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External Quality Review Annual Technical Report Aetna Better Health of Louisiana

Louisiana Department of Health

State Fiscal Year 2022

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

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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. 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 (PMs) 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[5] 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 Consumer Assessment of Healthcare Providers and Systems (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.

[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."

[5] Children's Health Insurance Program.

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 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 Recommendations** section.

Strengths Related to Quality, Timeliness, and Access

Performance Improvement Projects

Full validation results for 2021 PIPs and partial results for the 2022 PIPs are described in **Section III** of this report.

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

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)
   - **Strength:** Three performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.[6]
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
   - **Strength:** Seven performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.[6]

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

3. Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older
   - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.
4. Improving Receipt of Global Developmental Screening in the First Three Years of Life
   - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.

Validation of Performance Measures

IPRO's validation of the ABHLA 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 ABHLA 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 ABHLA's independent auditor, IPRO found that ABHLA was determined to be fully compliant with all seven of the applicable NCQA HEDIS Information Systems (IS) standards.

NCQA measurement year (MY) 2021 National Medicaid Benchmarks using National – All LOBs (Excluding PPOs and EPOs) are referenced in **Section IV**, unless stated otherwise.

HEDIS – Quality, Timeliness and Access

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

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

Review of Compliance with Medicaid and CHIP Managed Care Regulations

ABHLA achieved a fully "Met" compliance review in the following domains: Assurances of Adequate Capacity and Services; Grievance and Appeal Systems; Subcontractual Relationships; Practice Guidelines; and Health Information Services. A complete summary of ABHL's compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

ABHLA's pediatric PCP-to-member ratio increased from 1.31 % to 5.70% between MY 2018 and MY 2020, as shown in **Section VI**.

Quality of Care Surveys

Member Satisfaction

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

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

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

Statewide averages (SWAs) and ABHLA-specific CAHPS results for all adult and child members can be found in **Section VII**.

Quality Ratings

ABHLA scored high (4 points) in Consumer Satisfaction and Satisfaction with Plan Physicians, as found in **Section VIII**.

Opportunities Related to Quality, Timeliness, and Access

Performance Improvement Projects

ABHLA demonstrated opportunities to improve on five indicators in the Improving Rates for IET, FUA, and POD PIP and six indicators in the Improve Screening for HCV and Treatment Initiation PIP. A summary of all performance indicators is shown in **Section III**.

Validation of Performance Measures

HEDIS – Quality, Access, and Timeliness

In MY 2021, ABHLA had only 15 of 66 HEDIS measures/submeasures equal to or greater than 50th NCQA national percentile benchmark. ABHLA also had 5 of 66 HEDIS measures/submeasures lower than the 10th NCQA national percentile benchmark and 13 of 66 HEDIS measures/submeasures between the 10th and 25th NCQA national percentile benchmarks, as shown in **Section IV**.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

ABHLA 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; Quality Assessment and Performance Improvement; and Fraud, Waste and Abuse. A complete summary of ABHLA's compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

ABHLA adult PCP-to-member ratio dropped from 2.56% to 2.12% between MY 2018 and MY 2020 and met only 13% of the provider network distance standards, as shown in **Section VI**

Quality of Care Surveys

Member Satisfaction

ABHLA's adult member CAHPS scores ranked below the 50th percentile for Getting Needed Care, Rating of Specialist Seen Most Often, and Rating of Health Plan measures.

ABHLA's child members without chronic conditions CAHPS scores ranked below the 50th percentile for the Getting Care Quickly and Rating of Specialist Seen Most Often measures.

ABHLA's child members with chronic condition(s) CAHPS scores ranked below the 50th percentile across five of the nine CAHPS measures: Getting Needed Care, Getting Care Quickly, Coordination of Care, Rating of Specialist Seen Most Often, and Rating of Health Plan.

SWAs and ABHLA-specific CAHPS results for all adult and child members can be found in **Section VII**.

Quality Ratings

ABHLA scored low (two and a half points) on Prevention as well as Children and adolescent Well-Care and Other Treatment measures with two points, as shown in **Section VIII**.

Conclusion

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

Recommendations for LDH

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

Recommendations for MCO

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

II. Louisiana Medicaid Managed Care Program

Managed Care in Louisiana

On February 1, 2012, 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.
MCO: managed care organization.

Louisiana 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 Questionnaire

For this year's technical report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, and geography. MCOs were asked to respond to the following questions for the period July 1, 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 the MCO response is presented below. Full verbatim response is displayed in **Appendix A**.

