Abuse | 132 | 130 | 0 | 0 | 2 | 100.0% |
| **Total** | 814 | 802 | 5 | 0 | 7 | 99.7% |

[1] Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management.

**Table 33: LHCC Audit Results by Audit Domain**

| Audit Domain | Total Elements | Met | Partially Met | Not Met | N/A | Score[1] |
|---|---|---|---|---|---|---|
| Availability of Services | 132 | 129 | 0 | 0 | 3 | 100.0% |
| Assurances of Adequate Capacity and Services | 48 | 48 | 0 | 0 | 0 | 100.0% |
| Coordination and Continuity of Care | 83 | 69 | 13 | 1 | 0 | 91.0% |
| Coverage and Authorization of Services – UM | 65 | 64 | 1 | 0 | 0 | 99.2% |
| Provider Selection | 24 | 23 | 0 | 0 | 1 | 100.0% |
| Enrollee Rights and Protection | 107 | 105 | 2 | 0 | 0 | 99.1% |
| Grievance and Appeal Systems | 71 | 70 | 0 | 0 | 1 | 100.0% |
| Subcontractual Relationships | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Practice Guidelines | 27 | 27 | 0 | 0 | 0 | 100.0% |
| Health Information Services | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Quality Assessment and Performance Improvement | 109 | 109 | 0 | 0 | 0 | 100.0% |
| Fraud, Waste and Abuse | 132 | 123 | 0 | 7 | 2 | 94.6% |
| **Total** | 814 | 783 | 16 | 8 | 7 | 98.0% |

[1] Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management.

**Table 34: UHC Audit Results by Audit Domain**

| Audit Domain | Total Elements | Met | Partially Met | Not Met | N/A | Score[1] |
|---|---|---|---|---|---|---|
| Availability of Services | 132 | 126 | 3 | 0 | 3 | 98.8% |
| Assurances of Adequate Capacity and Services | 48 | 48 | 0 | 0 | 0 | 100.0% |
| Coordination and Continuity of Care | 83 | 67 | 13 | 1 | 2 | 90.7% |
| Coverage and Authorization of Services – UM | 65 | 65 | 0 | 0 | 0 | 100.0% |
| Provider Selection | 24 | 22 | 1 | 0 | 1 | 97.8% |
| Enrollee Rights and Protection | 107 | 106 | 1 | 0 | 0 | 99.5% |
| Grievance and Appeal Systems | 71 | 70 | 0 | 0 | 1 | 100.0% |
| Subcontractual Relationships | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Practice Guidelines | 27 | 27 | 0 | 0 | 0 | 100.0% |
| Health Information Services | 8 | 8 | 0 | 0 | 0 | 100.0% |
| Quality Assessment and Performance Improvement | 109 | 109 | 0 | 0 | 0 | 100.0% |
| Fraud, Waste and Abuse | 132 | 130 | 0 | 0 | 2 | 100.0% |
| **Total** | 814 | 786 | 18 | 1 | 9 | 98.8% |

[1] Each met element receives 1 point, each partially met element receives 1/2 point, and each not met element receives zero points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management.

## MCO Findings by Domain

### Aetna Better Health of Louisiana

Five of 12 domains achieved full compliance while the overall compliance score was 97.0%.

### AmeriHealth Caritas Louisiana

Seven of 12 domains achieved full compliance while the overall compliance score was 98.3%.

### Healthy Blue

Eight of 12 domains achieved full compliance while the overall compliance score was 99.7%

### Louisiana Healthcare Connections

Eight of 12 domains achieved full compliance while the overall compliance score was 98.0%

### UnitedHealthcare Community Plan of Louisiana

Eight of 12 domains achieved full compliance while the overall compliance score was 98.8%

# VI. Validation of Network Adequacy

## General Network Access Requirements

In the absence of a CMS protocol for *Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(iv)*, IPRO assessed MCO compliance with the standards of *Title 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. The 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 BH emergency services, and shall take corrective action if there is failure to comply by any provider.

## 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 35** displays the LDH-established access, distance, and time standards that were applicable in CY 2021 to PCPs, specialists and BH providers.

**Table 35: Louisiana Network Access Standards**

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

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

### Technical Methods of Data Collection and Analysis

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

### Description of Data Obtained

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

## Conclusions and Comparative Findings

**Table 36** displays the MCO ratios for adult PCPs to members for CY2019, CY 2020, and CY 2021. **Table 37** displays the MCO ratios for pediatric PCPs to members for CY 2019, CY 2020, and CY 2021.

**Table 36: MCO Adult PCP-to-Member Ratios, MY 2019–MY 2021**

| Measurement Year | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 2019 | 3.90% | 1.76% | 1.54% | 1.00% | 1.10% |
| 2020 | 2.12% | 1.52% | 1.20% | 0.88% | 1.02% |
| 2021 | 1.50% | 1.29% | 1.19% | 0.88% | 1.04% |

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

**Table 37: MCO Pediatric PCP-to-Member Ratios, MY 2019–MY 2021**

| Measurement Year | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| 2019 | 1.04% | 2.12% | 2.61% | 0.99% | 1.38% |
| 2020 | 5.70% | 1.05% | 2.14% | 1.13% | 1.16% |
| 2021 | 6.62% | 1.04% | 2.21% | 1.21% | 1.50% |

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

**Table 38** displays MCO performance with regard to their GeoAccess urban and rural rates for distance.

**Table 38: MCO Adherence to Provider Network Distance Standards, June 2022**

| Specialty | Region | Standard | ABHLA[1] | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|---|---|
| Physical health | | | | | | | |
| Acute Inpatient Hospitals | Urban | 1 in 10 Miles | 89.5% | 90.9% | 89.3% | 86.3% | 90.4% |
| | Rural | 1 in 30 Miles | 99.9% | 98.5% | 99.8% | 99.9% | 99.9% |
| Adult primary care | Urban | 1 in 10 Miles | 98.5% | 97.8% | 98.8% | 99.8% | 98.8% |
| | Rural | 1 in 30 Miles | 100% | 100% | 100% | 100% | 100% |
| Allergy/Immunology | Urban | 1 in 60 Miles | | 94.6% | 99.9% | | 96.8% |
| | Rural | 1 in 60 Miles | | 85.2% | 99.6% | | 88.6% |
| | All | 1 in 60 Miles | 93.8% | | | 99.4% | |
| Cardiology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 100% |
| | Rural | 1 in 60 Miles | | 100% | 100% | | 100% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Dermatology | Urban | 1 in 60 Miles | | 90.8% | 99.9% | | 98.1% |
| | Rural | 1 in 60 Miles | | 79.2% | 96.5% | | 94.6% |
| | All | 1 in 60 Miles | 97.0% | | | 96.1% | |
| Endocrinology and Metabolism | Urban | 1 in 60 Miles | | 95.2% | 96.4% | | 97.9% |
| | Rural | 1 in 60 Miles | | 92.4% | 99.9% | | 92.1% |
| | All | 1 in 60 Miles | 98.8% | | | 92.8% | |
| FQHCs | Urban | 1 in 10 Miles | 91.0% | 87.4% | 97.3% | 88.5% | 90.1% |
| | Rural | 1 in 30 Miles | 99.8% | 99.8% | 100% | 64.4% | 99.8% |

| Specialty | Region | Standard | ABHLA[1] | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|---|---|
| Gastroenterology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 100% | 100% | | 99.9% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Hematology/Oncology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 96.2% | 97.7% | | 100% |
| | All | 1 in 60 Miles | 95.7% | | | 99.6% | |
| Hemodialysis Center | Urban | 1 in 10 Miles | 89.9% | 91.4% | | 99.7% | 89.9% |
| | Rural | 1 in 30 Miles | 97.1% | 98.3% | | 99.9% | 98.8% |
| Laboratory | Urban | 1 in 20 Miles | 92.5% | 98.6% | 99.8% | 99.9% | 99.2% |
| | Rural | 1 in 30 Miles | 66.9% | 99.9% | 100% | 99.9% | 99.9% |
| Nephrology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 99.5% | 100% | | 99.3% |
| | All | 1 in 60 Miles | 96.7% | | | 99.9% | |
| Neurology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 100% | 100% | | 99.9% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Ob/gyn | Urban | 1 in 15 Miles | 96.4% | 94.8% | 95.7% | 95.2% | 95.6% |
| | Rural | 1 in 30 Miles | 95.1% | 94.9% | 95.0% | 92.8% | 94.6% |
| Ophthalmology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 100% | 100% | | 100% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Orthopedics | Urban | 1 in 60 Miles | | 100% | 99.9% | | 100% |
| | Rural | 1 in 60 Miles | | 100% | 100% | | 100% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Otorhinolaryngology/ Otolaryngology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |
| Pediatrics | Urban | 1 in 10 Miles | 98.7% | 92.3% | 98.0% | 99.8% | 99.0% |
| | Rural | 1 in 30 Miles | 100% | 99.0% | 100% | 100% | 100% |
| Pharmacy | Urban | 1 in 10 Miles | 98.0% | 98.0% | 96.5% | 97.6% | 97.9% |
| | Rural | 1 in 30 Miles | 100% | 100% | 100% | 100% | 100% |
| Radiology | Urban | 1 in 20 Miles | 98.2% | 99.1% | 99.2% | 99.5% | 98.4% |
| | Rural | 1 in 30 Miles | 94.0% | 99.9% | 99.8% | 99.9% | 99.9% |
| RHCs | Urban | 1 in 10 Miles | 73.7% | 29.2% | 97.3% | 47.4% | 50.5% |
| | Rural | 1 in 30 Miles | 100% | 100% | 100% | 84.5% | 99.9% |
| Urology | Urban | 1 in 60 Miles | | 99.9% | 99.9% | | 99.9% |
| | Rural | 1 in 60 Miles | | 99.7% | 99.9% | | 99.1% |
| | All | 1 in 60 Miles | 99.9% | | | 99.9% | |

[1] ABHLA and LHCC only submitted statewide rates for some specialties and regions, while other plans submitted rates for both urban and rural regions.

MCO: managed care organization; ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; gray: rate unavailable; green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.

# Provider Appointment Availability

## Objectives

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

- Emergent or emergency visits immediately upon presentation at the service delivery site. Emergent, crisis or emergency BH services must be available at all times and an appointment shall be arranged within 1 hour of request.
- Urgent care within 24 hours. Provisions must be available for obtaining urgent care, including BH 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 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 BH care, routine, non-urgent appointments shall be arranged within 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 3 weeks for regular appointments and 48 hours for urgent care or as clinically indicated.
- 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 1st trimester within 14 days;
  - within the 2nd trimester within 7 days;
  - within their 3rd trimester within 3 days; and
  - 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 emergency department (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 ATR when applicable.

## Description of Data Obtained

In late December 2021, each MCO electronically submitted their provider network data that are used to populate their web directory to IPRO. To conduct the survey, IPRO selected providers for each of the state's five MCOs at the time of the study: ABHLA, ACLA, HBL, LHCC, and UHC.

The project comprised two types of calls and two provider types. Calls were made for routine appointments and non-urgent appointments. The two provider types were PCPs and pediatricians.

A "secret shopper" methodology was used to conduct the phone call survey. Surveyors were instructed to role-play as 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 2022 and April 2022.

## Conclusions and Comparative Findings

**Table 39** shows the results of the secret shopper calls by MCO and appointment type.

The overall compliance rates of 48.9% and 40.4% for routine and non-urgent calls, respectively, are substantially below the standard of 80% (data not shown). Approximately 12% of the surveyed providers were not able to be contacted among routine and non-urgent calls. Also, 41% were able to be contacted, but no appointment was made. (data not shown).

**Table 39: Appointment Availability for Network Providers, Spring 2022**

| Appointment Type | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| Routine[1] PCP | | | | | |
| # of providers surveyed | 27 | 26 | 30 | 28 | 28 |
| # of appointments made | 8 | 13 | 14 | 18 | 8 |
| Compliance rate | 29.6% | 50.0% | 46.7% | 64.3% | 28.6% |
| Routine[1] pediatric | | | | | |
| # of providers surveyed | 17 | 15 | 18 | 17 | 15 |
| # of appointments made | 6 | 10 | 12 | 11 | 8 |
| Compliance rate | 35.3% | 66.7% | 66.7% | 64.7% | 53.3% |
| Non-urgent[2] PCP | | | | | |
| # of providers surveyed | 30 | 26 | 28 | 29 | 30 |
| # of appointments made | 5 | 7 | 9 | 14 | 6 |
| Compliance rate | 16.7% | 26.9% | 32.1% | 48.3% | 20.0% |
| Non-urgent[2] pediatric | | | | | |
| # of providers surveyed | 18 | 18 | 16 | 17 | 16 |
| # of appointments made | 7 | 11 | 10 | 11 | 12 |
| Compliance rate | 38.9% | 61.1% | 62.5% | 64.7% | 75.0% |

[1] Appointment standard for routine appointments is within 6 weeks.

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

ABHLA: Aetna Better Health of Louisiana; ACLA: AmeriHealth Caritas Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

## Recommendation

IPRO recommends that LDH work with the MCOs to increase contact and appointment rates for these provider types. It is important for members to be able to access providers and obtain appointments with providers.

# VII. 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 (*Title 42 CFR § 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' MY 2021 survey data and report the results.

The following five MCOs participated in the MY 2021 CAHPS Medicaid Health Plan Surveys: ABHLA, ACLA, HBL, LHCC, and UHC.

## Technical Methods of Data Collection and Analysis

LDH required the MCOs to administer the MY 2021 CAHPS surveys according to NCQA *HEDIS Specifications for Survey Measures*.

The standardized survey instruments administered in MY 2021 were the *CAHPS 5.1H Adult Medicaid Health Plan Survey*. Adult members from each MCO completed the surveys from February to May 2022.

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 SWAs for adults (**Table 40**), children without chronic conditions (**Table 41**), and children with chronic conditions (**Table 42**) to the national Medicaid benchmarks presented in the *Quality Compass* 2022. Measures performing at or above the 75th percentile were considered strengths; measures performing at the 50th percentile were considered average, while measures performing below the 50th percentile were identified as opportunities for improvement. IPRO used the member files to create detailed reports for the Louisiana Medicaid population.

## Description of Data Obtained

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

## Conclusions and Comparative Findings

IPRO's review of adult members surveyed found that ACLA was the only MCO ranked above the 50th percentile for the Getting Needed Care measure, while all MCOs ranked above the 50th percentile for the Getting Care Quickly and Customer Service measures (**Table 40**). LHCC was the only MCO to score above the 50th percentile for the Rating of Specialist Seen Most Often measure. However, LHCC's score was impacted by a small sample size. ACLA and ABHLA were the only providers to score above the 50th percentile for How Well Doctors Communicate, with ACLA scoring above the 75th percentile (**Table 40**).

All MCOs except HBL ranked in the 50th percentile or above for the Rating of Personal Doctor measure (**Table 40**). HBL and UHC scored below the 50th percentile for the Rating of All Health Care measure, while ABHLA and LHCC scored below the 50th percentile for the Rating of Health Plan measure (**Table 40**).

Healthy Louisiana was below the 50th percentile for four adult member measures: Getting Needed Care, How Well Doctors Communicate, Coordination of Care and Rating of Specialist Seen Most Often (**Table 40**). Louisiana was between the 50th and 75th percentile on Getting Care Quickly, Rating of All Health Care, Rating of Personal Doctor and Rating of Health Plan; and at or over the 75th percentile on Customer Service (**Table 40**).

**Table 40: CAHPS Performance – Adult Member**

| CAHPS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide (Healthy Louisiana) Average | Benchmark[1] |
|---|---|---|---|---|---|---|---|
| Getting Needed Care | 80.26% | 82.93% | 79.05% | 79.46%[2] | 79.29% | 80.62% | 81.86% |
| Getting Care Quickly | 81.78%[2] | 80.60% | 83.03% | 80.41%[2] | 87.76%[2] | 82.35% | 80.22% |
| How Well Doctors Communicate | 93.03%[2] | 94.25% | 87.98%[2] | 91.28%[2] | 92.73%[2] | 92.13% | 92.51% |
| Customer Service | 91.62%[2] | 93.52% | 93.43%[2] | 90.12%[2] | 92.06%[2] | 92.43% | 88.91% |
| Coordination of Care | 84.62%[2] | 82.11%[2] | 78.72%[2] | 83.33%[2] | 87.76%[2] | 83.09% | 83.96% |
| Rating of All Health Care | 76.53%[2] | 76.40% | 74.49%[2] | 80.49%[2] | 75.79%[2] | 76.59% | 75.41% |
| Rating of Personal Doctor | 85.87%[2] | 84.76% | 82.05% | 84.07% | 86.24% | 84.56% | 82.38% |
| Rating of Specialist Seen Most Often | 78.18%[2] | 75.47% | 79.66%[2] | 87.04%[2] | 80.36%[2] | 79.39% | 83.52% |
| Rating of Health Plan | 76.87% | 81.18% | 81.70% | 77.94% | 81.51% | 80.40% | 77.98% |

[1] Benchmark used: 2022 *Quality Compass* measurement year 2021 National Medicaid mean.
[2] Small sample size.
Green shading: ≥ 75th percentile, blue shading: 50th–74th percentile, red shading: < 50th percentile.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

IPRO's review of child members without chronic condition(s) (**Table 41**) found that ACLA and LHCC were the only MCOs to score below the 50th percentile for the Getting Needed Care measure, and ACLA was the only MCO to score below the 50th percentile for member's Rating of Health Plan. LHCC and UHC ranked below the 50th percentile for the How Well Doctors Communicate measure, and ACLA and LHCC ranked below the 50th percentile for the Rating of Personal Doctor measure (**Table 41**).

All MCOs ranked at or above the 50th percentile for the Customer Service measure except UHC (**Table 41**). However, UHC's score was impacted by a small sample size. HBL ranked at or above the 50th percentile across all measures, except the Rating of Specialist Seen Most Often measure.

Healthy Louisiana was between the 50th and 75th percentile for six measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Rating of Personal Doctor, and Rating of Health Plan (**Table 41**). Healthy Louisiana was at or above the 75th percentile on for one measure (Rating of All Health Care) and scored below the 50th percentile for two measures (Coordination of Care, and Rating of Specialist Seen Most Often).

**Table 41: CAHPS Performance – Child Members Without Chronic Condition(s)**

| CAHPS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide (Healthy Louisiana) Average | Benchmark[1] |
|---|---|---|---|---|---|---|---|
| Getting Needed Care | 89.48% | 83.78% | 87.11% | 80.92%[2] | 89.04% | 86.25% | 84.19% |
| Getting Care Quickly | 84.75% | 89.51% | 89.29% | 84.66%[2] | 90.62% | 88.06% | 86.74% |
| How Well Doctors Communicate | 94.85% | 95.09% | 96.85% | 91.52%[2] | 93.65% | 94.63% | 94.16% |
| Customer Service | 94.19%[2] | 89.39%[2] | 93.18%[2] | 95.27%[2] | 84.29%[2] | 89.80% | 88.06% |
| Coordination of Care | 86.27%[2] | 74.32%[2] | 86.00%[2] | 76.47%[2] | 83.87%[2] | 81.18% | 84.71% |
| Rating of All Health Care | 91.24% | 88.55% | 93.70% | 80.49%[2] | 91.54% | 89.72% | 87.28% |
| Rating of Personal Doctor | 92.26% | 88.79% | 93.96% | 87.39% | 91.98% | 91.02% | 90.16% |
| Rating of Specialist Seen Most Often | 72.50%[2] | 89.55%[2] | 81.82%[2] | 76.92%[2] | 94.44%[2] | 85.00% | 86.54% |
| Rating of Health Plan | 87.13% | 85.71% | 89.22% | 86.78% | 90.19% | 87.80% | 86.45% |

[1] Benchmark used: 2022 *Quality Compass* measurement year 2021 National Medicaid mean.
[2] Small sample size.
Green shading: ≥ 75th percentile, blue shading: 50th–74th percentile, red shading: < 50th percentile.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana.

IPRO's review of child members with chronic condition(s) (**Table 42**) found ACLA, ABHLA and LHCC scoring below the 50th percentile for the Getting Needed Care and Getting Care Quickly. However, LHCC's Getting Needed Care and Getting Care Quickly scores were impacted by a small sample size. ACLA, ABHLA, HBL, and LHCC scored below the 50th percentile for Rating of Specialist Seen Most Often. ABHLA was the only plan to score below the 50th percentile for the Rating of Health Plan measure. All five plans scored below the 50th percentile for Coordination of Care. However, all of these scores were also impacted by a small sample size.

HBL ranked at or above the 50th percentile across all CAHPS measures except Coordination of Care and Rating of Specialist Seen Most Often. LHCC ranked at or above the 50th percentile for Rating of Health Plan. UHC ranked within or above the 75th percentile for all measures except Coordination of Care (**Table 42**).

For child members with chronic condition(s) Healthy Louisiana was between the 50th and 75th percentile for four measures: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Rating of Personal Doctor (**Table 42**). Louisiana was at or above the 75th percentile for two measures: Rating of All Health Care and Rating of Health Plan. Healthy Louisiana scored below the 50th percentile for two measures: Coordination of Care and Rating of Specialist Seen Most Often.