Summary of ABHLA Response

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

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 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 obstetricians/gynecologists (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 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 (CM) outreach;
   c. direct provider input from focus groups, quality meetings, surveys, and/or CM outreach; and/or
   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 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 PM 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, 2020, to December 31, 2020. 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

IPRO's detailed PIP validation findings are summarized in **Table 4**. PIP summaries including aim, interventions, and performance summary are displayed in **Table 5** and **Table 6**.

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

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

Table 4 shows the validation results for the above PIPs (note that the validation elements in table subsections 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

ABHLA – PIP Validation Elements[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana 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	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP 7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
Attestation Complete with Signatures	PM	PM	PM	M	M	M	M
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,	M	M	PM	M	M	M	M

ABHLA – PIP Validation Elements[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana 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	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP 7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
with rationale (e.g., benchmark)							
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	N/A	N/A	M	N/A	N/A	N/A
4. Barrier Analysis							
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

ABHLA – PIP Validation Elements[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana 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	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP 7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
5. Robust Interventions							
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

ABHLA – PIP Validation Elements[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana 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	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP 7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
a. Table shows performance indicator rates, numerators, and denominators	M	M	PM	M	M	M	M
a. Table shows performance indicator rates, numerators, and denominators	M	M	PM	M	M	M	M
e. One or more member ITMs showed improvement and impact (volume)	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist and this review was for the proposal	M	M
f. One or more provider ITMs showed improvement and impact (volume)	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version	Not Applicable; this element added in later version of checklist	Not Applicable; this element added in later version of checklist and this review was for the proposal	M	M
6. Results Table							
a. Table shows performance indicator rates, numerators, and denominators	M	M	PM	M	M	M	M

ABHLA – PIP Validation Elements[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana 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	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP 7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
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	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	--	--	--

[1] There are three levels of validation findings results: Met (M); Partially Met (PM); and Not Met (NM).

PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; FUA: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence; POD: Pharmacotherapy for Opioid Use Disorder; HCV: hepatitis C virus; COVID-19: 2019 novel coronavirus; MCO: managed care organization; N/A: not applicable; QI: quality improvement.

PIP 1: Improving Rates for IET, FUA, and POD

Through a review conducted on 1/12/2022, IPRO determined that the following validation element of the Improving Rates for IET, FUA, and POD PIP report submitted by ABHLA did not achieve full compliance:

7a. Partially Met. The discussion should tie analysis of ITMs to performance indicators to identify drivers and barriers. For example, ITM 9 monitors the proportion of members previously admitted to any American Society of Addiction Medicine (ASAM) level for opioid use disorder who were engaged with follow-up 30 days after an ASAM facility visit, with quarterly 2021 rates ranging from 85.3% to 91.59%. Similarly, ITM 11 showed progress in transition to a lower level of treatment following discharge from inpatient detox treatment, with a rate of 40.78% in quarter 4 2021. In contrast, Performance Indicator 8 for follow-up within 30 days of an emergency department (ED) visit for AOD was substantially lower, at 15.01% in 2021. In order to drive improvement, the discussion should address questions such as, "Why are members successfully engaged in CM after hospitalization but not ED visits?" and "How can CM interventions be modified for improved performance for follow-up after AOD ED visits?".

PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation

Through a review conducted on 1/19/2022, IPRO determined that the following validation element of the Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation PIP report submitted by ABHLA did not achieve full compliance:

7a. Partially Met. PMs were not consistently interpreted by indicating percentage point changes across timeframes. There was a lack of objective interpretation of ITM data to support the discussion of factors associated with success or failure. ITM data should be indicated in Table 4 without duplication in additional tables. Limitations in identifying ABHLA members at community events is a threat to external validity, rather than internal validity, because findings cannot be generalized to the ABHLA member population.

PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older

Through a review conducted on 1/4/2022, IPRO determined that the following validation elements of the Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older PIP report submitted by ABHLA did not achieve full compliance:

1a. 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 MCO 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. Additionally, Table 1 did not 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 Microsoft® 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%.
7a. 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. Partially Met. 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

Through a review conducted on 1/10/2022, IPRO determined that the following validation elements of the Improving Receipt of Global Developmental Screening in the First Three Years of Life PIP report submitted by ABHLA did not achieve full compliance:

4b. Partially Met. Barriers should be stated as the problems that are obstacles and/or root causes to be addressed by interventions in order to attain the study aims and objects. As currently stated, these are not barriers but instead are objectives.
5a. Partially Met. See review comment for 4b.
7a. Partially Met. The performance indicator point changes from baseline to final measurement were not discussed. Success or failure was not discussed in terms of ITM data, which is intended to inform whether interventions are working and, if not, modifications are made to address barriers/root causes behind failure.

PIP 5: Improve HCV Pharmaceutical Treatment Initiation Rate

Through a review conducted on 4/6/2022, IPRO determined that the following validation elements of the Improve HCV Pharmaceutical Treatment Initiation Rate PIP report submitted by ABHLA did not achieve full compliance:

2c. Partially Met. There were no new or enhanced interventions indicated in this section. Although Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for 2022. Based upon lessons learned from the conduct of this PIP during 2021, 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. 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, answer the first question in this section.
4a–d. Partially Met. What are the current barriers specific to each susceptible subpopulation? What are the current barriers to members with HCV overall? Although Appendix A lists barriers, it is not clear which barriers represent those that are being focused on for this PIP that is currently refocused on HCV treatment. Based upon lessons learned from the conduct of this PIP during 2021, indicate in the Barrier Analysis table, in the appropriate rows, member and provider barriers, as well as the methodology used to obtain that direct feedback. Use QI tools to update QI strategies.
5a,c,d. Partially Met. There were no new or enhanced interventions indicated in this section. Although Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for 2022. What are the tailored and targeted interventions for the susceptible subpopulations and corresponding ITMs? Based upon lessons learned from the conduct of this PIP during 2021, 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

Through a review conducted on 4/6/2022, IPRO determined that the following validation elements of the Behavioral Health Transitions in Care PIP report submitted by ABHLA did not achieve full compliance:

3b. Partially Met. Eligible population and sampling were addressed; however, the Data Collection section does not include methodologies for obtaining direct member and provider feedback on barriers/drivers, and this section did not remove the statement about the Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians PIP.
4a. Partially Met. See review comment for 3b. Subsequent quarterly reports should indicate: (1) selected susceptible subpopulations, (2) barriers, (3) tailored and targeted interventions to address barriers, and (4) corresponding ITMs.
4b. Partially Met. Data Collection section does not include methodologies for obtaining direct member feedback on barriers.
4c. Partially Met. Table 1 does indicate plans to perform outreach to high-performing hospitals to identify drivers and spread successes to lower-performing hospitals, and this should be described in the Data Collection section. The Data Collection section should also include methodologies for obtaining direct provider feedback on barriers.
4d. Partially met. Consider inclusion of intervention for low-performing hospitals, as well as tailored and targeted interventions.
5a. Partially Met. See review comments for 4a, 4b, and 4c.
5c. Not Met. Enter planned and actual start date into Table 4c of the annual report and report ITMs in subsequent quarterly and annual reports.
5d. Partially Met. Pending data reported in subsequent quarterly and annual reports.

PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians

Through a review conducted on 3/2/2022, IPRO determined that the following validation elements of the Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians PIP report submitted by ABHLA did not achieve full compliance:

1c. Partially Met. ABHLA identified Regions 4 and 7 as "underserved;" however, the correct interpretation is that subgroups with higher percentages represent disproportionate under-representation because the subgroup composes a greater proportion of the eligible population than they do of the population who received the evidence-based care. Thus, dividing the population proportion by the evidence-based care proportion results in a higher Index of Disproportionate Under-representation. The resultant susceptible subpopulations would more accurately be identified as follows: children aged 3−5 years; American Indian; Asian; Disabled; and Regions 1, 5, and 8.
3b. Partially Met. The Procedures section states that sampling will not be used yet also discusses surveys and chart reviews that utilize sampling. Reconcile and remove any documentation that is not relevant to this PIP. In the Data Collection section, explain the methodologies for obtaining direct member and provider feedback about barriers and drivers on an ongoing basis.
4a. Partially Met. The Analysis of Disproportionate Under-representation was partially calculated. Multiply by 100 to determine the final index. The findings were not utilized. Table 4c should list the susceptible subpopulations (i.e., children aged 3-5 years; American Indian; Asian; Disabled; and Regions 1, 5, and 8), conduct a barrier analysis, indicate barriers, and develop tailored and targeted interventions to meet the

unique needs of each disparity population prioritized for this PIP. Findings should be indicated in Table 4, (i.e., susceptible subpopulations), barriers identified for each subpopulation should be prioritized for initial outreach and intervention, and the intervention should be developed to address each barrier. In subsequent quarterly reports, utilize Table 4 to document both barriers and interventions.

4b. Not Met. Document barriers identified by member feedback, with methodology also documented, in Table 4a of the annual PIP report. In subsequent quarterly reports, utilize Table 4 to document both barriers and interventions. Barrier Analysis should be conducted on an ongoing basis in response to stagnating or declining ITMs.

4c. Not Met. Document barriers identified by provider feedback, with methodology also documented, in Table 4a of the annual PIP report. In subsequent quarterly reports, utilize Table 4 to document both barriers and interventions. Barrier analysis should be conducted on an ongoing basis in response to stagnating or declining ITMs.