**Table 42: CAHPS Performance – Child Members with Chronic Condition(s)**

| CAHPS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide (Healthy Louisiana) Average | Benchmark[1] |
|---|---|---|---|---|---|---|---|
| Getting Needed Care | 86.13% | 84.36% | 90.88% | 87.21%[2] | 90.95% | 88.15% | 86.89% |
| Getting Care Quickly | 91.10% | 89.33% | 93.11% | 88.63%[2] | 94.82% | 91.73% | 90.15% |

| CAHPS Measure | ABHLA | ACLA | HBL | LHCC | UHC | Statewide (Healthy Louisiana) Average | Benchmark[1] |
|---|---|---|---|---|---|---|---|
| How Well Doctors Communicate | 96.03% | 94.91% | 97.58% | 92.69%[2] | 96.30% | 95.73% | 94.79% |
| Customer Service | 94.56%[2] | 84.19%[2] | 93.14%[2] | 88.22%[2] | 86.97%[2] | 90.31% | N/A |
| Coordination of Care | 75.99%[2] | 79.50%[2] | 78.10%[2] | 75.05%[2] | 85.35% | 79.61% | 84.65% |
| Rating of All Health Care | 87.50% | 90.51% | 88.16% | 84.85%[2] | 90.96% | 88.72% | 85.66% |
| Rating of Personal Doctor | 92.19% | 90.91% | 89.84% | 87.61% | 92.35% | 90.75% | 89.32% |
| Rating of Specialist Seen Most Often | 71.64%[2] | 83.33%[2] | 82.14%[2] | 84.21%[2] | 93.83%[2] | 83.33% | 89.32% |
| Rating of Health Plan | 82.64% | 86.91% | 83.82% | 88.98% | 89.47% | 86.37% | 83.61% |

[1] Benchmark used: 2022 *Quality Compass* measurement year 2021 National Medicaid mean.

[2] Small sample size.

Green shading: ≥ 75th percentile, blue shading: 50th–74th percentile, red shading: < 50th percentile; N/A: national Medicaid benchmark data not available in *Quality Compass*.

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

# 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 reporting year (RY) 2022, 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 2021 LA QRS Scorecard and the NCQA 2022 Measures List. IPRO created a spreadsheet with: a) the selected HEDIS/CAHPS measures; b) their NCQA 2022 weighting; c) MCO RY 2022 HEDIS/CAHPS results (MY 2021); and d) HEDIS RY 2022 Medicaid NCQA *Quality Compass* percentiles (MY 2021).
2. IPRO scored individual CAHPS and HEDIS measures by comparing each unweighted MCO RY 2022 measure rate to each corresponding unweighted *Quality Compass* RY 2022 measure percentile rates (National All Lines of Business):
   - A plan that is ≥ 90th percentile: score = 5.
   - A plan that is ≥ 66.67th and < 90th percentiles: score = 4.
   - A plan that is ≥ 33.33rd and < 66.67th percentiles: score = 3.
   - A plan that is ≥ 10th and < 33.33rd percentiles: score = 2.
   - A plan that is < 10th percentile: score = 1.
3. IPRO applied the NCQA RY 2022 measure weights to each MCO RY 2022 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) ÷ (sum of weights); then, applied the NCQA rounding rules (*NCQA 2022 Health Plan Ratings Methodology*, p. 3). A 0.5 bonus is added to the overall MCO rating for accreditation.
5. IPRO assigned QRS 2022 ratings by assigning 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).

## Description of Data Obtained

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

## Conclusions and Comparative Findings

The 2022 rating results for each MCO are displayed in **Table 43**, which shows that, with regard to overall rating of health plan, all MCOs received 3.5 points.

In the category of overall Consumer Satisfaction, UHC had the highest rating at 5 points. In the category of Prevention, each plan scored two and a half points. In the Treatment category, AET and HBL both received 3.5 points while the remainder of the MCOs scored 2.5 points (**Table 43**).

**Table 43: MCO Quality Ratings, Measurement Year 2021**

| Performance Areas[1] | ABHLA | ACLA | HBL | LHCC | UHC |
|---|---|---|---|---|---|
| Overall Quality Ratings[2] | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |
| Consumer Satisfaction | 4.0 | 4.0 | 3.5 | 4.0 | 5.0 |
| Getting Care | I | 3.0 | 5.0 | I | I |
| Satisfaction with Plan Physicians | 4.0 | 5.0 | 3.0 | 3.5 | 5.0 |
| Satisfaction with Plan Services | 3.5 | 4.0 | 3.0 | 4.5 | 4.5 |
| Prevention | 2.5 | 2.5 | 2.5 | 2.5 | 2.5 |
| Children and Adolescent Well-Care | 2.0 | 2.5 | 2.5 | 2.5 | 2.5 |
| Women's Reproductive Health | 2.5 | 2.5 | 2.5 | 2.0 | 2.0 |
| Cancer Screening | 2.5 | 3.5 | 3.5 | 3.5 | 3.0 |
| Other Preventive Services | 3.0 | 3.0 | 3.0 | 3.5 | 2.5 |
| Treatment | 3.0 | 2.5 | 3.0 | 2.5 | 2.5 |
| Respiratory | 3.0 | 2.5 | 2.5 | 2.0 | 2.0 |
| Diabetes | 3.0 | 2.5 | 2.5 | 2.0 | 3.0 |
| Heart Disease | 2.5 | 2.5 | 3.0 | 2.5 | 2.5 |
| Behavioral Health – Care Coordination | 2.5 | 3.0 | 2.5 | 2.5 | 2.5 |
| Behavioral Health – Medication Adherence | 3.5 | 2.5 | 2.5 | 3.5 | 2.5 |
| Behavioral Health – Access, Monitoring and Safety | 3.5 | 3.0 | 3.5 | 3.0 | 3.0 |
| Risk-Adjusted Utilization | 3.0 | 3.0 | 3.0 | 3.0 | 1.0 |
| Overuse of Opioids | 3.5 | 3.5 | 4.0 | 3.5 | 3.5 |
| Other Treatment Measures | 2.0 | 3.0 | 2.0 | 3.0 | 3.0 |

[1] The National Committee for Quality Assurance (NCQA) *Quality Compass* measurement year 2021 was used as benchmark.
[2] Overall ratings include the 0.5 accreditation bonus.
MCO: managed care organization; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; I: insufficient data.

# 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 44** details the IPRO assessment determination levels. **Tables 45–50** display the MCOs' responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO's assessment of these responses.

**Table 44: IPRO Assessment Determination Levels**

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

MCO: managed care organization; QI: quality improvement.

## ABHLA Response to Previous EQR Recommendations

**Table 45** displays ABHLA's progress related to the *State of Louisiana Department of Health Aetna Better Health of Louisiana Annual External Quality Review Technical Report FINAL REPORT April 2021,* as well as IPRO's assessment of Aetna's response.

**Table 45: ABHLA Response to Previous EQR Recommendations**

| Recommendation for ABHLA | ABHLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| PIPs<br>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<br><br>• Interventions that cannot be measured or are not showing improvement should be replaced.<br>• In the final report, the MCO should interpret each performance indicator based on change from baseline to final measurement.<br>It was found that the results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to a performance indicator.<br><br>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity | To ensure the validity of calculated metrics for the PIP, we have created a two-step validation process. Which requires the analyst and the Program Manager for the PIP to review and sign-off.<br><br>In addition, to ensure that we have the required support, many of the data requirements have been moved to the National team and we have a dedicated program manager for each PIP.<br><br>Metric performance, i.e., ITM being stagnate, is not related to data validity but to clear lines of ownership via an MCO. We can only work and improve things within our control; all others are items to either be influenced or left to the appropriate owners which are outside of the MCO. For example: we offered free MAT training towards certification for free in all areas of the state to increase those resources but had very low provider participation. These are not requirements we can force on Providers but merely influence them towards in an attempt to cover areas of the state where resources are low.<br><br>It is also good to understand not just the rate but the quarterly performance around metrics. For instance, our PI's for Initiation and Engagement were rather flat with slight improvement but many of our rates were in the 95th and 90th percentile for Medicaid performance across the country so trying to get a larger more impactful change would have to have come outside the MCO as our metrics showed us at the top among colleague performance. | Addressed |

| Recommendation for ABHLA | ABHLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| PIPs<br>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation<br><br>• Results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to a performance indicator.<br>• Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment.<br><br>It was found that the results must be interpreted with some caution due to intervention and ITM issues, including the inappropriate modification made to the OPH listing.<br><br>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity. | All metrics provided by the state were maintained, although additional metrics were developed and discussed in the monthly meetings. The additional metrics were created to ensure that the total population was captured and to give ABHLA a full scope of the population.<br><br>In addition, to ensure that we have the required support, many of the data requirements have been moved to the National team and we have a dedicated program manager for each PIP.<br><br>There were NO modifications done to the OPH list which clearly showed individuals screened and the results. The additions we had for outreach were related, in 2021, to the 5 risk factors clearly outlined in the PIP as a portion of screening. By identifying our enrollees with one or more risk factor, other than baby boomers, we were able to greatly improve our screening rate which then allowed a determination on HCV to be made and appropriate next steps to be consulted with members once the OPH list came out. We worked within the scope of the PIP to identify and get enrollees to screen for HCV and used the OPH list for outreach of treatment. Both of those activities were clearly required in the PIP as requirements for MCO's to complete. | Partially Addressed |
| <u>Adequate Capacity and Service</u><br>○ The MCO should improve access to Dermatology and | <u>Adequate Capacity and Service</u><br>• Aetna Better Health of Louisiana (ABHLA) is committed to ensuring that our Medicaid enrollees have access to the best quality of care in a timely manner. Network adequacy is a priority and we continuously evaluate our network | Partially Addressed |

| Recommendation for ABHLA | ABHLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| Endocrinology and metabolism specialties.<br>Confidentiality<br>○ The MCO should include this requirement in its entirety in its policies.<br>○ Aetna should add directions on how to request a hardcopy, abbreviated version of the provider directory by the Enrollment Broker to the website where the provider directory can be viewed or downloaded online.<br>○ The MCO should include this information in its online provider search.<br>Health Information Systems<br>○ 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.<br>Recommendation: The MCO should include a job description within the review period. | composition, network data and our approach to measuring adequacy and availability. Network Management Team continues to address gaps, recruit providers, monitor member feedback and complaints pertaining to access and provider service quality.<br>As a result, Network adequacy has exceeded the required 90% benchmark and has shown improvement in member access to Dermatology at 97% of Network adequacy and Endocrinology at 98% of Network adequacy including metabolism specialties.<br>Confidentiality<br>• ABHLA has instructions on how to download or request a copy of the directory on the website. Enrollees are able to look up specific providers, find COVID testing sites, etc. as well as download a copy of the directory itself. There are also instructions on how to call the call center and request a copy to be mailed if they prefer a hard copy or need it in a different language. https://www.aetnabetterhealth.com/louisiana/find-provider<br><br>Health Information Systems<br>ABHLA has updated and reviewed the A-LA 1501.03 Policy Development Revision Execution within the review period. | |
| Quality of Care Surveys – Member<br><br>Nine (9) of 27 CAHPS measures fell below the 50th percentile; the MCO | ABHLA has analyzed the results of the CAHPS survey to develop an action plan to address areas identified by enrollees as improvement opportunities. Key interventions to improve CAHPS ratings include:<br>• Increasing oversampling by 75% to increase response rate | Partially addressed |

| Recommendation for ABHLA | ABHLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| should continue to work to improve CAHPS scores that perform below the 50th percentile.<br>• The MCO should develop specific interventions to address the worst performing CAHPS measures:<br>○ Adult population:<br>▪ Getting Care Quickly (< 25th percentile)<br>▪ How Well Doctors Communicate (< 25th percentile)<br>○ Child General population: How Well Doctors Communicate (< 25th percentile) | • Sending an initial postcard announcing the upcoming survey<br>• Sending text messages in January to inform enrollees of the upcoming survey<br>• Quarterly pulse surveys to enrollees – analyze results and determine actions to take on a quarterly<br>• Establish a workgroup composed of the different areas in the plan to ensure interventions are well- rounded<br>• Survey sample of members who had a doctor's appt to ascertain their experience<br>• CAHPs survey results to be provided to providers for their input and feedback<br>• Quarterly audit (secret shopper) to determine issues with access to specialists and regular providers<br>• Provider Relations to assess the results of the quarterly audit and determine actions<br>• Present CAHPS results to Provider Advisory Board<br>• Provider Relations to continually educate providers on access<br>• Analyze geo access in rural areas | |

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

ABHLA: Aetna Better Health of Louisiana; EQR: external quality review; MCO: managed care organization; PIP: performance improvement project; ITM: intervention treatment measure; OPH: Office of Public Health; COVID: 2019 novel coronavirus; CAHPS: Consumer Assessment of Healthcare Providers and Systems; apt: appointment.

## ACLA Response to Previous EQR Recommendations

**Table 46** displays ACLA's progress related to the *State of Louisiana Department of Health AmeriHealth Caritas Louisiana Annual External Quality Review Technical Report FINAL REPORT: April 2022,* as well as IPRO's assessment of ACLA's response.

**Table 46: ACLA Response to Previous EQR Recommendations**

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| PIPs<br>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.<br><br>The MCO was advised to obtain direct member feedback from Care Management outreach in response to poorly performing ITMs.<br>It was found that the results must be interpreted with some caution due to data correction required for one of the performance indicators. | To address direct member feedback for the *Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Performance Improvement Project*, the AmeriHealth Caritas Louisiana Case Management team collected feedback from members during member outreach calls. Unfortunately, AmeriHealth experienced a high unable to contact rate with this population, successfully contacting only 29% of members within 7 days and 31% within 30 days of an ED visit with a diagnosis of AOD/SUD. Case Management Workflows were updated to improve the timing of CM outreach. Case Managers are trained in Motivational Interviewing techniques. Case Management workflows were updated to prioritize this population, closing the timeframe of the outreach. Thirty-eight percent of members contacted within 30 days agreed to CM engagement showing a positive impact of successful outreach. Of the members that declined case management, numerous reasons were captured via outreach teams. Often, members decline case management simply because they are not interested in engaging at this time. Members are not ready to accept help or treatment and reject any attempts provided by the Plan. Members also reported a stigma associated with addiction treatment. Education was provided around telehealth options to address this barrier. Additionally, members were not aware of Plan resources available around addiction help and social determinants of health. Outreach teams routinely provide education to address these barriers.<br><br>ACLA Care Management team enhanced to a more robust Integrated Care Team (ICT) delivery model. The teams are being geographically located adding Community Health Navigators in each region. As a result, Case Managers and Community Health Navigators will be conducting more in-person visits who will be utilized to assist with outreach efforts to engage this subpopulation of members, prioritizing those who are unable to reach. | Partially Addressed |

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | ACLA has active agreements with vendors and providers who provide supportive interventions for this subpopulation; ACLA will work to collaboratively to better engage the vendors and providers in this effort.<br><br>ACLA consistently evaluate and assess member needs identifying opportunities to improve quality initiatives; as a result, in 2023, ACLA is adding VAB programs and resources to target this population such the Grace ILO program,<br><br>In 2022 3rd quarter, BH Care Connectors and Case Managers received approved scripting to inform and educate members about available Crisis Continuum services to further reduce ER Utilization for this population.<br><br>To address data errors in the Performance Improvement Projects (PIPs), AmeriHealth Caritas Louisiana implemented a new process for the Quality Team Lead to request and validate all data requests for PIPs. Additionally, the Quality Team Lead has continued the second level review on all data entries to assure PIP validity.<br><br>We anticipate that our actions will improve member feedback and we will continue to monitor for effectiveness. | |
| PIPs<br>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation.<br><br>It was found that the results must be interpreted with some caution due discrepancies in the denominator of a performance indicator.<br><br>For both PIPs, the MCO should devote adequate resources and | To address data errors in the Performance Improvement Projects (PIPs), AmeriHealth Caritas Louisiana implemented a new process for the Quality Team Lead to request and validate all data requests for PIPs. Additionally, the Quality Team Lead has continued the second level review on all data entries to assure PIP validity. | Partially Addressed |

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| staff to future PIPs to correctly calculate measures and assure the PIP's validity. | | |
| Compliance with Medicaid and CHIP Managed Care Regulations<br><br>Adequate Capacity and Service<br>• The MCO should improve access to PCPs for their urban members.<br>• The MCO should assess the extent to which their in-state network is sufficient to meet the needs of individuals with a dual diagnosis of behavioral health and developmental disabilities. | As of July 2022, 98% of AmeriHealth Caritas Louisiana adult members residing in urban parishes had access to a PCP within 10 miles of their residence. Cameron and Plaquemines parishes have substantial access gaps and there are several parishes with small access issues. In all, there are roughly 236 adult members that do not have access to a provider within 10 miles of their residence.<br><br>As of July 2022, 92% of AmeriHealth Caritas Louisiana pediatric members residing in urban parishes had access to a PCP within 10 miles of their residence. Cameron, Plaquemines and Union parishes have substantial access gaps and several parishes with small access issues.<br>Many of the parishes with access issues have very limited populations which restricts the ability to recruit providers to those areas. In Plaquemines parish, Plaquemines Medical Center has a mobile unit that is utilized to serve members in some areas of the parish.<br><br>As in prior years, ACLA will continue to outreach providers in areas of need to encourage providers to expand or add needed services. In addition, Account Executives outreach PCPs and large groups to expand services or open panels that may be closed due to provider preference. ACLA has providers in network who offer telehealth services and are willing and able to offer these services to members in the identified parishes.<br><br>In 2023, AmeriHealth Caritas will begin closely examining each parish which shows a need for improved access. We will review our network in comparison to providers that we may not have in our network. Specific outreach to contract will be directed to those providers not in network. Alternate payment models will be offered as well.<br><br>Account Executives are provided with network gap analysis reports, which are reviewed monthly, along with the Network Adequacy report to identify areas and provider types that do not meet Provider Network access requirements so that targeted provider visits and outreach can be conducted accordingly. Account | Addressed |

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | Executives educate providers regarding alternate payment models to encourage participating providers to keep panels open and as a mechanism to recruit new providers.<br><br>AmeriHealth Caritas Louisiana is currently contracted with all but one of the in-state Psychiatric Residential Treatment Facilities (PRTF) and has not had issues meeting the needs of individuals with a dual diagnosis of behavioral health and developmental disabilities.<br>AmeriHealth Caritas Louisiana had one member in 2022 that was treated at an out-of-state facility. This was not due to a lack of available services for the member. In-state network facilities either refused to accept the member due to the member's issues or were unable to help the member as she had previously received treatment there without sustained benefit.<br>ACLA's Behavioral Health Medical Director, Dr. Betty Muller, and the LMMA Behavioral Health Directors Committee have been working to add or expand in-state PRTF capacity to treat members with Intellectual Disability Disorder (IDD).<br><br>Throughout 2022 ACLA has met with various providers regarding the need to add or expand access to services to meet the needs of individuals with dual diagnosis of behavioral health and developmental disabilities:<br>▪ Oceans Behavioral had plans to develop a PRTF with a separate IDD unit but decided against it.<br>▪ Devereux has several facilities across the United States. We have been in discussions with them regarding their residential program for adolescents with autism; intellectual and developmental disabilities. The program serves individuals with moderate to severe autism and/or intellectual disabilities and corresponding challenging behaviors. It is staffed with Registered Behavior Technicians and direct support professionals to provide intensive support and data collection. Individuals will have access to 24/7 nursing support.<br><br>ACLA has been working to gather information for Dr. Hussey at LDH and Dr. Coleman at Children's Hospital. Per Dr. Coleman, Children's is considering the development of a specialized unit for individuals with IDD. | |

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | Upon proof of continuing education credits, ACLA has offered to pay the registration and continuing education fees for up to seven providers to attend the National Association of Dual Diagnosis conference, which offers education on the assessment and treatment of individuals with dual diagnosis. This will increase capacity to treat these members on an outpatient basis.<br>Through these efforts, ACLA would like to have at least one to two units that specialize in treating children with dual diagnosis who are admitted to Behavioral Health inpatient facilities and at least one unit in a PRTF that specializes in treating children with IDD.<br><br>We will continue to monitor children with diagnosis of IDD that require admission to out-of-state facilities either because no beds are available or are refused admission due to severity of disability. We will also continue to work individually and with the other Healthy Louisiana MCOs to increase the capacity of outpatient and inpatient providers to assess and treat individuals with IDD. | |
| Quality of Care Surveys – Member<br><br>Nine (9) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.<br>• The MCO should develop specific interventions to address the worst performing CAHPS measures:<br>  ○ Adult population:<br>  ▪ Getting Care Quickly (< 25th percentile) | AmeriHealth Caritas Louisiana continues to work to improve CAHPS scores for both the Adult and Children surveys by identifying opportunities where the Plan performed below the NCQA 50th percentile. However, the Covid-19 Pandemic has continued to have an impact on CAHPS scores. Decreased utilization, increased telehealth medicine, and decreased staffing and resources have played a significant role in low CAHPS scores and potentially in the low response rates. Providers having less interaction with members means fewer opportunities to improve satisfaction with members.<br><br>Nonetheless, ACLA has implemented numerous projects to address these challenges and barriers. In addition to an existing Enterprise CAHPS Workgroup, four new CAHPS Subcommittee Workgroups have been established for strategic deployment and maximum impact. Subcommittees include an Off-Cycle Survey Subgroup, a Communication Subgroup, a Provider Subgroup, and a Member Preferences and Marketing Materials Subgroup. The plan has continued its local CAHPS workgroup of multidisciplinary internal departments to analyze existing initiatives and develop and implement new initiatives as opportunities are identified. We have continued to improve internal associates' CAHPS awareness through enterprise-wide | Partially Addressed |

| Recommendation for ACLA | ACLA Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| ▪ How Well Doctors Communicate (< 25th percentile)<br>○ Child General population:<br>How Well Doctors Communicate (< 25th percentile) | presentations of general CAHPS information, specifics of the Adult and Children surveys, and a detailed breakdown of the Final Results Report. Further, we have presented a more comprehensive analysis to all member-facing associates and/or departments with an emphasis on CAHPS-centered initiatives, such as end-of-call scripting. In addition to our continued efforts at increasing our associates and members awareness of CAHPS, we continued provider education/newsletters that are shared with all providers. Similar to our associate-directed CAHPS education goals, these provider newsletters were developed to provide a generalized overview of the Adult and Child CAHPS surveys, as well as a detailed breakdown of the provider-driven elements of the Final Results Report. To address the increased use in telehealth services, a new "*What To Do Before Your Virtual Visit*" flyer was developed to help improve the provider/member interaction during telehealth visits. Additionally, we have continued our post-appointment member satisfaction text and use the member responses to identify opportunities for improvement.<br><br>Results for AmeriHealth's Caritas Louisiana's most recent Child CAHPS survey results showed an improvement in only 1 of the 9 components from the prior year. However, 6 of the 9 components met or exceeded the Quality Compass 50th percentile. Results for the most recent Adult CAHPS survey results showed an improvement in 3 of the 9 components from the prior year and 5 of the 9 components met or exceeded the Quality Compass 50th percentile. | |

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

EQR: external quality review; ACLA: AmeriHealth Caritas Louisiana; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure; ED: emergency department; AOD/SUD: alcohol and other drug/substance use disorder; CM: care management; VAB: ILO: BH: behavioral health; ER: emergency room; CHIP: Children's Health Insurance Program; PCP: primary care provider; LDH: Louisiana Department of Health; CAHPS: Consumer Assessment of Healthcare Providers and Systems; NCQA: National Committee for Quality Assurance; Covid-19: 2019 novel coronavirus.