5a. Partially Met. See review comments for 4a, 4b, and 4c. Elaborate on Intervention 5a: "Utilization of technologies to ensure education of guardians". What technologies? Does the term "guardian" reference children in foster care? Also elaborate on Intervention 5b (e.g., what is the intervention to work with guardians to get enrollees into the PCP office for treatment?).

5c. Not Met. There are no planned start dates to support plans to implement new interventions.

5d. Partially Met. Pending reporting of data in subsequent quarterly reports, as well as specification of ITMs to monitor interventions to address disparity subgroups.

Table 5 shows the validation elements and results of the PIPs active during the ATR review period.

Table 5: 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
Aim To improve the rate of IET, FUA, and POD by implementing enhanced interventions to test the change concepts indicated in the driver diagram to achieve the following objectives: 1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of 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; and • ASAM Motivational Interviewing Workshop; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers. 2. Link PCPs for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (https://www.samhsa.gov/sbirt/resources), and encourage primary care conduct of SBIRT for youth and adults; targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC, and urgent care providers. 3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols).

4. Provide MCO enhanced care coordination (e.g., BH integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).
5. Other interventions as informed by the MCOs' barrier analyses conducted as part of the PIP process.

Interventions

1. Provide first-line medical provider education supporting screening, brief intervention, and referral for the following providers:
   - ob/gyn;
   - EDs;
   - Pain Management;
   - PCP (Family Practice, Internal Medicine);
   - Pediatricians; and
   - Urgent Care (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers).
2. Educate providers about evidence-based SBIRT screening best practices (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers) and billing procedures.
3. Increasing number of MAT prescribers in rural areas of Regions 5, 6, and 7 outside of Lake Charles, Alexandria, and Shreveport.
4. Increase outreach to educate providers of local SUD treatment and concurrent psychosocial treatment and referral procedures for higher levels of care with a focus in rural areas of Regions 5, 6, and 7 outside of Lake Charles, Alexandria, and Shreveport.
5. Educate ED providers and follow-up practitioners on the appropriate care and provision of a resource list.
6. Monitor education of outpatient providers who would follow-up for AOD after ED about evidence-based follow-up care.
7. Monitor MCO CM referral and appointment scheduling of transitions in care from ED to community (recovery coach).
8. Enhance case management for the SUD involved SHCN populations, including increased face-to-face contact and care coordination for members to ensure appropriate continuity of care.
9. Enhance 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. Utilize TeleMed to assist in the management for the involved members within this population who have had a hospitalization seven 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 2.1 as indicated) following discharge from 4-WM (medically-managed detox in the hospital; and
13. Implement 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% in 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.

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- 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 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 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 five 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 two 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 2020−2021 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 due several ITM miscalculations.

Aim

To improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by 10 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 (1) PCPs for screening, and (2) 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; and
   - 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. Enhance case management outreach for HCV treatment initiation.
2. Enhance 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. Enhance case management outreach for HCV screening.
4. Launch education campaigns for risks and recommend members get tested.
5. Enhance outreach for HCV screening through member services.

6. Provide provider education regarding sofosbuvir/velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
7. Provide 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 is a potential gap. CDC protocol is to screen at or over 18 months for an accurate screening.
11. Implement CDC guidelines for screening a specific subpopulation.
12. Implement 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 Q4.

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

To 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.
5. Provider Interventions:
    - Distribute listings of COVID-19 vaccine-eligible enrollees, as well as listings of pharmacy vaccination sites and other LINK-enrolled providers, to PCPs.

- 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.

6. Collaborate with state and local partners:
   - 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.
   - Collaborate with the Office of Public Health on vaccine education materials.

Performance Improvement Summary

Strengths:

- Annual performance indicators with an average monthly percentage point increase of at least three percentage points:
  - Indicator 1a. Persons aged 16+ years 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 aged 16+ years 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 aged 12−15 years 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 aged 12−15 years 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).
- 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 aged 16+ years 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 aged 16+ years 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%.
- Intervention tracking measures that showed improvement:
  - ITM 1B. The percent of enrollees aged 16+ years 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 MCO 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. Additionally, Table 1 did not 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 Microsoft 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

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

Interventions

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Develop member gap reports, stratify by provider, and distribute to providers.
3. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a PCP chart review of a random sample of 30 eligible population charts with CPT® Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening.
5. 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.
6. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.
7. Implement tailored and targeted intervention for susceptible subpopulation 6a and work with community outreach to leverage external partner in Regions 1, 2, 4, and 7 to increase education on developmental global screening.
8. Implement tailored and targeted intervention for susceptible subpopulation 6a and work with BH staff to ensure continuity of care for members identified with Autism.
9. Increase the number of members receiving screens through telemedicine.