## HBL Response to Previous EQR Recommendations

**Table 47** displays HBL's progress related to the *State of Louisiana Department of Health Healthy Blue Annual External Quality Review Technical Report FINAL REPORT April 2021,* as well as IPRO's assessment of HBL's response.

**Table 47: HBL Response to Previous EQR Recommendations**

| Recommendation for HBL | HBL Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| PIPs<br>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<br><br>• The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.<br>• There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis.<br>• For barrier analysis, the MCO could obtain member feedback from care manager outreach.<br>• For barrier analysis, the MCO could obtain provider feedback.<br>• Barrier analysis should be used to tailor interventions | • What has the MCO done/planned to address each recommendation?<br>Healthy Blue's HEDIS metrics overall were impacted by both the COVID-19 pandemic and natural disasters in the state in 2021 through and continuing in 2022. In an effort to fully evaluate the impact of these items, Healthy Blue met with the other MCOs and was able to confirm that the impacts were state-wide, especially as they relate to BH / SUD measures. Due to the overall declines across the outcomes within the state, Healthy Blue continued and expanded the HEDIS Taskforce and Provider Outcomes workgroups, wherein interventions related to barriers and opportunities are developed. Included in this were the following interventions:<br><br>Internal remediation tasks for – Improving Access to Follow-Up Appointments, Care Transition Planning, Desktop Processes<br>The purpose of these internal tasks is to ensure focus remains on these items as a top priority to improve the health and wellbeing of our members. Updates must be made by the 15th of each month in order to keep driving forward. Interventions that have been implemented include:<br>○ Creation of BH Operations Manual for internal use by UM and other departments as a how-to for all things BH<br>○ Provider outreach and communication on discharge planning for providers who have not indicated a follow-up appointment for our members<br>○ Provider education on One Tele Med, Merakey, and Navigator Programs<br>○ Pilot program with Ready Responders at River Oaks with the interest to expand to other regions with this vendor to assist with discharge outcomes<br>○ Addition of Gold Card Program | Partially Addressed |

| Recommendation for HBL | HBL Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| to address susceptible subpopulations.<br>• Intervention 3a ITM was calculated incorrectly.<br>• ITMs should have been updated to meaningfully measure the intervention.<br>It was found that the results must be interpreted with some caution due to the ITM issues and a correction needed to a performance indicator. | With regards to the suggestions presented by IPRO, Healthy Blue understands the importance of accurate and complete data and will ensure reports are reflective of the most accurate and complete data obtainable.<br>○ Training/retraining for all new and tenured Quality associates for proper report documentation was completed in September 2022<br>○ Healthy Blue is focused on bolstering data capabilities in order to stratify data to drill down more effectively in regard to relevant demographic and health equity disparities to identify and close gaps<br>○ Healthy Blue understands the value of obtaining member and provider feedback and will continue to gather and review this information as it relates to the PIPs<br><br>• When and how was this accomplished? For future actions, when and how will they be accomplished?<br>Interventions are developed using SMART goals and monitored on a monthly basis by the QM department. The HEDIS Taskforce and PIP Workgroups meet at minimum monthly to assess & monitor interventions to identify areas of opportunity.<br><br>• What is the expected outcome of the actions that were taken or will be taken?<br>It is expected that the efforts above will result in improvement of HEDIS and STARS metrics and overall health and well-being for the members Healthy Blue serves.<br><br>• What is the MCO's process for monitoring the actions to determine their effectiveness?<br>Healthy Blue uses multiple quality foundations to assess effectiveness of interventions such as, PDSA cycles, Cause/Effect Diagrams, Benchmark Reporting and Root Cause Analysis.<br><br>• If a recommendation in the 2022 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. | |

| Recommendation for HBL | HBL Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | Each year, Healthy Blue evaluates the success of prior programs and modifies as necessary:<br>- New Custom Provider Incentive Programs and expansion of value-based programs<br>- New and revised member text campaigns<br>- Internal remediation action plans<br>  ○ Improving Access to Follow-Up Appointments<br>  ○ Care Transition Planning<br>  ○ Desktop Processes | |
| PIPs<br>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.<br><br>• The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.<br>• There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis.<br>• For barrier analysis, the MCO could obtain | • What has the MCO done/planned to address each recommendation?<br>Healthy Blue is committed to offering top access to care and treatment for our members. Healthy Blue has a process in place for Case Management to speak with all members engaged in CM that meet the screener criteria to be address with the member and offer assistance to schedule with the member's Primary Care Provider for screening and treatment where needed. Pharmaceutical treatment for HCV is a part of the Care Coordination at Healthy Blue to ensure timeliness of initiation and adherence to medication therapy. Healthy Blue has initiated conversations with Red Ribbon for a provider education program. The program identifies providers with verified HIV/HCV-specific knowledge and capabilities to deliver high-quality, culturally competent integrated care to Healthy Blue's HIV/AIDS/HCV-afflicted members. Healthy Blue bestows the Red Ribbon designation to distinguished providers (including Ryan White providers) who are experts in holistically treating HIV/AIDS/HCV patients. These providers have successfully met rigorous standards to establish accountability in delivering quality care. With regards to the suggestions presented by IPRO, Healthy Blue understands the importance of accurate and complete data and will ensure reports are reflective of the most accurate and complete data obtainable. Training/retraining for all new and tenured Quality associates for proper report documentation was completed in September 2022. Healthy Blue is focused on bolstering data capabilities in order to stratify data to drill down more effectively in regard to relevant demographic and health equity disparities to identify and close gaps. Healthy Blue understands the value of obtaining member and provider feedback and will continue to gather and review this information as it relates to the PIPs. | Partially Addressed |

| Recommendation for HBL | HBL Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| member feedback from care manager outreach.<br>• For barrier analysis, the MCO could obtain provider feedback.<br>• Barrier analysis should be used to tailor interventions to address susceptible subpopulations.<br>• Intervention 3a ITM was calculated incorrectly.<br>• ITMs should have been updated to meaningfully measure the intervention.<br>• Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment.<br>• It was found that the result must be interpreted with some caution due to issues with intervention tracking measures.<br>For both PIPs, the MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity. | • When and how was this accomplished? For future actions, when and how will they be accomplished?<br>Interventions are developed using SMART goals and monitored on a monthly basis by the QM department. The HEDIS Taskforce and PIP Workgroups meet at minimum monthly to assess & monitor interventions to identify areas of opportunity. Preliminary conversations have begun with Red Ribbon and will continue in 2023 to lift this program off the ground.<br><br>• What is the expected outcome of the actions that were taken or will be taken?<br>It is expected that the efforts above will result in improvement of HEDIS and STARS metrics and overall health and well-being for the members Healthy Blue serves.<br><br>• What is the MCO's process for monitoring the actions to determine their effectiveness?<br>Healthy Blue uses multiple quality foundations to assess effectiveness of interventions such as, PDSA cycles, Cause/Effect Diagrams, Benchmark Reporting and Root Cause Analysis.<br><br>• If a recommendation in the 2022 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.<br>Each year, Healthy Blue evaluates the success of prior programs and modifies as necessary:<br>- New Custom Provider Incentive Programs and expansion of value-based programs<br>- New and revised member text campaigns<br>- Provider education tools and community events to provide educational materials | |

<table>
<tr><th>Recommendation for HBL</th><th>HBL Response/Actions Taken</th><th>IPRO Assessment of MCO Response[1]</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Compliance Review<br><br>The MCO should improve access for allergy/immunology, Dermatology, Endocrinology and Metabolism, and Hematology/Oncology specialties.</td><td>Network gap monitoring and analysis is a perpetual process of identifying gaps, managing membership and provider recruiting. Healthy Blue's methodology for identification and addressing network gaps is in Appendix A - Identification and Addressing Network Gaps. The plan has developed this process over time.<br><br>Each provider type is handled using this same methodology and it is being used to address access for allergy/immunology, Dermatology, Endocrinology and Metabolism, and Hematology/Oncology specialties. As depicted below, from January 2021 through July 2022, access for these provider types has improved, with Allergy/Immunology and rural Endocrinology/Metabolism now meeting requirements.
<table>
<tr><th>Provider Type</th><th>Parish Type</th><th>Jul-22</th><th>Jan-22</th><th>Jul-21</th><th>Jan-21</th></tr>
<tr><td>Allergy/Immunology</td><td>Rural</td><td>100%</td><td>100%</td><td>97%</td><td>95%</td></tr>
<tr><td>Dermatology</td><td>Rural</td><td>97%</td><td>97%</td><td>97%</td><td>97%</td></tr>
<tr><td>Endocrinology and Metabolism</td><td>Urban</td><td>97%</td><td>97%</td><td>96%</td><td>97%</td></tr>
<tr><td>Endocrinology and Metabolism</td><td>Rural</td><td>100%</td><td>100%</td><td>98%</td><td>97%</td></tr>
<tr><td>Hematology/Oncology</td><td>Rural</td><td>98%</td><td>98%</td><td>98%</td><td>96%</td></tr>
</table>
Please see Attachment 1 - HBL_PI_220_July_2022_PH_Network_Adequacy_GEO_Access. Outreach tracking can be found in Attachment 2 - 2022 Provider Network Gap outreach documentation.<br><br>For the remaining provider types, the contracting team has determined there are no providers within the geo access area or that are willing to accept Medicaid rates. For these cases, Healthy Blue will request a geo access exception with the State and continue monitoring these areas and work with our provider partners to improve access.<br><br>The expected outcome is that Healthy Blue will meet all State geo access requirements or receive an exception from the State. Healthy Blue will be preparing an exception request to the State based on the 2023 State Contract.</td><td>Addressed</td></tr>
</table>

[1] IPRO assessments are as follows: **addressed**: MCO's quality improvement (QI) response resulted in demonstrated improvement; **partially addressed**: MCO's QI response was appropriate; however, improvement was not yet observed; **remains an opportunity for improvement**: MCO's QI response did not address the recommendation; improvement was not observed or performance declined.
EQR: external quality review; HBL: Healthy Blue of Louisiana; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure; HEDIS: Healthcare Effectiveness Data and Information Set; COVID-19: 2019 novel coronavirus; BH: behavioral health; SUD: substance use disorder; SMART: Specific, Measurable, Achievable, Relevant, and Time-Bound; QM: quality management; STARS: CMS five-star quality rating system; PDSA: plan-do-study-act; CM: care management; HIV: human immunodeficiency virus.

## LHCC Response to Previous EQR Recommendations

**Table 48** displays LHCC's progress related to the *State of Louisiana Department of Health Louisiana Healthcare Connections Annual External Quality Review Technical Report FINAL REPORT April 2021,* as well as IPRO's assessment of LHCC's response.

**Table 48: LHCC Response to Previous EQR Recommendations**

| Recommendation for LHCC | LHCC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| **PIPs**<br>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<br><br>• Specify the ITM to monitor use of SBIRT billing codes, as indicated, for greater clarity and accuracy of monitoring the intervention to educate providers about evidence-based SBIRT screening guidelines and billing.<br>• Specify ASAM education intervention and corresponding ITMs to show how provider education for ASAM was targeted to the appropriate provider types.<br>• Implement interventions to educate ED providers and PCPs about SBIRT. | Louisiana Healthcare Connections created a performance improvement project workgroup dedicated to the IET PIP and comprised of members from each organizational department with an opportunity to impact the identified project goals, interventions, and outcomes. Throughout 2021, monthly workgroup meetings provided the format for ongoing review and discussion performance indicator (PI) progress towards target rates and intervention tracking measure (ITM) outcomes. Workgroup attendees reviewed data trends and discussed barriers impeding successful PI/ITM outcomes, working to identify root cause for lagging or stagnant rates and collaborating to develop new strategies and/or messaging to engage members and providers. Oversight of PIP workgroup activities were maintained with leadership engagement through Performance Improvement Team and Quality Assurance and Performance Improvement Committee (QAPIC) meetings.<br><br>Interventions and corresponding ITMs incorporated provider education topics that included utilization of the SBIRT approach (ITM 2A/2B) and SBIRT billing codes (ITM 2C), access to ASAM education modules (ITM 1), and access to in-network providers for referral of members with suspected SUD diagnoses (ITM 3B/3C). Provider Network teams delivered these education topics monthly/quarterly through provider education visits and tracked/reported delivery of this education through multiple ITMs. Provider feedback received during education visits was discussed during workgroup meetings and considered in the development of new messaging and strategies. SBIRT and ASAM education modules were offered monthly and upcoming dates were updated and distributed electronically and on flyers in conjunction with education visits. Additionally, a list of in-network MAT providers was posted to our provider resource site and distributed using a custom URL address to Louisiana ED departments and included in provider education visits. The SBIRT and ASAM education modules, as well as the In-network MAT list, remain up-to-date and available from our website. These education/resources, along with the HEDIS Quick Reference Guide, Find a Provider and Find a Specialist tools have been | Addressed |

| Recommendation for LHCC | LHCC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| • Add an ITM to monitor the intervention to provide ED providers with listings of qualified providers for referral of members with suspected SUD for appropriate ASAM 6 Dimension risk evaluation.<br>• Implement an intervention that targets case management outreach to members with special health care needs with a corresponding ITM to monitor progress of this intervention.<br>It was found that the results must be interpreted with some caution due to issues with ITMs. | incorporated into ongoing provider education visits and are anticipated to increase referral resources available to the provider when needed.<br><br>Louisiana Healthcare Connections targets outreach and support to members identified within the Special Health Care Needs (SHCN) population on an ongoing basis as part of its risk stratification and prioritization model. This population is comprised, in part, of members with alcohol and other drug abuse or dependence and includes members with co-occurring mental health and substance use disorders, with intravenous drug use, pregnant women with substance use disorders or co-occurring disorders, individuals with substance use disorders who have dependent children. The IET PIP included interventions and ITM tracking related case management and community health services outreach to the SHCN population and resulting outcomes (ITM 4A/4B). These teams have continued outreach efforts, and incorporated field visits as an additional strategy now that COVID-19 restrictions have been lifted and infection rates have lowered. Additionally, a provider partnership in Regions 1 and 2 allowed for a small study to determine whether in-home/in-person provider visits might impact members with SUD diagnoses. Lastly, provider notifications have been incorporated to increase provider insight into member treatment patterns. These interventions were tracked and measured as part of the subsequent Behavioral Health PIP, BH TOC. | |
| **PIPs**<br>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation<br><br>ITMs could be improved. One ITM duplicated the performance indicator and the denominators of other ITMs were not appropriate.<br><br>It was found that the results must be interpreted with some | Previously identified issues with ITM's and population denominators were associated with preliminary feedback and were addressed/resolved upon submission of our final reports, as documented by IPRO in the 1/19/22 review of the Final HCV PIP submitted 12/31/21. In accordance with routine performance improvement processes, feedback from both EQRO guidance and dialogue shared across MCO's during collaborative meetings were considered for internal review and potential action to target areas needing improvement.<br><br>During the project, the following initiatives/actions included member outreach campaigns with targeted outreach communications including telephonic, direct mail, and automated dialing technologies to broaden scope of member contact efforts for the larger group of age cohort members; expansion and incorporation of HCV education, assessment, and appointment assistance into each member touchpoint in order to facilitate member education, treatment, and screening appointment | Addressed |

<table>
<tr><th>Recommendation for LHCC</th><th>LHCC Response/Actions Taken</th><th>IPRO Assessment of MCO Response[1]</th></tr>
<tr><td>caution also due to issues with intervention tracking measures.</td><td>scheduling. Provider outreach included distribution of member care gap reports identifying screening and treatment status were incorporated into the Secure Provider Portal and updated monthly. Provider network teams provided education regarding LDH resources and collaterals including screening guidelines and treatment algorithms, incorporating these into provider visit agendas for distribution/presentation during virtual visits as well as online distribution of collaterals including screening and treatment algorithms (website, blogs, social media). Louisiana Healthcare Connections also collaborated with LDH and other MCOs to align resources and standardize messaging directed to providers.</td><td></td></tr>
<tr><td>Compliance Review<br><br>The MCO should improve access to ob/gyn and endocrinology and metabolism specialties.</td><td><u>Network Evaluation Background:</u><br>LHCC analyzes its network adequacy on a quarterly basis by running GEO Access reports for all contracted providers based on the network adequacy guidelines outlined in the LDH System Companion Guide. These reports measure the geographic location of the provider and the member considering distance. In addition, LHCC holds quarterly Quality Assessment Performance Improvement Committee (QAPIC) meetings where the different Management Teams discuss network issues by region such as network gaps, potential accessibility issues, single case agreements, provider complaints, member complaints, and utilization trends. The team monitors member growth trends month over month by product type to anticipate potential areas of need. The provider network is continuously monitored to make sure it meets the needs and capacity of LHCC members. Any gaps are reported to LDH through the Quarterly Network Adequacy reporting process.<br>During the External Quality Compliance Review, LHCC reviewed our OB/GYN and Endocrinology and Metabolism network adequacy scores, contracting efforts, and action plan with the IPRO representatives.<br><br>
<table>
<tr><th colspan="2">OB/GYN Urban</th></tr>
<tr><td>Medicaid Network Adequacy Requirement</td><td>Travel distance shall not exceed 15 miles for all urban members.</td></tr>
<tr><td>LHCC’s Network Adequacy Score</td><td>• 95.3% of urban members have access.<br>• There were no parishes with 0.00% access.</td></tr>
</table>
</td><td>Addressed</td></tr>
</table>

| Recommendation for LHCC | LHCC Response/Actions Taken | | IPRO Assessment of MCO Response[1] |
|---|---|---|---|
| | Notes | Research indicated that the urban parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, metro, micro or rural with travel distances requirements ranging from 30-110 miles. | |

| **OB/GYN Rural** | |
|---|---|
| Medicaid Network Adequacy Requirement | Travel distance shall not exceed 30 miles for all rural members. |
| LHCC's Network Adequacy Score | • 92.6% of urban members have access.<br>• There were no parishes with 0.00% access. |
| Notes | Research indicated that the rural parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, micro or rural with travel distances requirements ranging from 60-110 miles. |

| **Endocrinology & Metabolism** | |
|---|---|
| Medicaid Network Adequacy Requirement | Travel distance shall not exceed 60 miles for all members. |
| LHCC's Network Adequacy Score | • 91.8% of members have access. |
| Notes | Research indicated that the rural parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, micro or rural with travel distances requirements ranging from 75-130 miles. |

**Barriers**

Some Louisiana providers are unwilling to participate in Medicaid, often citing perceived barriers associated with administrative burden, missed appointments, and

| Recommendation for LHCC | LHCC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | financial impacts. Through high-touch provider engagement, enhanced reimbursement, and innovative value-based incentive models, we try to mitigate these issues. We also minimize the burden of no-shows through our enhanced transportation benefit and targeting outreach to help enrollees make and keep appointments.<br><br>Provider shortages across Louisiana present the most significant challenge: more than half of Louisiana's parishes are designated as geographic health professional shortage areas. In many of these parishes, the providers needed to meet distance standards simply do not exist.<br>**Action Plan**<br>In an effort to identify targets:<br>• LHCC compared our network to our competitor's network especially those with other lines of business using their online FAP tools.<br>• After comparing networks and validating practitioner availability, the analysis revealed that there were no additional providers that would fill the needed gaps.<br>• LHCC performed extensive online searches using tools such as Healthgrades and Web MD to identify OB/GYN and Endocrinology & Metabolism providers to fill the needed gaps. The analysis revealed that there were **no available providers within the distance requirements that would fill the gaps.**<br>• We reviewed Single Case Agreements executed since January of 2020 to current for potential contracting opportunities.<br>• There were no SCAs completed for OB/GYN or Endocrinology & Metabolism services with providers located in the State.<br><br>In an effort to increase accessibility, LHCC's action plan included the following strategies:<br>• LHCC has and will continue to contract with any available providers in the State.<br>• As an incentive to join LHCC's network, LHCC offers OB/GYN's a robust incentive compensation which gives providers the opportunity to supplement Medicaid reimbursement.<br>• Encouraged FQHC's to use mobile outreach | |

| Recommendation for LHCC | LHCC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | • OB/GYN: LHCC is exploring the use of a virtual maternity care program using Pomelo Care.<br>• Encourage the use of telemedicine platforms: Through our partnership with ***LSU, Louisiana Children's Medical Center, Baton Rouge Clinic, and Ochsner,*** we have expanded specialty care, including dermatology, endocrinology/metabolism, and allergy/immunology via telehealth.<br><br>**Summary**<br>Overall, LHCC's network was not experiencing any access issues with members accessing needed care or providers accepting Medicaid patients at the time of this review nor do we have any identified issues/trends at present. There were no interruptions to care or unmet needs for any level of care at the time of post-review. All members have received needed care in a timely manner. LHCC has and will continue to contract with any available provider in the State to help close gaps.<br>LHCC will continue the below strategies to enhance the network including:<br>• Monitoring our Competitor's Network especially those with other lines of business using online FAP tools to identify potential providers.<br>• Prior to contracting, LHCC will verify the provider is available and accepting patients as well as providing the level of care indicated.<br>• Search online tools to identify potential providers.<br>• Work with Louisiana Health Standards and the Medical Examiners Board to identify newly licensed providers.<br>• LHCC's Provider Consultants will continue to meet with primary care providers to identify referral patterns for specialists.<br>• We review SCA's for potential contracting opportunities.<br>• Offer innovative value-based incentive models | |

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

EQR: external quality review; LHCC: Louisiana Healthcare Connections; MCO: managed care organization; LHCC: Louisiana Healthcare Connections; PIP: performance improvement project; ITM: intervention tracking measure; SBIRT: Screening, Brief Intervention, and Referral to Treatment; PCP: primary care provider; ASAM: The American Society of Addiction Medicine; SUD: substance use disorder; MAT: medication-assisted treatment; ED: emergency department; COVID-19: 2019 novel coronavirus; BH: behavioral health; TOC: EQRO: external quality review organization; LDH: Louisiana Department of Health; ob/gyn: obstetrics/gynecology; CMS: Centers for Medicare and Medicaid; CEAC: SCA: single case agreement; LSU: Louisiana State University; FAP: Find a provider.

## UHC Response to Previous EQR Recommendations

**Table 49** 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 49: UHC Response to Previous EQR Recommendations**

| Recommendation for UHC | UHC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| PIPs<br>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<br><br>It was not clear how interventions targeted identified susceptible subpopulations.<br><br>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. | While the 2020 PIP did not address subpopulations, the 2021 PIP added a review of susceptible subpopulations. The review identified a disparate subpopulation based on geography. Our analysis of susceptible populations included a review of the POD measure as well as rates of overdoses reported by emergency rooms throughout the state. Two geographic regions, the Metropolitan and Florida Parishes, were identified for focus due to having the highest rate of members with diagnoses involving an overdose. In response, several interventions were implemented in the Metropolitan and Florida Parishes.<br>Training, Care Coordination, and provider recruitment efforts were increased in the identified parishes starting in 2021. An on-demand training was developed with ASAM which covers initiation of MAT in emergency department settings. A second training is available through Optum Health Education on the identification, treatment, and referral of substance use disorders in a primary care setting. The trainings became available on 10/31/2021. They are being continuously promoted in quarterly meetings with providers in the identified parishes. The providers who have completed the training are reported monthly.<br>Beginning 1/1/2022, a contract with Eleanor Health, a specialty substance use provider, was implemented. Eleanor Health is providing outreach to individuals with an identified substance use disorder. They provide both Care Coordination and outpatient treatment options for members in the Florida and Metropolitan Parishes. Rates of outreach and engagement of members by Eleanor Health are tracked quarterly.<br>Attempts to recruit additional providers for MAT and facility-based substance use treatment has been ongoing since 2021. Optum's Network team has reached out to the substance use providers and facilities in the Florida and Metropolitan Parishes who are licensed within the state but not currently in-network to attempt to recruit those who provide appropriate services or programs. They have also reached out to in-network providers to confirm their programming and discuss the addition of programs to expand treatment for additional populations or other levels of care. | Addressed |

| Recommendation for UHC | UHC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| | Two new providers in the Metropolitan and Florida Parishes were added in 2022. The most recent attempts at calling and emailing providers and facilities occurred during 9/2022. The Network Department is tracking their outreach attempts and responses.<br>By providing education on identification, treatment, and referral of substance use disorders and increasing outreach and treatment options for members residing in Metropolitan and Florida Parishes, it is expected that rates for FUA, FUI, IET, and POD will increase in the areas. Successful implementation of the interventions should also decrease the rates of overdose seen in emergency departments in the targeted areas. | |
| PIPs<br>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.<br><br>• It was recommended that the plan use claims/encounter data to identify disparities in screening and treatment among demographic groups.<br>• It was recommended that the plan obtain direct member feedback to identify barriers to HCV screening and treatment.<br>• It was recommended that the plan obtain direct provider feedback to identify barriers | The health plan utilized claims and encounter data to identify disparities in screening and treatment. Preliminary data showed that members who were HCV positive and in need of treatment also were in need of the COVID 19 Vaccine. A mutual PIP goal alignment between the HCV PIP and the Covid-19 PIP was Implement with a combined stratified outreach approach to target the members who are immunocompromised and at highest risk for potential disease complication exacerbations.<br>Direct member feedback indicated that members potentially not aware of resources available to them. With this in mind, the health plan sponsored our "United with Pride" community Pride event series and sponsored events in Baton Rouge, Shreveport, and New Orleans where information and member fliers were shared regarding not only HCV but Covid-19 vaccine information and colorectal screening as well. The combined events were attended by 4000 plus attendees this increasing our footprint in the community and member awareness.<br>Direct provider feedback barrier analysis indicates that there is a potential issue noted for noncompliance for some HCV members in adhering to follow up appointments for labs and treatment completion. The health plan continued the HCV treatment initiation incentive and additionally the health plan has also implemented an SDOH incentive for providers to identify at risk members who have issues around housing and food insecurities, etc. as these are risk factors that could potentially and adversely contribute as confounding factors that affect member compliance. The health plan also continues to stress the transportation benefit to all members and providers as transportation benefit awareness is a noted barrier across all PIPs. | Addressed |

| Recommendation for UHC | UHC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| to HCV screening and treatment.<br>• Barrier analysis to identify the barriers to HCV screening is merited.<br>• The planned texting intervention to address the lack of successful contact for scheduling of HCV screening appointments is not based upon barrier analysis.<br>• Intervention 2 had no impact, as evidenced by no members with a scheduled PCP appointment for HCV screening among targeted members.<br><br>It was found that results must be interpreted with some caution due to issues with ITMs and incorrectly calculated performance indicators.<br><br>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity. | The multi-disciplinary team will continue to monitor the progress of the PIP and work closely to address any additional recommendations. | |
| Compliance Review<br><br>Adequate Capacity and Service<br>• Finding: Distance and/or time requirements were | UHC has addressed the Network recommendations for improving access to Dermatology and Endocrinology/Metabolism specialties. This was accomplished through: | Addressed |

| Recommendation for UHC | UHC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| not met for Dermatology, Endocrinology, and Metabolism.<br>• Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. | • Updating the Member Handbook and Network Provider Development Management Plan that clearly documents provider geographic availability, including measures for identifying gaps.<br>• UHC will continue to document efforts with providers whenever possible and will consider negotiating higher reimbursement/incentive for Dermatology and Endocrinology to fill the gaps in access.<br>• UHC will continue to monitor Network Adequacy and Accessibility per our Network Development Management Plan and our Network Variance Tracking Standard Operating Procedure.<br>• Monthly reviews are done to include continual monitoring processes to evaluate the availability of providers and opportunities to close gaps with additional provider contracts are pursued as they become available.<br>While providers may not be available to resolve some gaps identified in Dermatology and Endocrinology/Metabolism through network contracting, we are committed to supporting enhanced access to care providing non-emergency transportation and utilizing Telemedicine and are working to put an iPad pilot in place. | |
| Coordination and Continuity of Care<br>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 | The Coordination and Continuity of Care team- will deploy policies and procedures currently in use by programs in WPC and other programs under Case Management. The staff will attend a structured teaching and training session to address areas in clinical documentation, effective communication to facilitate care coordination, continuity and comprehensive care services and management. Leadership team to dialogue with staff and ensure appropriate staffing assignments. The assigned Managers to conduct ongoing random sampling of staff charts through audits to ensure compliance. The manager to discuss chart audits with next level management team member or designee twice monthly and submit report to Leadership or designee monthly.<br><br>Examples:<br><br>LA 010.1.9.1 Chart Audit CM Process Jo<br>Specialty Case Manager Chart Audi | Partially Addressed |

| Recommendation for UHC | UHC Response/Actions Taken | IPRO Assessment of MCO Response[1] |
|---|---|---|
| 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. | POLICY NCM 007. Once a member is engaged in case management the case manager will interact with the physician or provider.<br>1. Notification of enrollment in case management, as appropriate<br>2. Requesting additional, relevant information regarding the member's needs<br>3. Facilitating referrals orders for specialty care and/or ancillary services to meet member's needs, such as behavioral health, home health and/or DME<br>4. Collaborating in the development of the member's plan of care (POC)<br>5. Inviting and participating in the member's interdisciplinary case conferences<br>6. Discussing safety and/or adherence issues<br>7. Notifying of case closure, as required | |

[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; COVID-19: 2019 novel coronavirus; PCP: primary care provider; SDOH: social determinants of health; MAT: medication-assisted treatment: WPC: : DME: durable medical equipment.

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

*Title 42 CFR §438.364(a)(4)* states that EQR technical reports must include an assessment of strengths and weaknesses, as well as recommendations for each managed care entity. **Tables 50–54** highlight each MCO's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2022 EQR activities as they relate to **quality**, **timeliness**, and **access**.

## ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations

**Table 50: ABHLA Strengths and Opportunities for Improvement, and EQR Recommendations**

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Strengths | | | | |
| **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 | Performance Indicators:<br>• Indicator 1 Initiation of treatment for alcohol abuse/dependence increased by 4.75 percentage points from 48.635 CY 2018 to 53.38% during 1/1/21-YTD, exceeded the target rate, and the target rate was set higher for ongoing improvement.<br>• Indicator 2 Initiation of treatment for opioid abuse/dependence increased by 6.91 percentage points from 62.07% in CY 2018 to 68.98% during 1/1/21-YTD.<br>• Indicator 5 Engagement in treatment for opioid abuse/dependence increased by 6.98 percentage points from 27.24 in CY 2018 to 34.22 during 1/1/21-YTD.<br>Intervention Tracking Measures:<br>• ITM 2: First-line provider educational materials on screening, brief intervention and referral received by 100% of providers in Q4.<br>• ITM 5a: ED provider educational materials on 7- and 30-day follow-up received by 100% of ED and follow-up practitioners in Q4.<br>• ITM 5b: List of qualified AOD providers received by 100% of ED providers.<br>• ITM 9: ITM 9 monitors the proportion of members previously admitted to any ASAM level for OUD who were engaged with follow-up 30 days after an ASAM facility visit, with quarterly 2021 rates ranging from 85.3 to 91.59%.<br>• ITM 11: ITM 11 monitors the proportion of members discharged from inpatient detox and who were admitted to a lower-level treatment for continuity of care within 30 days off discharge and showed improvement from 34.55% in Q1 2020 to 50.78% in Q4 2021. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | Performance Indicators:<br>• Indicator 2a Enrollees with HCV risk factors who were ever screened for HCV infection increased by 9.01 percentage points from 33% in CY 2019 to 42.01% during 1/1/21-YTD.<br>• Indicator 3a HCV Treatment Initiation-Overall increased 15.06 percentage points from 16% in CY 2019 to 31.06% during 1/1/21-YTD and exceeded the original and stretch target rates of 26% and 30%, respectively. | -- | -- | X |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Indicator 3b HCV Treatment Initiation- Persons who use drugs increased by 17.55 percentage points from 14% in CY 2019 to 31.55% during 1/1/21-YTD and exceeded the original and stretch target rates of 24% and 30%, respectively.<br>• Indicator 3c HCV Treatment Initiation- Persons with HIV increased by 39.47 percentage points from 7% in CY 2019 to 46.47% during 1/1/21-YTD and exceeded the original and stretch target rates of 17% and 45%, respectively.<br>Intervention Tracking Measures:<br>• ITM 7a pregnant women screened for HCV ranged from 34.71% to 40.51% in 2021, with 40.51% screened in QTR 4. | | | |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | 1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:<br>• Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.33 percentage points from 17.98% to 44.66% (April 2021 to December 2021).<br>• Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.69 percentage points from 9.66% to 39.16% (April 2021 to December 2021).<br>• Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.57 percentage points from 8.06% to 25.90% (July 2021 to December 2021).<br>• Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.03 percentage points from 5.82% to 20.96% (July 2021 to December 2021).<br>2. Approved Incentive Arrangement (AIA) Progress<br>• Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 12.48 percentage points from 25.39% to 37.87%.<br>• Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 6.84 percentage points from 31.21% to 38.05%.<br>• Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 4.65 percentage points from 20.48% to 25.13%.<br>3. Intervention tracking measures that showed improvement: | -- | -- | **X** |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • ITM 1B. The percent of enrollees ages 16+ who are not engaged in CM and had an appointment made for COVID-19 vaccination increased from 17.22% in April 2021 to 45.69% on December 13, 2021. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | 1. Performance Indicator Improvement:<br>• Indicator 1 increased by 7.9 percentage points from 8.93% in CY 2020 to 16.83% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%.<br>• Indicator 2 increased by 8.41 percentage points from 9.72% in CY 2020 to 18.13% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated baseline statewide rate of 18.25% for 2018 and below the target rate of 28.25%.<br>• Indicator 3 increased by 6.7 percentage points from 5.72% in Cy 2020 to 12.42% in 2021 (1/1/21-11/1/21); however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%.<br>2. Intervention Tracking Measure performance:<br>• Provider education ITM 1 increased from 5.72% in Q1 2021 to 60.54% in Q4 2021.<br>• The distribution of member gap reports to providers ITM 2 increased from 10.38% in Q2 2021 to 18.03% in Q4 2021.<br>• The ITM to monitor educational outreach to geographic disparity populations increased from 12.58% in Q1 2021 to 24.77% in Q4 2021. | -- | X | X |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | The project topic includes an in-depth discussion of the demographic characteristics of the ABHLA enrollee population diagnosed with HCV. | X | -- | X |
| **PIP 6:** Behavioral Health Transitions in Care | • The plan utilized the following QI tools: Fishbone diagram, Priority Matrix.<br>• The analysis of disproportionate under-representation was conducted. | X | X | X |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | The following QI tools were used: Fishbone diagrams (to identify member and provider root causes), Priority Matrix<br>• The analysis of disproportionate under-representation was conducted.<br>• ITMs 5a (technologies to ensure parent education), 5b (work with guardians to get enrollees into the PCP office), 6a (educate PCPs) and 6b (CPT monitoring) were added | X | X | X |
| Compliance with Medicaid and CHIP Managed Care Regulations | Aetna demonstrated full compliance for 5 of the 12 domains reviewed.<br>- Assurances of Adequate Capacity and Services<br>- Grievance and Appeal Systems<br>- Subcontractual Relationships<br>- Practice Guidelines<br>- Health Information Services | X | X | X |
| Performance Measures | None identified. | -- | -- | -- |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Quality of Care Surveys – Member | In 2022, ABHLA performed better than the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Care Quickly<br>• How Well Doctors Communicate<br>• Customer Service<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Rating of Health Plan<br>• How Well Doctors Communicate<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>Child General (Non-CCC) CAHPS:<br>• Getting Needed Care<br>• How Well Doctors Communicate<br>• Customer Service<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of All Health Care | **X** | **X** | **X** |
| Network Adequacy | ABHLA pediatric PCP to member ratio increased from 1.04 % to 6.62% from MY 2019 to MY 2021. | -- | -- | **X** |
| Quality Ratings | • Consumer satisfaction and satisfaction with plan physicians (four out of five points) | **X** | **X** | **X** |
| NCQA Accreditation | Accredited | **X** | -- | -- |
| Opportunities for Improvement | | | | |
| **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 | • Engagement indicators 4 and 6 showed less than 5 percentage point improvement, indicating opportunities to improve engagement of members with alcohol abuse/dependence and non-opioid drug abuse/dependence.<br>• Indicators 7 and 8 (Follow-up within 7 and 30 days for ED visits for AOD) showed less than 2 percentage point improvement and remained the lowest performance indicator rates.<br>• ITM 5c: Members with 3+ ED visits within 6 months with SUD diagnosis who were engaged in CM remained stagnant from 2020-21 at around 15%. This stagnant rate merits drill down analysis of barriers, with findings used to inform modifications to interventions. Future PIPs should address stagnant or declining ITMs in real time for continuous quality improvement during the PIP course. | -- | **X** | **X** |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • ITM 6: Members with SHCN and SUD who were enrolled in CM remained stagnant from 2020-2021 at around 14%. This stagnant rate merits drill down analysis of barriers, with findings used to inform modifications to interventions. Future PIPs should address stagnant or declining ITMs in real time for continuous quality improvement during the PIP course. | | | |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | • Less than half of ABHLA members have been screened for HCV.<br>• Less than half of ABHLA members on the Office of Public Health listing of eligible candidates have received HCV treatment.<br>• ITMs to monitor effectiveness of member outreach interventions remain less than 10%. Drill down analysis of barriers is merited in real time, on an ongoing basis in order to inform modifications to interventions. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | • As of December 2021, Aetna's cumulative COVID-19 vaccination rate of 44.66% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.<br>• The non-cumulative number of Aetna enrollees who received at least 1 COVID-19 vaccine declined from 6,655 in September 2021 to 1,786 in December 2021.<br>• The non-cumulative number of Aetna enrollees who received the full COVID-19 vaccine course declined from 4,812 in September 2021 to 1,737 in December 2021. | -- | -- | **X** |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. | -- | **X** | **X** |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • Less than half of ABHLA members have been screened for HCV.<br>• Less than half of ABHLA members on the Office of Public Health listing of eligible candidates have received HCV treatment.<br>• ITMs to monitor effectiveness of member outreach interventions remain less than 10%. Drill down analysis of barriers is merited in real time, on an ongoing basis in order to inform modifications to interventions. | **X** | -- | **X** |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | **X** | **X** | **X** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Compliance with Medicaid and CHIP Managed Care Regulations | Aetna demonstrated less than full compliance for 7 of the 12 domains reviewed.<br>- Availability of Services<br>- Coordination and Continuity of Care<br>- Coverage and Authorization of Services<br>- Provider Selection<br>- Enrollee Rights and Protection<br>- Quality Assessment and Performance Improvement<br>- Fraud, Waste and Abuse | **X** | -- | **X** |
| Performance Measures | In MY 2021, ABHLA had 54 of 81 HEDIS measures/sub-measures lower than 50th NCQA national benchmark. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | In 2022, ABHLA performed below the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Needed Care<br>• Rating of Specialist Seen Most Often<br>• Rating of Health Plan<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• Coordination of Care<br>• Rating of Specialist Seen Most Often<br>• Rating of Health Plan<br>Child General (Non-CCC) CAHPS:<br>• Getting Care Quickly<br>• Rating of Specialist Seen Most Often | **X** | **X** | **X** |
| Network Adequacy | ABHLA adult PCP to member ratio dropped from 3.90% to 1.50% from MY 2019 to MY 2021 and met only 13% of the provider network distance standards. | -- | -- | **X** |
| Quality Ratings | • Overall prevention (two points)<br>o Children/adolescent well-care<br>o Other preventive services<br>• Treatment categories with 2.5 points or less<br>o Heart disease<br>o Behavioral health – care coordination<br>o Other treatment measures | **X** | **X** | **X** |
| Recommendations to MCO to Address Quality, Timeliness, and Access | | | | |
| **PIP 1:** Improving Rates for (1) Initiation and Engagement of Alcohol | None identified. | -- | **X** | **X** |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence | | | | |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | None identified. | -- | -- | -- |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | Item 5d. (Partially Met) IPRO recommends that the MCO use Excel formulas to calculate rates to the nearest hundredth to limit calculation and rounding errors. | -- | **X** | **X** |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | None identified. | -- | -- | -- |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | None identified. | -- | -- | -- |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | For MCO recommendations to compliance elements that received a “Not Met” determination refer to Appendix C. | **X** | -- | **X** |

| ABHLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Performance Measures | ABHLA should target interventions to improve rates for the measures that fell below the NCQA 50th percentile. | X | X | X |
| Quality of Care Surveys – Member | None identified. | -- | -- | -- |
| Network Adequacy | ABHLA should work together with Laboratory in Rural and RHC in Urban to improve network access. | -- | -- | X |
| Quality Ratings | None identified. | -- | -- | -- |