Performance Improvement Summary

Strengths:

- 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 University Louisiana Monroe (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%.
- ITM 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.
- Interventions identified by the MCO 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 HCV Pharmaceutical Treatment Initiation Rate
Validation Summary: N/A.

Aim
To improve the Healthy Louisiana initiation of HCV pharmaceutical treatment rate by 10 percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective:
   - 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):
     - persons who use drugs; and
     - 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
1. Enhance case management outreach for HCV treatment initiation.
2. Educate BH providers on linkage between SUD and HCV and treatment options.
3. Educate BH providers on linkage between HIV and HCV and treatment options.
4. Provide provider education regarding sofosbuvir/velpatasvir 400-100 (AG Epclusa: Preferred) prescription.
5. Provide provider education of how to treat members once screened via Algorithm and other education materials.
6. 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.
7. 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, indicate the measurement year represented by the data.
- 2c. Partially Met. There were no new or enhanced interventions indicated in this section. Although Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for 2022. Based upon what lessons learned from the conduct of this PIP during 2021, 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. 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, answer the first question in this section.
- 4a–d. Partially Met. What are the current barriers specific to each susceptible subpopulation? What are the current barriers to members with HCV overall? Although Appendix A lists barriers, it is not clear which barriers

represent those that are being focused on for this PIP that is currently refocused on HCV treatment. Based upon lessons learned from the conduct of this PIP during 2021, indicate in the Barrier Analysis table, in the appropriate rows, member and provider barriers, as well as the methodology used to obtain that direct feedback. Use QI tools to update QI strategies.

- 5a,c,d. Partially Met. There were no new or enhanced interventions indicated in this section. Although Appendix A lists barriers and opportunities for improvement, it is not clear what interventions are newly implemented for 2022. What are the tailored and targeted interventions for the susceptible subpopulations and corresponding ITMs? Based upon lessons learned from the conduct of this PIP during 2021, 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 ED Visit for Mental Illness, and (3) Follow-up After ED Visit for AOD Abuse or Dependence, by implementing interventions.

Interventions

1. Enhance hospital-to-MCO workflow for notification of hospital and ED admissions, discharges, and transfers (ADT):
   - Develop or enhance real-time/near-real-time ADT data exchange for BH-related emergency department visits and hospital stays.
   - Streamline and improve processes for obtaining and documenting member's consent to share information with aftercare providers.
   - Ensure hospitals and emergency departments have user-friendly, accessible provider directories, which indicate BH providers with availability for urgent aftercare appointments.
   - Perform medication reconciliation to ensure medication is on approved formulary and member has access to medication.
   - Provide enhanced MCO case/care management to ensure aftercare planning for members prior to discharge from hospital or emergency department:
     - Identify and address social determinants of health, which may serve as a barrier to aftercare.
     - 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.).
     - Ensure member understands discharge plan using teach-back methods to address health literacy.
     - Educate members on purpose and importance of aftercare appointments, and how to reschedule appointments if the scheduled time does not work.
     - Provide follow-up to member within 72 hours following discharge from hospital or emergency department to identify and address any unmet needs.
     - Provide ongoing MCO case management to members with special health care needs.
2. 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.
3. Link members to aftercare with BH providers prior to discharge from hospital or ED for members enrolled in case management and for members not enrolled in case management:
   - Develop and implement at least three strategies to increase warm hand-offs to BH providers to ensure member continuity of care. At least, one 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 provider with which there is an established relationship, then spread successes over the course of the PIP.
   - Develop and implement strategies for reminding members regarding upcoming BH appointments.

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• Share critical member information that 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 three days following member's discharge from the hospital or ED through provider-friendly, automated processes (e.g., provider portal) in accordance with the privacy requirements in *Title 45 CFR Parts 160* and *164*, *Title 42 CFR Part 2*, and other applicable state and federal laws. 4. Identify and address needs of subpopulations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ. 5. 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 To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children aged 6 months through 5 years who received fluoride varnish application by their PCP by implementing new or enhanced interventions. **Interventions** 1. Enhance MCO CM member outreach and education with dental provider appointment scheduling. 2. Enhance provider outreach and education using care gap reports, AAP guidelines on Fluoride Use in Caries Prevention, and LDH bulletin regarding reimbursement and course requirements/links, as well as Well-Ahead Louisiana resources. 3. Utilize technologies to ensure education of guardians on receiving fluoride varnish treatment in the PCP office for appropriate ages. 4. Work with guardians to get enrollees into the PCP office to receive treatment. 5. Educate PCP on the practice of applying fluoride varnish in the office setting and appropriate utilization of CPT Code 99188. 6. Work with providers to ensure that fluoride varnish treatments are occurring in the office. **Performance Improvement Summary** N/A.