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

## ACLA Strengths and Opportunities for Improvement, and EQR Recommendations

**Table 51: ACLA Strengths and Opportunities for Improvement, and EQR Recommendations**

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Strengths | | | | |
| **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 | Performance Indicators:<br>• Indicator 2 (Initiation of treatment for opioid abuse/dependence) only showed a 1.72 percentage point increase from 72.23% to 73.95%; however, this rate remained high at the QC 95th percentile.<br>• Indicator 5 (Engagement in treatment for opioid abuse/dependence) increased by 5.07 percentage points from 31.09% in 2018 to 36.16% in 2021.<br><br>Intervention Tracking Measures:<br>• Overall, ACLA's use of series ITMs to monitor successful contact, initiation and engagement facilitated problem solving to guide their plans for improvement, as follows:<br>○ The ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement:<br>○ focus on care coordination assessments vs. care management enrollment;<br>○ improve assessment protocols to alleviate members denying assistance due to time constraints.<br>○ ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but less | -- | X | X |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | effective in successful contact, and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement:<br>○ Outreach to BH facilities to obtain viable contact numbers<br>○ Prioritize enrollment into Care Coordination due to higher response from shorter version of assessment<br>• ITM 6 to educate both first line medical and BH providers on the updated ASAM National Practice guidelines, motivational interviewing and SBIRT resources showed high rates across all 2021 quarters, ranging from 69.71% to 77%, with substantial impact in terms of denominator ranging from 1,441 to 5,450.<br>• ITM 7 supplemented ITM 6 with Quality Advisor visits to 10 high volume groups for comprehensive provider education, with 100% of 9 providers receiving face-to-face/virtual visits in Q4 2021. | | | |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | **Performance Indicators:**<br>• Performance Indicator 1a (Universal Screening) increased by 7.67 percentage points from 15.47% in CY 2019 to 23.24% during 1/1/21-11/30/21.<br>• Performance Indicator 1b (Birth Cohort Screening) increased by 20.13 percentage points from 8.53% in CY 2019 to 28.66% during 1/1/21-11/30/21.<br>• Performance Indicator 2a (Risk Factor Screening, ever screened) increased by 23.47 percentage points from 10.99% in CY 2019 to 34.46% during 1/1/21-11/30/21.<br>**Intervention Tracking Measures**:<br>• ITM 4b (members screened who were on the texting campaign distribution list) increased from 2.09% (1,408/67,412) in Q1 2021 to 4.79% (3,357/70,033) in Q3 2021, representing an impactful numerator volume. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | 1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:<br>• Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.30 percentage points from 14.10% to 40.48% (April 2021 to December 2021).<br>• Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.44 percentage points from 7.34% to 34.87% (April 2021 to December 2021).<br>• Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 4.16 percentage points from 5.40% to 26.20% (July 2021 to December 2021).<br>• Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.56 percentage points from 3.35% to 21.16% (July 2021 to December 2021).<br>2. Approved Incentive Arrangement (AIA) Progress | -- | -- | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose Increased 9.06 percentage points from 20.58% to 29.64%.<br>• Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course Increased 9.46 percentage points from 29.64% to 39.10%.<br>• Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.22 percentage points from 13.12% to 25.34%.<br>3. Intervention tracking measures that showed improvement:<br>• ITM 4b identified vaccine eligible enrollees ages 16+ with BH/SUD in the past 12 months. This ITM saw a slow increase in rates until July, where the rate increased by 2.01 percentage points from the baseline. The highest rate for this ITM was in August, at 3.54%, decreasing in September, October and November. ACLA attributes this decrease can be attributed to the affect that Hurricane Ida had on the company and enrollees.<br>• ITM 4c identified 12–15-year-old vaccine eligible enrollees with BH/SUD in the past 12 months. This ITM was initiated in July 2021 and saw an increase in August. The rates for September, October and November declined and ACLA attributes this to the effect that Hurricane Ida had on the company and enrollees. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | Performance Indicator Improvement:<br>• Indicator 1 increased by 8.74 percentage points from 9.05% in QTR 1 to 17.78% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%.<br>• Indicator 2 increased by 8.83 percentage points from 6.46% in QTR 1 to 15.29% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 18.25% for 2018 and below the target rate of 28.25%.<br>• Indicator 3 increased by 4.34 percentage points from 2.96% in QTR 1 to 7.30% in QTR 4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%.<br>4. Intervention Tracking Measure performance:<br>• The ITM for members with a developmental screening gap whose providers received a care gap report remained high at 99% across QTRs 2-4.<br>• Chart review showed that 63.33% of the sample with CPT Code 96110 were composed of members who did receive appropriate global developmental screening, and 50% of the sample without CPT Code 96110 also received appropriate screening. | -- | -- | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • The ITM to monitor provider education among providers serving members in disparity regions showed high impact, with quarterly rates between 63 and 64%.<br>• The ITM to monitor provider education among providers serving members in disparity race/ethnicity subgroups showed substantial impact, with quarterly rates between 56 and 58%.<br>5. Interventions identified by the Health Plan as most effective:<br>• Member: Care Management outreach attained a 22% success rate (20/91) educating parents on the importance of scheduling a well visit with their child's PCP.<br>• Provider: The conduct of quality virtual visits and distribution of newsletter educational material. | | | |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | ACLA incorporated updated 2021 data on HCV treatment rates among their enrollees to highlight opportunities for improvement. | **X** | **X** | **X** |
| **PIP 6:** Behavioral Health Transitions in Care | The Analysis of Disproportionate Under-Representation identified susceptible subgroups by region of residence and by high volume hospitals with Disproportionate Index 100%, tailored and targeted interventions indicated for implementation April 1, 2022, and specified corresponding ITMs to monitor progress.<br>• The following QI tools were applied: Fishbone diagram, Priority Matrix, SWOT, and the Driver Diagram.<br>• The Driver Diagram provided a detailed listing of MCO-identified enhanced member and provider interventions to test change concepts. | **X** | **X** | **X** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | • The Index of Disproportionate Under-Representation was calculated.<br>• The following QI tools were completed: Fishbone diagram, Priority Matrix, SWOT Analysis | **X** | **X** | **X** |
| Compliance with Medicaid and CHIP Managed Care Regulations | ACLA demonstrated full compliance in 7 of 12 domains.<br>• Assurances of Adequate Capacity and Services<br>• Provider Selection<br>• Grievance and Appeal Systems<br>• Subcontractual Relationships<br>• Practice Guidelines<br>• Health Information Services and,<br>• Fraud, Waste and Abuse | **X** | -- | -- |
| Performance Measures | In MY 2021, ACLA had 24 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark. | **X** | **X** | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Quality of Care Surveys – Member Experience | In 2022, ACLA performed better than the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>○ Getting Needed Care<br>○ Getting Care Quickly<br>○ How Well Doctors Communicate<br>○ Customer Service<br>○ Rating of All Health Care<br>○ Rating of Personal Doctor<br>○ Rating of Health Plan<br>Children With Chronic Conditions (CCC) CAHPS:<br>○ How Well Doctors Communicate<br>○ Rating of All Health Care<br>○ Rating of Personal Doctor<br>○ Rating of Health Plan<br>Child General (Non-CCC) CAHPS:<br>○ Getting Care Quickly<br>○ How Well Doctors Communicate<br>○ Customer Service<br>○ Rating of All Health Care<br>○ Rating of Specialist Seen Most Often | **X** | **X** | **X** |
| Network Adequacy | None identified. | -- | -- | -- |
| Quality Ratings | • Overall Consumer Satisfaction (4 points)<br>○ Satisfaction with plan physicians (4 points)<br>○ Satisfaction with plan services (5 points) | **X** | -- | -- |
| NCQA Accreditation | Accredited | **X** | -- | -- |
| Opportunities for Improvement | | | | |
| **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 | • Initiation (Indicator 1) and engagement (Indicator 4) in treatment for alcohol abuse/dependence represents an opportunity to improve these rates that showed declines from 2018 to 2021.<br>• Overall, both total diagnosis cohort treatment initiation and treatment engagement declined from 2018 to 2021, supporting an opportunity to improve performance across all diagnosis cohorts.<br>• Indicator 5 (OUD pharmacotherapy for 180 + days) decreased more than 10 percentage points from 25.03% in 2018 to 37.09% during 1/1/21-10/31/21, after an increase of 25 percentage points from 2019 to 2020. The corresponding ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement | -- | **X** | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement:<br>• focus on care coordination assessments vs. care management enrollment;<br>• improve assessment protocols to alleviate members denying assistance due to time constraints.<br>• ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but less effective in successful contact, and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement:<br>• Outreach to BH facilities to obtain viable contact numbers<br>• Prioritize enrollment into Care Coordination due to higher response from shorter version of assessment | | | |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | • Less than half of ACLA members have been screened for HCV.<br>• Performance Indicator 3a (HCV Treatment Initiation Overall) showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21-11/30/21.<br>• Performance Indicator 3b (HCV Treatment Initiation, People who use drugs) showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21-11/30/21.<br>• Performance Indicator 3c (HCV Treatment Initiation, Persons with HIV) showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21-11/30/21.<br>• ITM1a member outreach for appointment scheduling for HCV treatment rates among all members on the Office of Public Health listing are below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume. For example, in QTR 4 2021 6 of 20 (30%). Thus, there is an opportunity to improve successful contact, as well as engagement. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | • As of December 2021, ACLA's cumulative COVID-19 vaccination rate of 40.48% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.<br>• The non-cumulative number of ACLA enrollees who received at least 1 COVID-19 vaccine declined from 9,204 in September 2021 to 2,539 in December 2021.<br>• The non-cumulative number of ACLA enrollees who received the full COVID-19 vaccine course declined from 6,610 in September 2021 to 2,352 in December 2021. | -- | -- | **X** |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. | -- | -- | **X** |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) | • Item 2c. Objective align with interventions: Partially Met. There were no new or enhanced interventions indicated in this section; consequently, it is not clear what interventions are newly implemented for the 2022 year. Based on what you learned from the conduct of | **X** | **X** | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Pharmaceutical Treatment Initiation Rate | this PIP during 2021, please describe new/enhanced interventions for 2022 in this section and summarize in Table 1, together with the barrier(s) that informed the new intervention(s).<br>• Item 3c. Data Collection: Partially Met. Explain methods for ongoing collection of data on direct member feedback on barriers, as well as direct provider feedback on barriers and drivers.<br>• Items 4a,b,c. Barrier Analysis: Partially Met. What are the current barriers specific to each susceptible subpopulation? What are the current barriers to members with HCV overall? Based upon what you learned from the conduct of this PIP during 2021, please indicate in the Barrier Analysis table, in the appropriate rows, member and provider barriers, and the methodology used to obtain that direct feedback.<br>• Item 4d. Barrier Analysis/QI Tools: Not Met. Use QI tools to update your QI strategies.<br>• Items 5a, c, d. Interventions. Partially Met. There were no new or enhanced interventions indicated in this section. Based upon what you learned from the conduct of this PIP during 2021, please describe new/enhanced interventions in the appropriate column/rows in the Barrier Analysis Table and explain how the new/enhanced interventions will address the barriers newly identified for this refocused PIP. Also indicate the tailored and targeted interventions for the susceptible subpopulations, and corresponding ITMs. | | | |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | ACLA demonstrated less than full compliance in 5 of 12 domains.<br>• Availability of Services<br>• Coordination and Continuity of Care<br>• Coverage and Authorization of Services<br>• Enrollee Rights and Protection<br>• Quality Assessment and Performance Improvement | **X** | -- | **X** |
| Performance Measures | In MY 2021, ACLA had 53 of 81 HEDIS measures lower than 50th NCQA national benchmark. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | In 2022, ACLA performed below than the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>o Coordination of Care<br>o Rating of Specialist Seen Most Often | **X** | **X** | **X** |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | Children With Chronic Conditions (CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• Coordination of Care<br>• Rating of Specialist Seen Most Often<br>Child General (Non-CCC) CAHPS:<br>• Getting Needed Care<br>• Coordination of Care<br>• Rating of Personal Doctor<br>• Rating of Health Plan | | | |
| Network Adequacy | ACLA adult PCP to member ratio dropped from 1.76% to 1.29% from MY 2019 to MY 2021, its pediatric PCP to member ratio dropped from 2.12% to 1.04% from MY 2019 to MY 2021. | -- | -- | X |
| Quality Ratings | • Overall treatment (2.5 points)<br>○ Respiratory<br>○ Diabetes<br>○ Heart disease<br>○ Behavioral health – medication adherence | X | X | X |
| Recommendations to MCO to Address Quality, Timeliness, and Access | | | | |
| **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 | ACLA conducted a meaningful retrospective evaluation of opportunities for improvement. To build on that approach, the following proactive approach is recommended moving forward: Activation of the rapid and ongoing cycle improvement process should be initiated early in the PIP process to identify opportunities for improvement in real time by evaluating ITM progress and implementing modifications on an ongoing basis throughout the course of the PIP. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | Item 5d (Partially Met) IPRO recommends that the MCO use excel formulas for all calculations. | -- | -- | X |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible | Item 5d (Partially Met) IPRO recommends that the MCO use excel formulas for all calculations. | -- | -- | X |

| ACLA EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| enrollees: Persons 18 years of age or older | | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | None identified. | -- | -- | -- |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | None identified. | -- | -- | -- |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | For MCO recommendations to compliance elements that received a "Not Met" determination refer to Appendix C. | **X** | -- | **X** |
| Performance Measures | ACLA should target interventions to improve rates for the measures that fell below the NCQA 50th percentile. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | Ten (10) 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. | **X** | **X** | **X** |
| Network Adequacy | None identified. | -- | -- | -- |
| Quality Ratings | None identified. | -- | -- | -- |

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

## HBL Strengths and Opportunities for Improvement, and EQR Recommendations

**Table 52: HBL Strengths and Opportunities for Improvement, and EQR Recommendations**

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Strengths | | | | |
| **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 | Performance Indicators:<br>• Indicator 2 Initiation of treatment for opioid abuse/dependence increase by 4.47 percentage points from 69.45% in CY 2018 to 72.92% in CY 2020.<br>• Indicator 5 Engagement in treatment for opioid abuse/dependence increased more than five percentage points from 30.70% in CY 2018 to 37.66% in CY 2020.<br>Intervention Tracking Measures:<br>• ITM 1 CM outreach post ED visit for alcohol/SUD increased from 8.33% in Q1 2020, with a denominator of only 12, to a rate of 45.69% in Q2 2021, with a denominator of 116.<br>• ITM 3a PCP SBIRT screening increased from 0.24% in Q1 2020, with a denominator of 2,876, to 14.05% in Q3 2021, with a denominator of 2,797.<br>• ITM 4 Members with SUD diagnosis and readmission who were connected with a case manager for discharge planning and completed a follow up visit increased from 7.42% (94/1,267) in Q1 2020 to 56.33% (556/987) in Q1 and 39.32% (276/702) in Q2 2021.<br>• ITM 4a Members with a dual diagnosis of SUD and SMI and multiple ED visits and who were outreached by CM for follow up care increased from 0% in Q1 2020 to 68.54% (61/89) in Q2 2021.<br>• ITM 5 Members with dual diagnosis for SUD and SMI and who were outreached by CM for follow-up care post inpatient admission increased from 6.66% (74/1,111) in Q1 2020 to 45.12% (194/430) in Q3 2021.<br>• ITM 8 Pregnant members with SUD who were engaged in CM increased from 0.84% (2/236) in Q1 2020 to 37.02% (67/181) in Q4 2021.<br>• ITM 11: Members with SDOH assessment who were referred to a Community Based organization increased from 19.08% (171/896) in Q1 2021 to 93.49% (934/999) in Q3 2021.<br>• ITM 14: More than half of members eligible for RISE (Behavioral health, physical health and SUD needs) were engaged in RISE program for assessment, care planning, service coordination and resource identification in 2021 QTR 3 (69/120) and 4 (85/157); this intervention was initiated in QTR 2 2021. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | Performance Indicators:<br>• Performance Indicator 1 (Universal Screening) increased by 6.42 percentage points from 14.31% in CY 2019 to 20.73% in CY 2021.<br>• Performance Indicator 2 (Birth Cohort Screening) increased by 4.6 percentage points from 19.66 % in CY 2019 to 24.26 % in CY 2021.<br>• Performance Indicator 2a (Risk Factor Screening, ever screened) increased by 6.69 percentage points, from 30.84% in CY 2019 to 37.53% in CY 2021. | -- | -- | X |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Performance Indicator 3a (HCV Treatment Initiation- Overall) increase by 12.59 percentage points from 16.44% in CY 2019 to 29.03% in CY 2021, exceeding the target rate of 26.44%.<br>• Performance Indicator 3b (HCV Treatment Initiation-Persons who use drugs) increased by 12.36 percentage points from 15.27% in CY 2019 to 27.63% in CY 2021, exceeding the target rate of 25.27%.<br>• Performance Indicator 3c (HCV Treatment Initiation- Persons with HIV) increased by 12.8 percentage points from 22.03% in CY 2019 to 34.83% in CY 2021, exceeding the target rate of 32.03%.<br>Intervention Tracking Measures:<br>• ITM1a (CM appointment scheduling for HCV treatment) increased from 0.05% (2/3,848) in Q1 2020 to 5.96% (200/3,358) in Q4 2021.<br>• ITM 2 (CM HCV screening appointment scheduling for at risk members in CM) increased from 1.82% (9/494) in Q1 2021 to 7.72% (37/479) in Q4 2021.<br>• ITM3b (Virtual provider education) increased from 8.75% (7/80) in Q1 2021 to 48.15% (26/54) in Q4 2021.<br>• ITM 4b (CM + CHW HCV screening appointment scheduling for members with SUD/SMI) increased from 0.004% (1/23,796) in Q1 2021 to 0.436% (138/31,627) in Q4 2021. | | | |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | 1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:<br>• Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.46 percentage points from 13.75% to 41.42% (April 2021 to December 2021).<br>• Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.58 percentage points from 6.93% to 35.58% (April 2021 to December 2021).<br>• Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.31 percentage points from 11.08% to 27.62% (July 2021 to December 2021).<br>• Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.20 percentage points from 6.47% to 22.46% (July 2021 to December 2021).<br>2. Approved Incentive Arrangement (AIA) Progress<br>• Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 10.85 percentage points from 20.43% to 31.28%. | -- | -- | **X** |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.77 percentage points from 25.08% to 34.85%.<br>• Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 9.68 percentage points from 17.30% to 26.98%.<br>3. Intervention tracking measures that showed improvement:<br>• ITM 4 the percentage of Mendoza members scheduled for vaccine increased from 0.30% in July to 15.85% in October<br>• ITM 5b the percentage of homebound members referred/appointments made at any vaccine provider increased from 1.38% in August to 15.93% in November<br>• ITM 6a the percentage of foster care members referred/appointments made at a vaccine provider increased from 2.27% in August to 73.43% in November | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | 1. Performance Indicator Improvement:<br>• Indicator 1 increased by 19.92 percentage points from 7.54% in CY 2020 to 27.46% in CY 2021 to exceed the ULM-calculated statewide baseline rate of 24.82% in CY 2018; however, the final rate was below the target rate of 34.82%.<br>• Indicator 2 increased by 20.91 percentage points from 7.75% in CY 2020 to 28.66% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 18.25% for 2018, as well as the target rate of 28.25%.<br>• Indicator 3 increased by 17.68 percentage points from 3.58% in CY 2020 to 21.26% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 11.68% for 2018, although just below the target rate of 21.68%.<br>2. Intervention Tracking Measure performance:<br>• ITM 2 to distribute member care gap reports to their providers increased from 0.14% in QTR 1 2021 to 6.58% in QTR 4 2021.<br>• ITM 2a for targeted outreach to providers with member gaps in disparity regions increased from 0.29% in QTR 1 2021 to 13.11% in QTR 4 2021.<br>• ITM 2c for telemedicine visits for wellness/screening did not show improvement; however, this intervention impacted 1,194 members in 2021.<br>3. Interventions identified by the Health Plan as most effective:<br>• Member: Attendance at telemedicine visits for developmental screening.<br>• Provider: Targeted outreach to providers with member gaps in disparity regions. | -- | -- | X |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) | • The plan identified a new barrier: Difficulty contacting transient members, and added an intervention to partner with housing and homeless support organizations, with a corresponding ITM | X | X | X |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Pharmaceutical Treatment Initiation Rate | • The plan is using ITMs for monitoring appointment scheduling for all members on the OPH listing, as well as the subsets of members with a diagnosis of HIV and members with a current SUD/SMI diagnosis | | | |
| **PIP 6:** Behavioral Health Transitions in Care | The Data Collection Section was amended to include a process to obtain ongoing member and provider feedback on barriers and drivers, including meetings with facilities with disproportionate index of under-representation >100% and <100% to address barriers and drivers with modified interventions. | **X** | **X** | **X** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | • The data analysis section indicates that Healthy Blue will complete monthly PDSA and run charts to monitor interventions and will conduct barrier analysis, using member/provider focus groups, as needed for interventions that are not driving goals.<br>• Additional ITM 2a monitors a new member education text outreach intervention<br>• Additional ITM 4a monitors a new educational texting campaign to disproportionate subset ages 3-5 years<br>• Additional ITM 4b monitors a new educational texting campaign to disproportionate subset ages 3-5 years in Region 1 | **X** | **X** | **X** |
| Compliance with Medicaid and CHIP Managed Care Regulations | HBL demonstrated full compliance in 8 of the 12 domains reviewed.<br>- Assurances of Adequate Capacity and Services<br>- Coordination and Continuity of Care<br>- Coverage and Authorization of Services<br>- Subcontractual Relationships<br>- Practice Guidelines<br>- Health Information Services<br>- Quality Assessment and Performance Improvement<br>- Fraud, Waste and Abuse | -- | -- | **X** |
| Performance Measures | In MY 2021, HBL had 34 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | In 2022, HBL performed better than the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Care Quickly<br>• Customer Service<br>• Rating of Health Plan<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• How Well Doctors Communicate<br>• Rating of All Health Care<br>• Rating of Personal Doctor | **X** | **X** | **X** |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Rating of Health Plan<br>Child General (Non-CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• How Well Doctors Communicate<br>• Customer Service<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Health Plan | | | |
| Network Adequacy | HBL met 29% of the provider network distance standards. | -- | -- | **X** |
| Quality Ratings | • Getting care (5 points)<br>• Overuse of opioids (4 points) | **X** | **X** | **X** |
| NCQA Accreditation | • Accredited | **X** | -- | -- |
| Opportunities for Improvement | | | | |
| **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 | • ITM 5d. Partially Met. Inaccurate ITM calculation for Q4 ITM 1, Q3 & Q4 ITM2, Q4 ITM 3. In addition, several Q3 & Q4 ITMs were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use excel formulas to calculate the correct rates and round correctly.<br>• ITM 6a. Met. Several indicators were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Excel formulas to calculate the correct rates and round correctly.<br>• Indicators 7 & 8 Follow-up After ED visit for AOD within 7 and 30 days showed the lowest CY 2020 rates, at 7.91% and 12.90%, respectively.<br>• Initiation (Indicator 1) and engagement in treatment (Indicator 4) for alcohol abuse/dependence showed only a 3 percentage point improvement from CY 2018 to CY 2020. | -- | **X** | **X** |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | • Less than half of Healthy Blue eligible enrollees were screened for HCV.<br>• Less than half of Healthy Blue eligible enrollees on the Office of Public Health listing were treated for HCV.<br>• There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with finding used to inform ongoing modification of interventions to address barriers for continuous quality improvement. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: | • As of December 2021, Healthy Blue's cumulative COVID-19 vaccination rate of 41.42% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.<br>• The non-cumulative number of Healthy Blue enrollees who received at least 1 COVID-19 vaccine declined from 14,622 in September 2021 to 4,172 in December 2021. | -- | -- | **X** |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Persons 18 years of age or older | • The non-cumulative number of Healthy Blue enrollees who received the full COVID-19 vaccine course declined from 10,371 in September 2021 to 3,846 in December 2021. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. | -- | -- | X |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • Less than half of Healthy Blue eligible enrollees on the Office of Public Health listing were treated for HCV.<br>• There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with finding used to inform ongoing modification of interventions to address barriers for continuous quality improvement. | X | -- | X |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | X | X | X |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | X | X | X |
| Compliance with Medicaid and CHIP Managed Care Regulations | HBL demonstrated less than full compliance in 4 of the 12 domains reviewed.<br>- Availability of Services<br>- Provider Selection<br>- Enrollee Rights and Protection<br>- Grievance and Appeal Systems | X | X | X |
| Performance Measures | In MY 2021, HBL had 43 of 81 HEDIS measures lower than 50th NCQA national benchmark. | X | X | X |
| Quality of Care Surveys – Member | In 2022, HBL performed below the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Needed Care<br>• How Well Doctors Communicate<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Specialist Seen Most Often<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Coordination of Care<br>• Rating of Specialist Seen Most Often<br>Child General (Non-CCC) CAHPS:<br>• Rating of Specialist Seen Most Often | X | X | X |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Network Adequacy | HBL adult PCP to member ratio dropped from 1.54% to 1.19% from MY 2019 to MY 2021, its pediatric PCP to member ratio dropped from 2.61% to 2.21% from MY 2019 to MY 2021. | -- | -- | X |
| Quality Ratings | • Overall prevention (2.5 points)<br>• Treatment categories with 2.5 or less points<br>  ○ Respiratory<br>  ○ Diabetes<br>  ○ Heart disease<br>  ○ Behavioral Health—Care Coordination<br>  ○ Behavioral Health—Medication Adherence | X | X | X |
| Recommendations to MCO to Address Quality, Timeliness, and Access | | | | |
| **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 | • Item 5d. (Partially Met) IPRO recommends that the MCO use excel formulas to calculate the correct rates and round correctly.<br>• Item 6a. (Met) IPRO recommends that the MCO use excel formulas to calculate the correct rates and round correctly. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | None identified. | -- | -- | -- |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | Item 5d (Met). Several ITMs were off by 0.01. IPRO recommends that the MCO use excel formulas to calculate rates to the nearest hundredth to limit rounding errors. | -- | -- | X |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | None identified. | -- | -- | -- |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) | None identified. | -- | -- | -- |