ABHLA: Aetna Better Health of Louisiana; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; 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; MAT: medication-assisted treatment; SUD: substance use disorder; SHCN: special health care needs; ITM: intervention tracking measure; OTP: opioid treatment program; CY: contract year; YTD: year to date; Q: quarter; AG: authorized generic; CDC: Centers for Disease Control and Prevention; ACIP: Advisory Committee on Immunization Practices; BH: behavioral health; 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; SMI: serious mental illness; LGBTQ: lesbian, gay, bisexual, transgender, queer; NCQA: National Committee for Quality Assurance; AAP: American Academy of Pediatrics; CFR: Code of Federal Regulations.

Table 6 shows IPRO's assessment of PIP indicator performance for MY 2021 by topic.

Table 6: Assessment of ABHLA PIP Indicator Performance – Measurement Year 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), (2) Follow-up After ED Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for OUD (POD)	
1	Initiation of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort **Baseline:** 48.63% **Final:** 53.38% **Target:** 52.37%	Target met and performance improvement demonstrated.
2	Initiation of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort **Baseline:** 62.07% **Final:** 68.98% **Target:** 69.62%	Target not met, but performance improvement demonstrated.
3	Initiation of AOD Treatment: Total age groups, total diagnosis cohort **Baseline:** 50.66% **Final:** 54.38% **Target:** 55.49%	Target not met, but performance improvement demonstrated.
4	Engagement of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort **Baseline:** 13.26% **Final:** 16.89% **Target:** 16.56%	Target met and performance improvement demonstrated.
5	Engagement of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort **Baseline:** 27.24% **Final:** 34.24% **Target:** 35.95%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, total diagnosis cohort **Baseline:** 16.14% **Final:** 19.57% **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 **Baseline:** 13.78% **Final:** 15.01% **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 **Baseline:** 9.25% **Final:** 9.40% **Target:** 12.73%	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 aged 16 years and older with a diagnosis of OUD **Baseline:** N/A **Final:** 37.72% **Target:** 52.98%	Unable to evaluate performance at this time.

ABHLA Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation		
1a	Universal Screening **Baseline:** 16.00% **Final:** 21.68% **Target:** 26.00%	Target not met, but performance improvement demonstrated.
1b	Birth Cohort Screening **Baseline:** 18.00% **Final:** 22.48% **Target:** 28.00%	Target not met, but performance improvement demonstrated.
2a	Non-birth Cohort/Risk Factor Screening – Ever Screened **Baseline:** 33.00% **Final:** 42.01% **Target:** 43.00%	Target not met, but performance improvement demonstrated.
2b	Non-birth Cohort/Risk Factor Screening – Annual Screening **Baseline:** 17.00% **Final:** 18.38% **Target:** 27.00%	Target not met, but performance improvement demonstrated.
3a	HCV Treatment Initiation – Overall **Baseline:** 16.00% **Final:** 31.06% **Target:** 26.00%	Target met and performance improvement demonstrated.
3b	HCV Treatment Initiation – Persons Who Use Drugs **Baseline:** 14.00% **Final:** 31.55% **Target:** 24.00%	Target met and performance improvement demonstrated.
3c	HCV Treatment Initiation – Persons with HIV **Baseline:** 7.00% **Final:** 46.47% **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 vaccine **Baseline:** 17.19% **Final:** 36.40% **Target:** 27.19%	Target met and performance improvement demonstrated.
1b	Receipt of a complete vaccine series **Baseline:** 16.21% **Final:** 36.02% **Target:** 26.21%	Target met and performance improvement demonstrated.
2a	White enrollees receiving at least one dose **Baseline:** 14.93% **Final:** 31.96% **Target:** 24.93%	Target met and performance improvement demonstrated.
2b	Black enrollees receiving at least one dose **Baseline:** 18.97% **Final:** 39.94% **Target:** 26.55%	Target met and performance improvement demonstrated.
2c	Hispanic enrollees receiving at least one dose **Baseline:** 21.81%	Target met and performance improvement demonstrated.

ABHLA Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Final: 44.60% **Target:** 31.81%	
3a	White enrollees receiving a complete vaccine course **Baseline:** 14.01% **Final:** 31.63% **Target:** 24.01%	Target met and performance improvement demonstrated.
3b	Black enrollees receiving a complete vaccine course **Baseline:** 15.69% **Final:** 39.51% **Target:** 25.69%	Target met and performance improvement demonstrated.
3c	Hispanic enrollees receiving a complete vaccine course **Baseline:** 20.60% **Final:** 44.19% **Target:** 30.60%	Target met and performance improvement demonstrated.
4a	Children: Receipt of at least one dose of vaccine **Baseline:** N/A **Final:** 9.21% **Target:** 10.00%	Unable to evaluate performance at this time.
4b	Children: Receipt of a complete vaccine series **Baseline:** N/A **Final:** 9.09% **Target:** 10.00%	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 **Baseline:** 24.82% **Final:** 16.83% **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 **Baseline:** 18.25% **Final:** 18.13% **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 **Baseline:** 11.68% **Final:** 12.42% **Target:** 21.68%	Target not met, and performance decline demonstrated.

Red: target not met, and performance decline demonstrated; yellow: target not met, but performance improvement demonstrated; green: target met and performance improvement demonstrated; grey: unable to evaluate performance at this time.
PIP: performance improvement project; ABHLA: Aetna Better Health of Louisiana; AOD: alcohol and other drug; OUD: opioid use disorder; ED: emergency department; COVID-19: 2019 novel coronavirus; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome; N/A: not applicable.

IV. Validation of Performance Measures

Objectives

Federal requirements from the 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

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

Based on a review of the FARs issued by ABHLA's independent auditor, IPRO found that ABHLA was determined to be *fully compliant* with all seven of the applicable NCQA IS standards. HEDIS rates produced by ABHLA were reported to the NCQA. ABHLA's compliance with IS standards is highlighted in **Table 7**.

Table 7: ABHLA Compliance with Information Systems Standards – MY 2021

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

ABHLA: Aetna Better Health of Louisiana; MY: measurement year; IS: Information Systems; 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. **Tables 8–10** display the 81 measures indicators required by LDH. Red cells indicate that the measure fell below the NCQA 50th percentile, green indicates that the measure was at or above the 50th percentile. **Table 11** displays a summary of ABHLA's HEDIS measure performance.

Table 8: ABHLA HEDIS Effectiveness of Care Measures – MY 2021

HEDIS Measure	ABHLA	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	54.64%	52.96%
Pharmacotherapy for Opioid Use Disorder (POD)	42.19%	31.72%
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)		
Initiation of AOD	53.78%	54.64%
Engagement of AOD	20.34%	19.23%
Use of First-Line Psychosocial Care for Children and Adolescent Antipsychotics (APP)	71.43%	64.02%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	63.09%	57.91%

HEDIS Measure	ABHLA	Statewide Average
Effective Continuation Phase Treatment	46.89%	40.82%
Breast Cancer Screening (BCS)	53.67%	54.04%
Cervical Cancer Screening (CCS)	53.53%	58.17%
Childhood Immunization Status (CIS)		
DTaP	65.69%	66.71%
IPV	85.16%	86.13%
MMR	78.83%	82.36%
HiB	81.51%	82.83%
Hepatitis B	84.91%	88.31%
VZV	79.56%	82.67%
Pneumococcal conjugate	66.67%	65.85%
Hepatitis A	76.89%	78.94%
Rotavirus	63.50%	64.61%
Influenza	27.01%	27.56%
Combo 3	60.34%	61.53%
Combo 7	49.15%	52.12%
Combo 10	19.46%	20.59%
Chlamydia Screening in Women (CHL) – Total	59.44%	62.40%
Colorectal Cancer Screening (COL)	34.76%	38.69%
Comprehensive Diabetes Care (CDC)		
HbA1c Testing	85.64%	83.64%
HbA1c Poor Control (> 9.0%)[1]	35.28%	44.32%
HbA1c Control (< 8.0%)	55.47%	47.49%
Eye Exams	51.58%	54.48%
Blood Pressure Control (< 140/90 mm/Hg)	53.77%	52.80%
Controlling High Blood Pressure (CBP)	54.50%	54.73%
Diabetes Screening for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Medications (SSD)	83.58%	82.24%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	63.64%	64.25%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	70.97%	72.67%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
Blood Glucose Testing	54.43%	52.41%
Cholesterol Testing	29.11%	28.23%
Blood Glucose and Cholesterol Testing	27.22%	27.30%
Lead Screening in Children (LSC)	61.07%	64.78%
CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	76.87%	80.04%
CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan − General Population, 8+9+10)	87.13%	86.37%
Initiation of Injectable Progesterone for Preterm Birth Prevention	17.69%	19.16%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	34.25%	34.61%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	16.89%	20.12%
Within 30 Days of Discharge	35.55%	39.60%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
Within 7 Days of Discharge	21.18%	21.69%
Within 30 Days of Discharge	30.52%	35.35%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		