| HBL EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Pharmaceutical Treatment Initiation Rate | | | | |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | HBL should focus on domains that were less than fully compliant. | -- | -- | **X** |
| Performance Measures | HBL should target interventions to improve rates for the measures that fell below the NCQA 50th percentile. | **X** | **X** | -- |
| Quality of Care Surveys – Member | None identified | -- | -- | -- |
| Network Adequacy | None identified | -- | -- | -- |
| Quality Ratings | • Overall prevention (2.5 points)<br>• Treatment categories with 2.5 or less points<br>  ○ Respiratory<br>  ○ Diabetes<br>  ○ Heart disease<br>  ○ Behavioral Health—Care Coordination<br>  ○ Behavioral Health—Medication Adherence | **X** | **X** | **X** |

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

## LHCC Strengths and Opportunities for Improvement, and EQR Recommendations

**Table 53: LHCC Strengths and Opportunities for Improvement, and EQR Recommendations**

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Strengths | | | | |
| **PIP 1:** Improving Rates for (1) Initiation and | Performance Indicators: | **X** | **X** | **X** |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| 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 | • Indicator 1 Initiation of Alcohol abuse/dependence treatment (all ages) increased by approximately 5 percentage points from 46.93% in CY 2018 to 51.62% in CY 2021.<br>• Indicator 2 Initiation of Opioid abuse/dependence treatment (all ages) increased by almost 10 percentage points from 58.95% in CY 2018 to 68.30% in CY 2021.<br>• Indicator 5 Engagement in Opioid abuse/dependence treatment (all ages) increased by almost 7 percentage points from 27.02% in CY 2018 to 33.96% in CY 2021.<br>Intervention Tracking Measures:<br>• ITM 3c to provide EDs with listing of providers for referral of suspected SDU to ensure ASAM 6 Dimension risk evaluation increased from 25.78% in QTR 3 2020 to 94.70% in QTR 4 2021<br>• ITM 4b CM outreach via reorganized Community Health Outreach team to SHCN enrollees remained high throughout 2020 and 2021, ranging between 81.08% and 85.97%, although rates dropped to 60.00% in QTR 4 2021 and 64.25% in QTR 3 2021 | | | |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | Performance Indicators:<br>• Performance Indicator 2a (Risk Factor screening) increased by 6.91 percentage points from 23.16% in CY 2019 to 30.07% in CY 2021.<br>• Performance Indicator 2b (Risk Factor annual screening) increased by 7.91 percentage points from 8.82% in CY 2019 to 16.73% in CY 2021.<br>• Performance Indicator 3b (HCV Treatment, Persons who use drugs) increased by 5.94 percentage points from 12.25% in CY 2019 to 18.19% in CY 2021.<br>• Performance Indicator 3c (HCV Treatment, Persons with HIV) increased by 6.02 percentage points from 14.34% in CY 2019 to 20.36% in CY 2021.<br>Intervention Tracking Measures:<br>• ITM 2b (distribution of screening-eligible member gap reports to providers) was over 50% in Q3 (251,290/473,138) 2021 and Q4 (251,701/476,222) 2021.<br>• ITM3b (Provider education Epclusa) increased from 14.94% (95/636) in Q3 2020 to 54.60% (433/793) in Q3 2021.<br>• ITM 5b (Members completing prescribed medication therapy) increased from 40.80% (82/201) in Q1 2020 to 69.03% (439/636) in Q4 2021. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | 1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points:<br>• Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.26 percentage points from 11.17% to 37.27% (April 2021 to December 2021).<br>• Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.26 percentage points from 5.59% to 31.66% (April 2021 to December 2021). | -- | -- | **X** |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Indicator #4a. Persons ages 12-15 who received at least one vaccine dose: Increased monthly an average of 3.98 percentage points from 5.62% to 25.50% (July 2021 to December 2021).<br>• Indicator #4b. Persons ages 12-15 who received a complete vaccine course: Increased monthly an average of 3.45 percentage points from 3.53% to 20.80% (July 2021 to December 2021).<br>2. Approved Incentive Arrangement (AIA) Progress<br>• Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 8.97 percentage points from 17.03% to 26.00%.<br>• Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.29 percentage points from 21.09% to 30.38%.<br>• Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.01 percentage points from 12.67% to 24.68%.<br>3. Intervention tracking measures that showed improvement:<br>• ITM 2a the percentage of enrollees where PCPs were provided with their eligible patient list increased from 15.3% in May 2021 to 100% in August 2021<br>• ITM 2b the percentage of PCPs who were provided a list of available vaccine sites increased from 42.09% in April 2021 to 100% in August 2021<br>• ITM 6 indicates an initial vaccination rate of 10.73 percent in this group as the initiative launched, maintaining a vaccination rate in these member groups between 26.49 – 33.96 percent each month thereafter. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | 1. Performance Indicator Improvement:<br>• Indicator 1 increased by 11.25 percentage points to 36.07% from the ULM-calculated statewide baseline rate of 24.82% in CY 2018 and exceeded the target rate of 34.82%.<br>• Indicator 2 increased by 19.76 percentage points to 38.01% from the ULM-calculated statewide baseline rate of 18.25% and exceeded the target rate of 28.25%. LHCC adjusted the target rate higher to 38.25% for ongoing improvement.<br>• Indicator 3 increased by 11.24 percentage points to 22.92% from the ULM-calculated statewide baseline rate of 11.68% for 2018 and exceeded the target rate of 21.68%.<br>2. Intervention Tracking Measure Performance:<br>• ITM 2 to distribute member gap reports to providers remained substantial, although the rate decreased from 49.43% to 45.14% from QTR 2 to QTR 4 2021. | -- | X | X |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • ITM 4a (30 charts reviewed among the sample with CPT Code 96110) demonstrated a high rate (73.33%) of appropriate global developmental screening.<br>• ITM6b (tailored and targeted intervention for PCP education, Region 9) increased from 46.97% in QTR 2 2021 to 100% in QTR 3 and remained elevated from QTR 2 in QTR 4 at 94.37%. | | | |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • The intervention for targeted case management outreach to members in DOH population is new, with a corresponding ITM.<br>• The intervention for targeted case management outreach to members with HIV co-infection is new, with two corresponding ITMs.<br>• Direct member and provider feedback about barriers informed interventions, as well as member outreach analysis and clinical encounter feedback. | **X** | **X** | **--** |
| **PIP 6:** Behavioral Health Transitions in Care | • Member barriers identified based upon feedback from member-facing staff<br>• Provider barriers identified based upon direct provider feedback<br>• QI tools utilized include the Fishbone diagram, Priority Matrix, SWOT Analysis<br>• LHCC conducted the analysis of disproportionate underrepresentation and identified susceptible member subgroups<br>• LHCC added a linkage intervention and corresponding ITM 3a to address the SUD subgroup of the FUH eligible population. | **X** | **X** | **X** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | • LHCC conducted the disproportionate analysis of under-representation and used findings to inform a tailored and targeted interventions with corresponding ITMs 3a-3f.<br>• LHCC obtained direct member feedback to inform member interventions and described a method to collect and analyze ongoing feedback.<br>• LHCC obtained direct provider feedback to inform provider interventions and described a method to collect and analyze ongoing feedback.<br>• The following QI tools were utilized: Fishbone diagram, Priority matrix, SWOT analysis | **X** | **X** | **X** |
| Compliance with Medicaid and CHIP Managed Care Regulations | LHCC demonstrated full compliance in 8 of the 12 domains reviewed.<br>- Availability of Services<br>- Assurances of Adequate Capacity and Services<br>- Provider Selection<br>- Grievance and Appeal Systems<br>- Subcontractual Relationships<br>- Practice Guidelines<br>- Health Information Services<br>- Quality Assessment and Performance Improvement | **--** | **--** | **X** |
| Performance Measures | In MY 2021, LHCC had 31 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | In 2022, LHCC performed better than the national Medicaid average for All LOBs (excluding PPOs): | **X** | **X** | **X** |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | Adult CAHPS:<br>• Getting Care Quickly<br>• Customer Service<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Specialist Seen Most Often<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Rating of Health Plan<br>Child General (Non-CCC) CAHPS:<br>• Customer Service<br>• Rating of Health Plan | | | |
| Network Adequacy | LHCC pediatric PCP to member ratio increased from 0.99% to 1.21% from MY 2019 to MY 2021. | -- | -- | **X** |
| Quality Ratings | • Satisfaction with plan services (4.5 points)<br>• Consumer satisfaction (4 points) | **X** | **X** | **X** |
| NCQA Accreditation | Accredited | **X** | -- | -- |
| Opportunities for Improvement | | | | |
| **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 | None of the performance indicators reached the target rates, and the lowest 2021 rates were reported for the following indicators representing engagement and follow-up:<br>• Engagement Indicator 4: Alcohol abuse/dependence cohort, all ages<br>• Engagement Indicator 6: Total diagnosis cohort, all ages<br>• Indicator 6: Follow-up within 7 days of ED visit for AOD: 7.61%<br>• Indicator 7:Follow-up within 30 days of visit for AOD: 11.45% | **X** | **X** | **X** |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | • Less than half of enrollees were screened for HCV.<br>• Less than half of eligible enrollees received treatment for HCV.<br>• Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.<br>• Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30%; however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions. | -- | -- | **X** |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana | • As of December 2021, LHCC's cumulative COVID-19 vaccination rate of 37.27% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021. | -- | -- | **X** |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| vaccine-eligible enrollees: Persons 18 years of age or older | • The non-cumulative number of LHCC enrollees who received at least 1 COVID-19 vaccine declined from 19,929 in September 2021 to 5,412 in December 2021.<br>• The non-cumulative number of LHCC enrollees who received the full COVID-19 vaccine course declined from 14,201 in September 2021 to 4,876 in December 2021. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | There is an opportunity to improve the performance indicator 3 rate to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. | -- | X | X |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • Less than half of eligible enrollees received treatment for HCV.<br>• Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.<br>• Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions. | X | X | -- |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | X | X | X |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | LHCC demonstrated less than full compliance in 4 of the 12 domains reviewed.<br>- Coordination and Continuity of Care<br>- Coverage and Authorization of Services<br>- Enrollee Rights and Protection<br>- Fraud, Waste and Abuse | -- | -- | X |
| Performance Measures | In MY 2021, LHCC had 46 of 81 HEDIS measures lower than 50th NCQA national benchmark. | X | X | X |
| Quality of Care Surveys – Member | In 2022, LHCC performed below the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Needed Care<br>• How Well Doctors Communicate<br>• Coordination of Care<br>• Rating of Health Plan<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly | X | X | X |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • How Well Doctors Communicate<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Specialist Seen Most Often<br>Child General (Non-CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• How Well Doctors Communicate<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Specialist Seen Most Often | | | |
| Network Adequacy | LHCC did not meet 91% of the provider network distance standards, its adult PCP to member ratio dropped from 1.00% to 0.88% from MY 2019 to MY 2021. | -- | -- | **X** |
| Quality Ratings | • Overall prevention (2.5 points)<br>- Overall prevention – women's health (2 points)<br>• Overall treatment (2.5 points)<br>- Overall Treatment - Respiratory, Diabetes (2 points) | **X** | **X** | **X** |
| Recommendations to MCO to Address Quality, Timeliness, and Access | | | | |
| **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 | None identified. | -- | -- | -- |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | None identified. | -- | -- | -- |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana | None identified. | -- | -- | -- |

| LHCC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| vaccine-eligible enrollees: Persons 18 years of age or older | | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | None identified. | -- | -- | -- |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | None identified. | -- | -- | -- |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | -- | -- | -- |
| Compliance with Medicaid and CHIP Managed Care Regulations | For MCO recommendations to compliance elements that received a "Not Met" determination refer to Appendix C. | -- | -- | **X** |
| Performance Measures | LHCC should target interventions to improve rates for the measures that fell below the NCQA 50th percentile. | **X** | **X** | -- |
| Quality of Care Surveys – Member | None identified. | -- | -- | -- |
| Network Adequacy | None identified. | -- | -- | -- |
| Quality Ratings | The MCOs should work to improve their HEDIS/CAHPS results since all plans score 3.5 points for overall quality ratings. | **X** | **X** | **X** |

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

## UHC Strengths and Opportunities for Improvement, and EQR Recommendations

**Table 54: UHC Strengths and Opportunities for Improvement, and EQR Recommendations**

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Strengths | | | | |
| **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 | Performance Indicators:<br>• Indicator 1 Initiation of treatment for alcohol abuse/dependence increased by 12.45 percentage points from 43.29% in CY 2018 to 55.74% in CY 2020.<br>• Indicator 2 Initiation of treatment for opioid abuse/dependence increased by 8.62 percentage points from 58.23% in CY 2018 to 66.85% in CY 2020.<br>• Indicator 3 Initiation of AOD treatment total increased by 8.21 percentage points from 45.67% in CY 2018 to 53.88% in CY 2020.<br>• Indicator 5 Engagement in treatment for opioid abuse/dependence increased by 7.68 percentage points from 24.45% in CY 2018 to 32.13% in CY 2020.<br>Intervention Tracking Measures:<br>• ITM 2: In QTR 2 2021, 68.23% of total in-network providers were distributed electronic ATLAS, the free, on-line SUD treatment locator<br>• ITM 4: The proportion of members prescribed buprehophine and who had a therapy encounter increased from 21.45% in Q1 2020 to 25.65% in Q3 2021.<br>• ITM 5a: The proportion of members with an SUD ED visit and who had a follow-up visit within 30 days via telehealth increased from 7.64% in Q1 2020 to 27.78% in Q3 2021. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | Performance Indicators:<br>• Indicator 1a (Universal screening) increased by 10 percentage points from 14% in CY 2019 to 24% in CY 2021, meeting the target rate.<br>• Indicator 1b (Birth cohort screening) increased by 10 percentage points from 185 in CY 2019 to 28% in CY 2021, meeting the target rate.<br>• Indicator 2a (Risk Factor cohort, ever-screened) increased by 11 percentage points from 22% in CY 2019 to 33% in CY 2021, exceeding the target rate of 32%.<br>• Indicator 2b (Risk Factor cohort, annual screen) increased by 25 percentage points from 4% in CY 2019 to 29% in CY 2021.<br>• Indicator 3a (HCV treatment initiation, overall) increased by 24 percentage points from 15% in CY 2019 to 39% in CY 2021.<br>Intervention Tracking Measures:<br>• ITM 4a (provider education regarding their patients on the OPH listing) increased from 0.2% (2/1,082) in Q1 2020 to 47% (509/1,082) in Q4 2021.<br>• ITM5a (providers with member on the OPH listing who were educated about the HCV program and benefits) showed a rate of 100% (1,082/1,082) in 2020 and 2021.<br>• ITM 6a (ED facilities and outpatient substance abuse providers who were educated about the HCV program) increased from 21% (25/119) in Q2 2021 to 100% (121/121) in Q4 2021. | -- | -- | X |
| **PIP 3:** Ensuring access to the COVID-19 vaccine | 1. Annual Performance Indicators with an average monthly percentage point increase of at least 3 percentage points: | -- | -- | X |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | • Indicator #1a. Persons ages 16+ who received at least one vaccine dose: Increased monthly an average of 3.09 percentage points from 16.45% to 41.14% (April 2021 to December 2021).<br>• Indicator #1b. Persons ages 16+ who received a complete vaccine course: Increased monthly an average of 3.16 percentage points from 10.02% to 35.31% (April 2021 to December 2021).<br>2. Approved Incentive Arrangement (AIA) Progress<br>• Metric 1A (Persons aged 16 + years who received at least one vaccine dose): MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members ages 16+ who received at least one vaccine dose increased 9.39 percentage points from 19.16% to 28.55%.<br>• Metric 1B (Persons aged 16+ years who received a complete vaccine course): MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members ages 16+ who received a complete vaccine course increased 9.59 percentage points from 23.37% to 32.96%.<br>• Metric 4B (Persons aged 12-15 years who received a complete vaccine course): MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12-15 years who received at least one vaccine dose increased 12.33 percentage points from 14.74% to 27.07%.<br>3. Intervention tracking measures that showed improvement:<br>• ITM 1a: The percentage of enrollees age 16+ engaged in CM and had an appointment made for COVID-19 vaccination increased month over month throughout the measurement period.<br>• ITM 1b: the percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination increased from 0.21% in April 2021 to 41.1% in December 2021.<br>• ITM 4b: The percentage of vaccinated UHC members associated with FQHC increased from 0.76% in April 2021 to 64.73% in December 2021.<br>• ITM 5: The percentage of members taken for vaccination administration who were enrolled with UHC's transportation services increased from 3.54% in April 2021 to 36.92% in December 2021. | | | |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | 1. Performance Indicator Improvement:<br>• Indicator 1 increased by 6002 percentage points to 24.63% in CY 2021 from 18.63% during the interim 6-month period from 1/1/21-6/27/21.<br>• Indicator 2 increased by 4.03 percentage points to 23.24% in CY 2021 from 19.21% during the interim 6-month period from 1/1/21-6/27/21.<br>• Indicator 3 increased by 2.07 percentage points to 17.00% in CY 2021 from 14.93% during the interim 6-month period from 1/1/21-6/27/21. | -- | **X** | **X** |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | 2. Intervention Tracking Measure Performance:<br>• By the fourth quarter of 2021, 100% of PCPs received global developmental screening guideline + coding + referral education.<br>• By the fourth quarter of 2021, 100% of members with a developmental screening care gap had their providers notified via the distribution of the care gap report.<br>• Among the chart review sample of 30 charts with CPT Code 96110, 63% documented developmental screening was conducted using a validated and approved instrument.<br>• The proportion of the susceptible subpopulation identified as residing in Region 7 who received outreach for developmental screening increased from 46.3% in QTR 3 2021 to 74.2% in QTR 4 2021. | | | |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • Barrier Analysis: Footnote 1, Table 4 indicates plans for CM outreach to obtain direct member feedback on barriers to HCV treatment, including persons with HIV and persons who use drugs.<br>• Barrier Analysis: Footnote 2, Table 4 documents that direct provider feedback was obtained and informed the provider-based incentive implemented in 2021, to continue this year.<br>• Barrier Analysis: Footnote 3, Table 4: The plan analyzed pharmacy claims to identify HCV high volume prescribers and used findings to develop a regional based referral system to assist with complex cases.<br>• Barrier Analysis: Footnote 4, Table 4: Provider feedback also informed the need for PCP education about resources/support services for patients with HIV and informed the AIDS Certified Registered Nurse's development of an HIV provider toolkit.<br>• The plan has deployed an AIDS Certified Registered Nurse to develop and implement a comprehensive HIV strategy, with a corresponding ITM.<br>• Barrier Analysis: Footnote 5, Table 4: Provider feedback also informed the need for a BH integration strategy. The plan collaborated with the IET PIP leads to develop and implement a behavioral health intervention strategy with a corresponding ITM.<br>• QM leads for the HCV PIP will collaborate with QM leads for the COVID-19 vaccine PIP for enhanced + coordinated member education. | **X** | **X** | **--** |
| **PIP 6:** Behavioral Health Transitions in Care | • UHC calculated the Index of Disproportionate Under-representation of FUH for both member characteristics and hospitals.<br>• The following QI tools were applied: Fishbone diagram, Priority Matrix, SWOT analysis, and Driver Diagram.<br>• First quarter ITMs are reported.<br>• Interventions with corresponding ITMs were added to address disparity subgroups | **X** | **X** | **X** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees | • UHC completed the following QI tools: Fishbone Diagram, Priority Matrix, SWOT Analysis, Driver Diagram, and preliminary PDSA. | **X** | **X** | **X** |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Aged 6 months through 5 years by Primary Care Clinicians | • PDSA findings based upon UHC's experience with the Developmental Screening PIP informed the plan to develop an incentive for FQHC/RHC providers to apply fluoride varnish.<br>• Work is underway to develop educational materials to increase member awareness of oral health, with corresponding dental varnish outreach scripting via IVR. | | | |
| Compliance with Medicaid and CHIP Managed Care Regulations | UHC demonstrated full compliance in 8 of the 12 domains reviewed.<br>- Assurances of Adequate Capacity and Services<br>- Coverage and Authorization of Services<br>- Grievance and Appeal Systems<br>- Subcontractual Relationships<br>- Practice Guidelines<br>- Health Information Services<br>- Quality Assessment and Performance Improvement<br>Fraud, Waste and Abuse | X | X | X |
| Performance Measures | In MY 2021, UHC had 24 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark. | X | X | X |
| Quality of Care Surveys – Member | In 2022, UHC performed better than the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Care Quickly<br>• Customer Service<br>• Coordination of Care<br>• Rating of Personal Doctor<br>• Rating of Health Plan<br>Children With Chronic Conditions (CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• How Well Doctors Communicate<br>• Coordination of Care<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Health Plan<br>Child General (Non-CCC) CAHPS:<br>• Getting Needed Care<br>• Getting Care Quickly<br>• Rating of All Health Care<br>• Rating of Personal Doctor<br>• Rating of Specialist Seen Most Often | X | X | X |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| | • Rating of Health Plan | | | |
| Network Adequacy | UHC met 21% of the provider network distance standards, its pediatric PCP to member ratio increased from 1.38% to 1.50% from MY 2019 to MY 2021. | -- | -- | X |
| Quality Ratings | • Overall Consumer Satisfaction (5 points)<br>  ○ Satisfaction with plan physicians (5 points)<br>  ○ Satisfaction with plan services (4.5 points) | X | X | X |
| NCQA Accreditation | Accredited | X | -- | -- |
| Opportunities for Improvement | | | | |
| **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 | • Indicator 4 Engagement in treatment for alcohol abuse/dependence increased by less than 5 percentage points from CY 2018 to CY 2020.<br>• Indicator 6 Engagement in AOD treatment (total diagnosis cohort) increased by less than 5 percentage points from CY 2018 to CY 2020.<br>• Indicators 7 and 8 Follow-up After ED visits for AOD showed the lowest rates and percentage point gains. | -- | X | X |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | • Less than half of the eligible population received screening for HCV.<br>• Less than half of the eligible population on the Office for Public Health listing received treatment for HCV.<br>• The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only 4 percentage points from 11% in CY 2019 to 15% in C& 2021 and did not meet the target rate.<br>• The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only 3 percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.<br>• ITM 1 (CM outreach to schedule HCV treatment appointment) decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 QTRs 2-4. | -- | -- | X |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | • As of December 2021, UHC's cumulative COVID-19 vaccination rate of 41.14% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.<br>• The non-cumulative number of UHC enrollees who received at least 1 COVID-19 vaccine declined from 20,741 in September 2021 to 5,442 in December 2021.<br>• The non-cumulative number of UHC enrollees who received the full COVID-19 vaccine course declined from 15,021 in September 2021 to 5,163 in December 2021. | -- | -- | X |
| **PIP 4:** Improving Receipt of Global Developmental | For all three performance indicators, there is an opportunity to improve by reaching the Healthy People 2030 target rate of 35.8% of children who have received developmental screening. | -- | X | X |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Screening in the First Three Years of Life | | | | |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | • The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only 4 percentage points from 11% in CY 2019 to 15% in C& 2021 and did not meet the target rate.<br>• The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only 3 percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.<br>• ITM 1 (CM outreach to schedule HCV treatment appointment) decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 QTRs 2-4. There is an opportunity to obtain direct member feedback and use to inform improvements to the member outreach intervention(s). | **X** | **X** | **--** |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | **--** | **--** | **--** |
| **PIP 7:** Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | None identified. | **--** | **--** | **--** |
| Compliance with Medicaid and CHIP Managed Care Regulations | UHC demonstrated less than full compliance in 4 of the 12 domains reviewed.<br>- Availability of Services<br>- Coordination and Continuity of Care<br>- Provider Selection<br>- Enrollee Rights and Protection | **X** | **--** | **X** |
| Performance Measures | In MY 2020, UHC had 53 of 81 HEDIS measures lower than 50th NCQA national benchmark. | **X** | **X** | **X** |
| Quality of Care Surveys – Member | In 2022, UHC performed below the national Medicaid average for All LOBs (excluding PPOs):<br>Adult CAHPS:<br>• Getting Needed Care<br>• How Well Doctors Communicate<br>• Rating of All Health Care<br>• Rating of Specialist Seen Most Often<br>Child General (Non-CCC) CAHPS:<br>• How Well Doctors Communicate<br>• Customer Service<br>• Coordination of Care | **X** | **X** | **X** |
| Network Adequacy | UHC did not meet 79% of the provider network distance standards, its adult PCP to member ratio dropped from 1.10% to 1.04% from MY 2019 to MY 2021. | **--** | **--** | **X** |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Quality Ratings | • Overall prevention (2.5 points)<br>• Overall prevention – Women's reproductive health (2 points)<br>• Overall prevention – Children and adolescent Well-care (2.5 points)<br>• Overall treatment (2.5 stars) | X | X | X |
| Recommendations to MCO to Address Quality, Timeliness, and Access | | | | |
| **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 | None indicated. | -- | -- | -- |
| **PIP 2:** Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | None indicated. | -- | -- | -- |
| **PIP 3:** Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older | None indicated. | -- | -- | -- |
| **PIP 4:** Improving Receipt of Global Developmental Screening in the First Three Years of Life | None indicated. | -- | -- | -- |
| **PIP 5:** Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate | None indicated. | -- | -- | -- |
| **PIP 6:** Behavioral Health Transitions in Care | None identified. | -- | -- | -- |
| **PIP 7:** Fluoride Varnish Application to Primary | None identified. | -- | -- | -- |

| UHC EQR Activity | Description | Quality | Timeliness | Access |
|---|---|---|---|---|
| Teeth of All Enrollees Aged 6 months through 5 years by Primary Care Clinicians | | | | |
| Compliance with Medicaid and CHIP Managed Care Regulations | For MCO recommendations to compliance elements that did not receive a "Met" determination refer to Appendix A. | **X** | -- | -- |
| Performance Measures | For MCO recommendations to compliance elements that received a "Not Met" determination refer to Appendix C. | **X** | **X** | -- |
| Quality of Care Surveys – Member | None identified. | -- | -- | -- |
| Network Adequacy | None identified. | -- | -- | -- |
| Quality Ratings | None identified. | -- | -- | -- |

UHC: UnitedHealthcare Community Plan of Louisiana; EQR: external quality review; PIP: performance improvement project; AOD: Alcohol and Other Drug; LOBs: lines of business; PPO: preferred provider organization; NCQA: National Committee for Quality Assurance; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CHIP: Children's Health Insurance Program; MY: measurement year; LOBs: lines of business; PPO: preferred provider organization; 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 ATR, 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, 2021–June 30, 2022:

**Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO's Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?**

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

## ABHLA Verbatim Response

**Actions to Reduce Disparities in Health Outcomes**
ABHLA has enrollee and data informed structures and processes to support continuous improvement in reducing health disparities. Multiple natural disasters and the COVID-19 pandemic have motivated the collaboration and implementation of processes to reduce disparities in access to vaccines, health care, medications, food, and basic needs for enrollees.

• **Health Care Equity/ Health Care Equity (HCE) Dashboard-** Aetna Medicaid launched the Health Care Equity (HCE) program. The HCE Dashboard assists with further planning activities and inventions to address health disparities. The tool's data sources include demographic data, HEDIS data and Utilization Management/claims data.

• **Education Campaign:** To inform enrollees and providers how to access the available ASL interpretations. Closed captioning for virtual committee meetings has also been made available.

• **SMS Campaign:** In 2021, ABHLA was the first MCO in Louisiana to initiate the SMS Campaign, which alerts, tracks, and connects members to receive immediate assistance during disaster events in real time. The goal is to ensure that members impacted by disasters have the support they need at the onset of a threat through immediate notifications and connections to available resources. The texts can be immediately activated through the HealthCrowd portal.

• **Housing**: Aetna Better Health Safe Home Support addresses the juncture of health and housing by offering eligible enrollees assistance in the identification and remediation of health-harming environmental factors in their homes (e.g., infestations, mold, utility interruptions, improper sewage drainage and treatment, and evictions), as well as access to legal services, if applicable. Aetna Better Health of Louisiana worked collaboratively with the plan's new Housing Administrator and the Integrated Care Management (ICM) team on developing an ICM Housing Referral Form that provides the ability to capture critical enrollee-level details, such as disability, employment status, extended family needs, etc. In doing so, ABHLA developed an inbox specific to housing referrals and aligned workflows to successfully identify and address enrollees' needs in a timely manner. In addition, ABHLA provides asthma home assessments throughout Louisiana and has invested in CHW training in parishes like East Baton Rouge to expand the reach of asthma interventions in partnership with LDH and Our Lady of the Lake Children's Hospital.

• **Social Isolation and Depression**- ABHLA utilizes Pyx Health, which focuses on social isolation and SDoH screening, contacting enrollees during transitions of care and linking to appropriate health plan and community resources. Pyx Health encourages access to a behavioral health follow-up event if the primary reason for utilizing the emergency department was physical health. Aetna Better Health of Louisiana is offering the Pyx app to enrollees in order to support enrollees with companionship and encourage self-management, connect enrollees to appropriate SDoH resources easily and quickly, and track and report member sentiments and needs in order to intervene with help.

• **Food Insecurity**: When an enrollee is identified as having a lack of food security, enrollees are offered and encouraged to work with care management for immediate food access and to work towards sustainable food for the family. Aetna Better Health Louisiana partners with various vendors to provide healthy meals based on enrollee needs, whether that's supporting SNAP benefits or a step-down process from Medically Tailored Meals. ABHLA also participates in the Healthy Families Produce Rx program. The Healthy Families Produce Rx program is funded by the U.S. Department of Agriculture through the 2018 Farm Bill. This program provides funding opportunities to conduct and evaluate projects providing incentives to increase the purchase of fruits and vegetables by low-income consumers.

• **Maternal Child Health**: ABHLA collaborates with LDH's Maternal, Infant, and Early Child Home Visiting Program, Nurse Family Partnership, Parents as Teachers, and Healthy Start to expand evidence-based maternal and child health intervention models for enrollees. In 2021, ABHLA had 2,397 confirmed pregnancies, with 499 of those being eligible for NFP/PAT enrollment. 21% of the pregnant population was referred to NFP/PAT services. Per month in 2022, we averaged 200 pregnancies, with 39 referred to NFP/PAT and 16 accepting enrollment in NFP/PAT. This yields 41% of pregnant enrollees referred to NFP/PAT accepting enrollment in the services.

• **Behavioral Health**: In Q2 2022, a Behavioral Health (BH) tool kit was created to enhance awareness of the plan's programs that can aid in the mental health of their patients and our enrollees. This is integral in creating the bridge between the physical medical health providers and the BH providers, understanding that both need to be addressed to promote total health equity. ABHLA also participates in the Louisiana Healthy Communities Coalition network, which coordinates network organizations' location- and population-specific health equity activities. In addition, ABHLA conducts school-based activities utilizing One-Telemed to reach adolescents in rural areas.

• **Hypertension**: ABHLA's Cutt'n the Pressure program grew from participation in the Louisiana Healthy Communities Coalition's network. In stratifying outcomes by RELD, ABHLA saw that Black males are particularly affected by hypertension in Louisiana. In Orleans Parish (Region 1), Black males experience hypertension at rates five times greater than White Non-Hispanic males. Addressing hypertension among Black enrollees is a primary focus for the plan's heart health strategy. Based on published clinical trials that identified culturally responsive care management to be effective, ABHLA developed a case management program with nurse case managers to engage high-risk Black enrollees in managing their hypertension.

• **Vaccines**: ABHLA collected and analyzed data and focused on efforts to have White Non-Hispanic enrollees in Region 5 vaccinated. Based on the data, this population had the lowest number of Medicaid recipients being vaccinated. ABHLA also nurtured partnerships with health care organizations such as DePaul and Ochsner, the Louisiana Department of Health, the Louisiana National Guard, various festivals in the state, and internal outreach coordinators to achieve this goal.

**Resources/Benefits**

Aetna Better Health of Louisiana currently utilizes FindHelp[1] (formerly Aunt Bertha) as a resource to find SDoH Community-Based Organizations (CBOs) in the community where the enrollee lives. When enrollees disclose a specific need, our care team searches FindHelp for resources and then follows up to
ensure that the need is met (e.g., closed loop referral process). FindHelp.org assists staff and enrollees in finding and connecting individuals to social services agencies and enables Aetna Better Health Louisiana to identify and address met and unmet SDoH needs of enrollees. Aetna Better Health of Louisiana provides enrollees access to online materials, interactive tools, and videos on multiple wellness and health promotion topics, including smoking and tobacco use cessation, nutrition, managing stress, and telemedicine services. The materials are also available in print. Enrollees have access to the following digital tools and platforms:

• **MyActiveHealth℠**: is a health assessment tool that makes it easy to take charge of your health. Enrollees can keep track of their medical history and healthy living tips based on survey results.

• **mPulse (formerly HealthCrowd™)**: is a communications orchestration platform that connects health plan enrollees with resources for improved health outcomes. Digital based texting and email campaigns connect members to the health plan and resources to improve health outcomes. This digital platform can collect, and report closed loop outcomes from digital campaigns.

• **Pyx Health**: is an innovative platform focused on helping enrollees who are experiencing loneliness and social isolation. Enrollees receive 24/7 access to a technology platform on their smart phone, computer, or tablet that provides them with self-management and support. Pyx Health also provides ANDY, who is trained to help support enrollees one-on-one when they screen lonely, depressed, anxious, or indicate any social determinant of health needs. Pyx Health ANDY's work directly with enrollees to assist them in connecting to community-based resources, their provider, or the health plan to overcome health and lifestyle obstacles affecting their health.

• **One Telemed**: The increasing use of telehealth services has allowed Aetna Medicaid to engage with enrollees who were previously not engaged to their vulnerability when leaving their home for health and social service needs. Engaging with enrollees through video conferencing and telephone conversations allowed staff to build a rapport with enrollees and learn more about the SDoH needs of the members. One Telemed, a vendor for virtual behavioral health counseling, including medication management. The plan also purchased a "Robot" to use to engage in virtual behavioral health sessions for students in schools where the plan has developed partnerships.

By linking enrollees to community-based resources to address their unmet SDoH needs, we contribute to improved health outcomes. All enrollees who are screened and have SDoH needs identified are referred to a Community-Based Organization (CBO) for resources or linked to a member of the care team who can support the enrollee in finding and accessing the resources needed.

## ACLA Verbatim Response

1. AmeriHealth Caritas Louisiana (ACLA) began analysis of the differences of HEDIS compliance regarding members' race, ethnicity and language. There has been increased focus on reducing disparities and growing a set of initiatives to address disparities across ACLA membership. The following actions and interventions were developed and implemented to address notable disparities in health outcomes for African American, Hispanic and rural members.

AFRICAN AMERICAN FOCUS

**Maternal Health.** ACLA utilized the Enrollee Advisory Council (EAC) to collect qualitative data on participants' experience with barriers to care as it pertains to prenatal and postpartum visits. Information collected is used to inform equity activities related to African American Maternal Health.

**Maternal Health.** ACLA worked to increase the compliance rate for African Americans for postpartum adherence within 7-84 days following a delivery. Outreach calls were made to members and appointments were scheduled for those needing a follow-up and education was provided on transportation services.

**Colorectal Cancer Screenings.** ACLA worked to increase the compliance rate for African Americans for colorectal cancer screenings based on a noted disparity in Louisiana. The team collaborated with two large provider groups in central and southwest Louisiana, using best practices to increase colorectal cancer screening amongst African American attributed members.

**Childhood Immunizations.** Data was obtained and stratified for children under age 2 in need of one or more childhood immunizations, showing a lower compliance rate among African American (race) and Hispanic (ethnicity) children. The Quality Management team distributed stratified lists for telephonic outreach by the Rapid Response and Outreach Team (RROT). Early in 2022, calls were placed to those members who are behind on immunizations and have birthdays between July-December.

2. **Well-child visits.** A disparity in the number of African American members completing essential well visits during the first year of life was discovered through data analysis. ACLA began mailing monthly reminder letters to African American members who turn 4 months of age who have had 3 or less well visits since birth.

**Follow up Appointments.** In 2021, a 6.6% rate difference was seen when comparing the African American to the Caucasian population for 30-day follow-up appointments for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had an ED visit for AOD. A readmission rate of 10.9% was also noted in the African American population for the same diagnoses.

- ACLA mailed member letters to educate members on the importance of scheduling follow-up visits within 7 days and 30 days of being seen in the ED. Telehealth and Care Management benefits were also included in the member mailer.

HISPANIC FOCUS

**Spanish-Language Enrollee Education.** To encourage usage of Medicaid services that support equity (interpretation, nurse helpline, transportation, Bright start maternity care, etc.), the Plan launched the *El*

*Conocimiento es Poder* (Knowledge is Power) education campaign which included a statewide member communication, updates to wellness center signage, and ongoing distribution of *El Conocimiento es Poder* (Knowledge is Power) collateral at community events. The campaign supported a reduction in disparities for Hispanic enrollees I rural areas related to Comprehensive Diabetes Care.

RURAL FOCUS

**Comprehensive Diabetes Care.** The Plan has instituted proactive enrollee education for newly diagnosed diabetic members living in rural areas. The information addresses barriers to care and includes messaging for low-risk diabetics in rural areas that might not be contacted based on clinical needs.

SOCIAL DETERMINANTS OF HEALTH

**Spanish-Language Education Survey.** The Plan conducted a statewide Spanish-language telephonic survey to assess enrollee awareness and education regarding preventive care, Plan programs that address Social Determinants of Health and social risk factors, and interest in care management. Information gathered is used to inform health equity programming aimed at Spanish-speaking enrollees that increases usage of Plan services that address social risk factors and social determinants of health.

**Community Based Organization Survey.** The Plan surveyed Community Based Organization partners across Louisiana to assess awareness of Plan services that address SDOH and identify community needs that are beyond the scope of CBO respondent capabilities. The information is used to inform communications and materials that target CBOs and will be used to inform health equity activities within existing partnerships and ongoing CBO communications.

**Student Wellness Survey.** ACLA's Quality Management team developed a Student Wellness Survey to collect barrier data for obtaining Pap test, HPV vaccine, Flu vaccine, COVID-19 vaccine, and annual well visits for Louisiana college students aged 18-24. Results will assist ACLA with creating population-based interventions to address barriers. Surveys collected REL data and surveys were completed anonymously among students attending 5 colleges and universities in 2022.

**Data Collection.** To increase the data pool for enrollees' SDOH status, the Plan's Care managers have increased SDOH screenings during quarterly observances of Health Equity Week. SDOH data collected from members is used to inform equity activities that address recurring or trending needs among demographic or geographic groups.

3. **Housing Support.** Stable housing is closely linked to successful outcomes for people living with HIV. ACLA collaborated with internal partners to develop a Standard Operating Procedure to address HVL Suppression non-compliant members identified as having a housing social determinant of health (SDOH) need.

**Food Access.** Members living in food deserts may lack access to fresh produce because of distance or lack of public transportation. ACLA partnered with outside entities, including providers, to execute and support a pilot nutrition initiative to provide fresh fruits and vegetables to members with chronic health conditions affected by diet living in rural areas/food deserts in regions 2, 3, and 9.

PROVIDER NETWORK

**Provider Discussions.** Quarterly Provider Advisory Council discussions are used to collect information on Provider barriers to patient engagement and awareness of Plan services that address SDOH. Qualitative data collected during PAC discussions is used to inform provider processes that support equity. The Plan's *Listen, Learn, Lead* learning collaborative discussions also gathered qualitative data on how to successfully engage Black mothers from providers that achieved higher rates of patient compliance related to Black Maternal Health.

**Provider Training.** Quarterly provider training covering equity and bias are offered free of charge and promoted through Plan communication channels.

**Provider Education.** Network providers receive scheduled messaging regarding equity as well as tools to incorporate equitable practices during quarterly Account Executive communications.

INTERNAL PROCESS IMPROVEMENT

**Medication Adherence – Pharmacy Search Upgrade.** The Plan's pharmacy website was enhanced to allow for more effective geographic searches for pharmacies providing delivery services. This is especially supportive for members living in rural areas experiencing transportation issues.

## HBL Verbatim Response

**Provider-Focused Initiatives and Interventions**
**SDOH Provider Incentive Program (PIP):** Providers are enrolled into a value-based program to incentive screening, referrals, and follow-up activities related to gaps in social drivers of health, ensuring that members received needed community-based services. The health plan will include aggregated rural health clinics in this value-based payment program beginning in 2023.
**Equity-focused provider trainings:** Offering various provider trainings, both live and online, to support continuing education especially on diseases that disproportionately affect particular populations (i.e. live training on Hepatitis C for CME credit, etc.). We've also developed an equity-specific provider training which includes sections on health disparities, implicit bias, and populations with specific needs such as the LGBTQ+ community. The Tribal Liaison also conducts in-person cultural competency trainings for providers.
**OB Quality Incentive Program (QIP):** Enrolling OB providers with high rates of disparate maternal and infant outcomes in OBQIP, including equity measures stratified by race specifically meant to decrease maternal mortality and other adverse birth outcomes.

**Member-Focused Initiatives and Interventions**
**Pyx digital tool:** Healthy Blue is leveraging the Pyx digital platform to support members experiencing loneliness or lack of social supports. The interactive tool allows for compassionate dialogue with Pyx health staff, connection to insurance benefits, assistance with closing social needs gaps and help with finding health resources.
**Mail-in colorectal cancer screening kits:** More than 10,000 COL FIT kits were mailed to designated members to help remove barriers to colorectal cancer screening access. Our Care Delivery Transformation team worked with participating providers to encourage utilization and return.
**Geaux Get Healthy Food Program:** Geaux Get Healthy Clinical Program is designed to bridge the community with health systems to improve food insecurity and health. The program does this by connecting food

insecure community members to nutrition education and providing access to resources while collecting data to inform change.

**Housing initiative for high BH utilizers:** Members with both high inpatient utilization and indication of homeless were identified and outreached by Case Management and our Housing Liaison. Flex Funds were made available to assist these members with securing stable housing, including payment for security deposit, first month's rent, basic furnishings, etc.

**Doula program:** In collaboration with a community-based doula services organization, we are able to offer doula services to pregnant members in six parishes in central Louisiana. This is a rural region of the state, and the doula program focuses on providing culturally concordant doula services to ensure that BIPOC (black, indigenous and people of color) members are appropriately supported with the aim of reducing adverse birth outcomes.

**OB screener for pregnant members:** Specifically identified Black and BIPOC pregnant members who are more likely to become high-risk pregnancies to complete OB screeners and initiate appropriate care and services. These members received additional outreach as well as health education.

**Regional diabetes and hypertension screening interventions:** Addressed regional disparities in HEDIS measures related to diabetes and hypertension screenings through geographically targeted Case Management outreach to help educate members on the need for services and close the gaps in care.

**Managing care for youth with specialized behavioral health needs:** Children and youth in foster care are included in Case Management services, including care coordination rounds with multidisciplinary teams (DCFS participating). Also participate in state CSOC (Coordinated System of Care) Governance Meetings and weekly rounds.

**Louisiana ACT 421 "Children's Medicaid Option":** Ensuring that members who meet criteria for "disabled" according to Social Security Administration can maintain their current providers. Case Management also provides care coordination and assistance with transitions of care.

**Enhanced Inpatient Member Interaction (EIMI):** Identifies members admitted for diagnoses common for causing readmissions; facilities experiencing higher volume of admits are targeted for intervention. Prior to COVID-19, the members were seen face-to-face. Due to the ongoing pandemic, the members are outreached by phone. Members with chronic conditions who are experiencing gaps in social needs are the main focus, specific attention is paid to closing gaps in needs and supporting care coordination.

**Hep C & Engagement and Treatment (IET) for Substance Use Performance Improvement Plans:** Healthy Blue initiated the Hepatitis C (HCV) Performance Improvement Project (PIP) in February 2020 and is continuing to date, aiming to increase HCV screenings for at-risk populations (intravenous drug users, formerly incarcerated, members experiencing homelessness, etc.) and increase treatment members identified as a probable or confirmed HCV diagnosis. A PIP is also in place for IET to connect members to providers to increase follow-up care for members with Substance Use Disorder.

**<u>Community-Focused Initiatives and Interventions</u>**

**Mobile cancer screenings:** Healthy Blue has collaborated with Mary Bird Perkins Cancer Center to support access to colorectal and breast cancer screenings and prevention education in rural communities where disparities were identified. We are also collaborating with Mary Bird Perkins to explore barriers and challenges to cancer prevention and treatment in communities in North Baton Rouge through a private several-year grant awarded to the provider.

**Tribal Liaison Cultural Competency Trainings:** Healthy Blue's liaison for indigenous tribal groups provides an array of cultural competency trainings for both providers and community organizations and supports our tribal members in overcoming barriers to healthcare access and utilization.

**Scholarship sponsorships at Historically Black Colleges and Universities** (**HBCUs):** Healthy Blue has sponsored multiple scholarships with HBCUs in Louisiana to support Black and BIPOC students aspiring to work within the healthcare field.

**Donations supporting healthy food access:** Donated several refrigerators to food pantries around the state to support access to fresh foods for community members in need; this is part of an ongoing campaign in which Healthy Blue has donated more than 30 refrigerators to support these pantries.
**COVID-19 vaccination partnerships:** Partnered with multiple Louisiana providers to promote access to and uptake of COVID-19 vaccinations through the Healthy Blue mobile clinic van, on-site health educational fairs, etc.
**Health Education Advisory Committee (HEAC):** Healthy Blue's HEAC meeting hosts member and stakeholder-involved activities, including arranging quarterly meetings for members and community stakeholders to share their experiences and concerns and offer feedback on health plan activities.

## LHCC Verbatim Response

Louisiana Healthcare Connections is committed to improving disparities and health outcomes for our members. LHCC's health equity approach is aligned with our population health strategy to ensure cultural issues and social determinants of health (SDOH) are identified, considered, and addressed. Data collection and analysis includes stratifying utilization and outcomes data using member demographics such as race, ethnicity, language, geography, and social determinants of health (SDOH) to identify disparities and prioritize identified opportunities for intervention. Areas for targeted intervention, such as improving HEDIS performance and reducing utilization costs, may be addressed through delivery of locally tailored and culturally relevant care to reduce identified disparities through member, provider, and community interventions. LHCC's focus on health equity and cultural competency was recognized through NCQA's Multicultural Health Care distinction awarded in 2022.

Quality improvement opportunities are identified, and interventions developed/informed through ongoing monitoring and analysis of various performance measures and outcome data. In addition to routine efforts targeting member health and HEDIS outcomes, various quality initiatives during the 2021-2022 review period were deployed to improve health equity and outcomes as well as social determinants of health (SDOH) for members. Interventions and initiatives aimed at improving health equity, outcomes and quality of care include the following:

- LHCC updated existing governance and committee structure to move beyond existing Culturally and Linguistically Appropriate Services (CLAS) workgroup to establish the Cultural Competency Committee under our Quality and Performance Improvement program.
- LHCC expanded staff training requirements that further support efforts towards health equity including education to address Social Determinants of Health (SDoH), Moving from Cultural Competence to Cultural Humility, Cultural Sensitivity, Language Assistance Programs, and Culturally and Linguistically Appropriate Services (CLAS).
- Cultural Needs and Preferences Analysis performed annually to ensure LHCC's Provider Network meets the cultural, ethnic, racial, and linguistic needs of enrollees.
- Communication and Language Assistance - targeted outreach initiatives were deployed for Spanish and Arabic speaking members, based on language disparity analysis for HEDIS and/or state performance improvement measures with disparate subpopulations identified.
- Continued promotion of telemedicine as an alternative to ensure continued access to care during the pandemic as well as for those with identified transportation barriers to care, including offering SafeLink phone eligibility to further support member access to care.
- LHCC is engaged in MCO collaborative with Volunteers of America & Determined Health's Community Health Worker (CHW) program for LDH Region 3 to implement a continuum of care that improves health equity for all members with a focus on colorectal cancer screenings and linkages to health plans to address the increased prevalence of colorectal cancer in this population. Food insecurity

interventions to improve member awareness, skill development, and promote healthy lifestyle and nutrition management through the following initiatives:
    - SNAP match programs with farmers markets
    - Nutrition education partnership with LSU AgCenter Expanded Food and Nutrition Program
    - LHCC collaboration to support LSU's healthy meals skill building videos and educational programs, promoting to LHCC members via social media, member websites, and available on demand.
- LHCC completed key informant interviews with Providers/Trusted Messengers in support of ongoing Neighborhood Initiatives in Lake Charles area, informing efforts to address identified disparities in childhood immunizations and maternity care metrics in key REL demographics and zip codes.
- Performance Improvement Projects (PIPs)
    - LHCC conducted disparity analyses for select state PIP populations, with identification of various disparate risk groups to inform/guide outreach and intervention efforts, such as aligning member outreach calls for pediatric Fluoride Varnish application with well child and immunization measure populations, coordinating hepatitis C treatment outreach with HIV risk groups
    - COVID-19 Vaccination Initiatives, including strategic provider partnerships and targeted member outreach strategies including geographic, RELD, and transportation-challenged stratifications to address member vaccination rates and target identified disparity areas for enhanced outreach and support; focusing provider network efforts on COVID-19 vaccine promotion and access in areas with identified member hesitancy (such as Caucasian members and rural demographics)
- Additional COVID-19 interventions including ongoing distributions of masks, and hand sanitizers during community events to promote healthy behaviors for continued COVID-19 prevention as pandemic restrictions evolve; as well as establishing a strategic partnership with Acadian Ambulance to provide on-site vaccinations during community events including identified disparity regions with lower vaccination prevalence.
- Updated LHCC's Health Equity Dashboard for improved stratification of key quality performance measures by race, ethnicity, language (RELD) and geography data to improve visibility into disparate populations and inform interventions to promote equity.

## UHC Verbatim 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 *2021 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 Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), Agency for Healthcare Research and Quality (AHRQ)'s Preventive Quality Indicators (PQIs), Louisiana vital records, and CMS-developed measures. This analysis included comparisons of Louisiana HEDIS performance to national benchmarks using the Medicaid National Committee for Quality Assurance (NCQA) *Quality Compass Medicaid*®.

Second, IPRO evaluated Louisiana Medicaid's quality monitoring activities. This evaluation consisted of a review of LDH 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 a guide to choosing a Medicaid plan, performance measure (PM) results, annual EQR technical reports, access and availability survey findings and a BH member satisfaction survey.

Third, IPRO evaluated state-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and EQR 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 (PIP) reports, MCO withhold of capitation payments to increase the use of value-based payment (VBP) and improve health outcomes, and the *Louisiana Health Information Technology Roadmap*. Other LDH department-wide quality initiatives, such as Taking Aim at Cancer in Louisiana, Louisiana Perinatal Quality Collaborative, Opioid Strategy and Hepatitis C Elimination Strategy were also reviewed.

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

# XIII. Appendix C

## Not Met Compliance Review Elements by MCO

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| **ACLA** | | | | | |
| Coordination and Continuity of Care | 6.30.2.1 | Ensure a best effort is made to conduct an initial screening of the member's needs within ninety (90) days of their enrollment date for all new members. If the initial attempt is unsuccessful, subsequent attempts shall be made within the ninety (90) day time period; | Not Met | The submitted documentation is in regards to state contract requirement 6.19.2, which does not address this requirement.<br><br>**Recommendation**<br>ACLA should create a policy, procedure, or program description that addresses this requirement. | ACLA agrees with this finding and will add additional verbiage to clarify that the initial screening of new members' needs should be conducted within ninety days of their enrollment date and that subsequent attempts are continued if the initial attempt is unsuccessful. |
| Coordination and Continuity of Care | 6.40.0 | The MCO shall submit Case Management Program policies and procedures to LDH for approval within thirty (30) days from the date the Contract is signed by the MCO, annually and prior to any revisions. Case Management policies and procedures shall include, at a minimum, the following elements: | Not Met | This requirement is not addressed by the 2020 Population Health Management Program Evaluation.<br><br>**Recommendation**<br>ACLA should create a policy, procedure, or program description that addresses this requirement. | ACLA agrees with this finding and will add additional verbiage to policy 168.302 - Development of Policies and Procedures. |
| Coordination and Continuity of Care | 6.42.4 | The MCO shall submit Chronic Care Management Program policies and procedures to LDH for approval within thirty (30) days of signing the Contract, annually and previous to any revisions. The MCO shall develop and implement policies and procedures that: | Not Met | The 2021 Program Strategy Report does not address the requirement.<br><br>**Recommendation**<br>ACLA should create a policy, procedure, or program description that addresses this requirement. | ACLA agrees with this finding and will add additional descriptions to the Program Strategy Report to address this requirement. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Quality Assessment and Performance Improvement Program (QAPI) | 14.5.4. | The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities. | Not Met | This requirement was not addressed in any policy or procedure. In response to IPRO's request for documentation, the plan indicated that this requirement was added to the 2021 Member Advisory Charter; however, since this addition was made after the review period, this requirement would be addressed in next year's review, but not this year's review.<br><br>**Recommendation**<br>The plan should include this requirement to the Member Advisory Charter going forward. | ACLA agrees with this finding and as indicated in column G, Findings, this requirement has been added to the Member Advisory Charter. |
| **ABHLA** | | | | | |
| Availability of services | 7.8.7<br>7.8.7.1 | Prenatal Care Services The MCO shall assist all pregnant members in choosing a pediatrician, or other appropriate PCP, for the care of their newborn babies before the beginning of the last trimester of gestation. In the event that the pregnant member does not select a pediatrician, or other appropriate PCP, the MCO shall provide the member with a minimum of fourteen (14) calendar days after birth to select a PCP prior to assigning one. | Not Met | The policy provided addresses detailed pre-natal care and educaction for the pregnant member. It does not address the selection of a pedicatrician or other appropriate PCP be the beginning of the last trimester.<br><br>Recommendation:<br>ABHLA should add the required language to relevant policies. | ABH agrees with this finding; however we do have policy no. 4400.15 Enrollee Member Enrollment, pg. 4 (Newborn Section). We will update the Prenatal Services about updating and working with the mother on selecting a PCP. ABH utilizes the Weekly pregnancy report to outreach members to offer CM engagement and assist with obtaining providers for mother (if needed) and newborn when members reached. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Coordination and Continuity of Care | 6.30.2.11.2. | Care managers follow-up with members with a behavioral health related diagnosis within 72 hours following discharge. | Not Met | The submitted policy and desktop procedure addresses discharges, but does not specify the diagnosis or timeframe stipulated in this requirement.<br><br>**Recommendation**<br>Aetna should create a policy, procedure, or program description to address this requirement. | ABH agrees with the finding and will take or has taken the following action to ensure improvement. · Check Updated 2022 desktop with BH timeframes. Currently states 24-48 hours for follow up<br>· Monthly audits of staff on this element |
| Coordination and Continuity of Care | 6.30.2.15 | For the behavioral health population, provide aftercare planning for members prior to discharge from a 24-hour facility. | Not Met | The Discharge Planning Policy is in regards to post-discharge care, which does not address this requirement (aftercare planning prior to discharge). Additionally, the Coordination of Member Care Policy references annual activities conducted to coordinate care, which does not address this requirement.<br><br>**Recommendation**<br>Aetna should create a policy, procedure, or program description to address this requirement. | ABH agrees with the finding and will take or has taken the following action to ensure improvement. · Create a desktop to address this element<br>· Monthly audits of staff on this element |
| Enrollee Rights and Protection | 12.9.2 | All written materials must be clearly legible with a minimum font size of ten-point, preferably twelve-point, with the exception of Member ID cards, and or otherwise approved by LDH. | Not Met | This requirement is not addressed by the member materials policy.<br><br>**Recommendation**<br>The entity should update the member materials policy to include this requirement. (Noted by the entity in the MCO comments column.) | ABH agrees and has updated the policy. See uploads. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Enrollee Rights and Protection | 12.9.4 | If a person making a testimonial or endorsement for a MCO has a financial interest in the company, such fact must be disclosed in the marketing materials. | Not Met | This requirement is not addressed by any policy or procedure.<br><br>**Recommendation**<br>The entity should update the member materials policy to include this requirement. (Noted by the entity in the MCO comments column.) | ABH agrees and has updated Policies 4600.05 (Member Coms) & 4600.40 (Advertising). See uploads. |
| Enrollee Rights and Protection | 12.9.5 | All written materials must be in accordance with the LDH "Person First" Policy, Appendix NN. | Not Met | This requirement is not addressed by any policy or procedure.<br><br>**Recommendation**<br>The entity should update the member materials policy to include this requirement. (Noted by the entity in the MCO comments column.) | This information is not currently in the policy. Marketing will update the policy.<br>ABH agrees and will update the policy. |
| Enrollee Rights and Protection | 12.9.6 | The quality of materials used for printed materials shall be, at a minimum, equal to the materials used for printed materials for the MCO's commercial plans if applicable. | Not Met | This requirement is not addressed by any policy or procedure.<br><br>**Recommendation**<br>The entity states that they have no commercial plans in Louisiana, however the state requirement belongs in a policy.<br><br>The entity should update the member materials policy to include this requirement. (Noted by the entity in the MCO comments column.) | Aetna Better Health does not have any commericals plans.<br>ABH agrees and has updated the policy, see attached. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Enrollee Rights and Protection | 12.9.15 | Except as indicated, the MCO may develop their own materials that adhere to requirements set forth in this document or use state developed model member notices. State developed model notices must be used for denial notices and lock-in notices. | Not Met | This requirement is not addressed by any policy or procedure.<br><br>**Recommendation**<br>The entity should update the member materials policy to include this requirement. (Noted by the entity in the MCO comments column.) | ABH agrees and has updated the policy. Please see policy no. 4600.05 in the uploads. |
| Fraud Waste and Abuse | 15.4.1 | Federal Financial Participation (FFP) is not available for services delivered by providers excluded by Medicare, Medicaid, or CHIP except for certain emergency services ; and | Not Met | The policy 3000.42 Excluded Individuals effective during the 2021 review period does not address this requirement. While it is addressed in policy 3000.42 Excluded Individuals 2022, the Revised date of this document is indicated as 04/12/2022, which is outside the review period.<br>**Recommendation**<br>No action is required by Aetna, as this issue was self-identified and added to the updated policy. | ABH agrees no further action is required. |
| Fraud Waste and Abuse | 15.4.2 | The MCO is responsible for the return to the State of any money paid for services provided by an excluded provider. | Not Met | The policy 3000.42 Excluded Individuals effective during the 2021 review period does not address this requirement. While it is addressed in policy 3000.42 Excluded Individuals 2022, the Revised date of this document is indicated as 04/12/2022, which is outside the review period.<br>**Recommendation**<br>No action is required by Aetna, as this issue was self-identified and added to the updated policy. | ABH agrees no further action is required. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Fraud Waste and Abuse | 15.7.10 | In the event LDH or its agent initiates a review on a network provider, a notification shall be sent to the MCO Special Investigation Unit (SIU) designee. The LDH notification of the intent to review shall include: provider name, NPI, city, and provider type, allegation or issue being reviewed, procedure codes or NDCs under review, date range for dates of service under review, and amount paid. The MCO shall have ten business days to indicate whether the claims were corrected or adjusted prior to the date of the notification from the Department. If the State does not receive a response from the MCO within ten business days, the State may proceed with its review. | Not Met | This requirement is not addressed, as the Aetna SIU Policy Dependence Statement effective during the 2021 review period does not address this requirement. While it is addressed in DRAFT A-LA Aetna SIU Policy Dependence Statement, the Revised date of this document is indicated as 07/12/2022 , which is outside the review period.<br>**Recommendation**<br>No action is required by Aetna, as this issue was self-identified and added to the updated policy. | ABH agrees no further action is required. |
| Fraud Waste and Abuse | 7.6.2.3 | The MCO shall not remit payment for services provided under this contract to providers located outside of the United States. The term "United States" means the fifty (50) states, the District of Columbia, and any U.S. territories. | Not Met | Although this requirement is addressed in A-LA Policy no. 6300.11, the Revised date is indicated as 02/14/2022, which is not within the review period, and cannot be considered for review.<br>**Recommendation**<br>No action is required by Aetna, as this issue was self-identified and added to the updated policy. | ABH agrees no further action is required. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| **LHCC** | | | | | |
| Coordination and Continuity of Care | 6.19.4.2 | In compliance with applicable quality assurance and utilization management standards: | Not Met | This requirement is not addressed by the Care Plan Development and Implementation Process or the Care Management Program Description.<br><br>**Recommendation**<br>LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination. | Agree; Added to document policy "LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx", pages 30 |
| Fraud Waste and Abuse | 7.6.2.2.1 | Revocation of the provider's home and community-based services license or behavioral health service license; | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| Fraud Waste and Abuse | 7.6.2.2.2 | Exclusion from the Medicaid program; | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |
| Fraud Waste and Abuse | 7.6.2.2.3 | Termination from the Medicaid program; | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |
| Fraud Waste and Abuse | 7.6.2.2.4 | Withholding of Medicaid reimbursement as authorized by the Department's Surveillance and utilization Review (SURS) Rule (LAC 50:I.Chapter 41); | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |

| | LA Citation | State Contract Requirements | Review Determination | Comments | MCO Comments |
|---|---|---|---|---|---|
| | | | | this issue was self-identified and added to the updated policy. | |
| Fraud Waste and Abuse | 7.6.2.2.5 | Provider fails to timely renew its home and community-based services license as required by the Home and Community-Based Services providers Licensing Standards Rule (LAC 48:I.Chapter 50); or | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |
| Fraud Waste and Abuse | 7.6.2.2.6 | The Louisiana Attorney General's Office has seized the assets of the service provider. | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |

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|---|---|---|---|---|---|
| Fraud Waste and Abuse | 7.6.2.3 | The MCO shall not remit payment for services provided under this contract to providers located outside of the United States. The term "United States" means the fifty (50) states, the District of Columbia, and any U.S. territories. | Not Met | The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.<br>**Recommendation**<br>No action is required by LHCC, as this issue was self-identified and added to the updated policy. | We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit. |
| **UHC** | | | | | |
| Coordination and Continuity of Care | 6.36.9.1.5 | Develop capacity for enhanced rates or incentives to behavioral health clinics to employ a primary care provider (physician, physician's assistant, nurse practitioner, or nurse) part- or full-time in a psychiatric specialty setting to monitor the physical health of patients. | Not Met | This requirement is not addressed in any policy or procedure. During the review, UHC acknowledged that this is a requirement to develop and needs additional work.<br><br>**Recommendation**<br>UHC should address this requirement in a policy and a process. | Plan agrees with recommendation. We will address with a policy and a process. |