HEDIS Measure	ABHLA	Statewide Average
Within 7 Days of Discharge	9.81%	8.64%
Within 30 Days of Discharge	16.13%	13.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	38.43%	38.00%
Continuation Phase	52.38%	51.70%
Immunization Status for Adolescents (IMA)		
Meningococcal	79.08%	85.98%
Tdap/Td	79.32%	86.47%
HPV	32.60%	41.17%
Combo 1	78.59%	85.54%
Combo 2	32.12%	40.86%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	78.18%	72.80%
Discussing Cessation Medications	42.73%	46.55%
Discussing Cessation Strategies	43.52%	41.71%
Plan All-Cause Readmissions (PCR)		
Observed Readmission (Num/Den)	9.96%	10.35%
Expected Readmissions Rate	9.79%	9.59%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.0178	1.0800
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	81.26%	80.79%
Statin Adherence 80%: Total	70.82%	64.96%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Body Mass Index (BMI) Assessment for Children/Adolescents (WCC)		
BMI Percentile Documentation	74.94%	70.97%
Counseling for Nutrition	66.67%	61.35%
Counseling for Physical Activity	58.88%	54.48%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	75.97%	77.09%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	40.78%	42.21%
Use of Imaging Studies for Low Back Pain (LBP)	71.65%	72.09%
Non-recommended Cervical Screening in Adolescent Females (NCS)	0.75%	2.17%
HIV Viral Load Suppression (HIV)	79.30%	79.80%
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)[1]	28.62%	29.05%

[1] A lower rate is desirable.

Bolded text: incentive measure; green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark; No color: no national benchmark; MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; DTaP: diphtheria, tetanus, and acellular pertussis; HiB: *Haemophilus influenzae* type b; IPV: polio vaccine, inactivated; MMR: measles, mumps, and rubella; VZV: varicella-zoster virus; HPV: human papillomavirus; Tdap/Td: tetanus, diphtheria, and pertussis/tetanus and diphtheria; HbA1c: hemoglobin A1c; CAHPS: Consumer Assessment of Healthcare Providers and Systems; Num/Den: numerator/denominator; HIV: human immunodeficiency virus, NCQA: National Committee for Quality Assurance.

Table 9: ABHLA HEDIS Access to/Availability of Care Measures – MY 2021

HEDIS Measure	ABHLA	Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)	70.32%	75.91%
Prenatal and Postpartum Care (PPC)		
Prenatal Care	79.32%	81.56%
Postpartum Care	77.37%	74.31%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	56.48%	56.41%
15 Months–30 Months	62.09%	62.32%

Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.
ABHLA: Aetna Better Health of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

Table 10: ABHLA HEDIS Use of Services Measures – MY 2021

HEDIS Measure	ABHLA	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM[1]	62.04%	60.36%
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	50.82%	53.19%
12–17 years	41.95%	50.29%
18–21 years	22.98%	26.26%
Total	43.43%	47.32%

[1] A lower rate is desirable.
Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.
ABHLA: Aetna Better Health of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

Table 11: ABHLA HEDIS Measures Summary – MY 2021

Measure Status	ABHLA
>= 50th NCQA national benchmark	23
< 50th NCQA national benchmark	54
NCQA national benchmark unavailable	4
Total	81

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

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 cross walked 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 12**.

Table 12: 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

ABHLA had seven domains that achieved less than full compliance: Availability of Services; Coordination and Continuity of Care; Coverage and Authorization of Services; Provider Selection; Enrollee Rights and Protection; Quality Assessment and Performance Improvement; and Fraud, Waste and Abuse. ABHLA results are presented in **Table 13**.

Table 13: 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%
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%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
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 0 points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements.
UM: utilization management; N/A: not applicable.

Findings by Domain

As presented in **Table 13,** 814 elements were reviewed for compliance. Of the 814 elements, 771 were determined to fully meet the regulations, while 24 partially met the regulations, 12 did not meet the regulations, and 7 were determined to be not applicable. Zero elements were deemed. The overall compliance score is 97.0%.

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

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

Table 14: 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 to member ratio to LDH.

Conclusions

Table 15 displays the ABHLA ratios for adult PCPs to members for CY 2019, CY 2020, and CY 2021. **Table 16** displays the ABHLA ratios for pediatric PCPs to members for CY 2019, CY 2020, and CY 2021.

Table 15: ABHLA Adult PCP-to-Member Ratios, MY 2019–MY 2021

Year	ABHLA
2019	3.90%
2020	2.12%
2021	1.50%

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

Table 16: ABHLA Pediatric PCP-to-Member Ratios, MY 2019–MY 2021

Year	ABHLA
2019	1.04%
2020	5.70%
2021	6.62%

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

Table 17 displays ABHLA's performance with regard to its adherence to GeoAccess urban and rural distance standards.

Table 17: ABHLA Adherence to Provider Network Distance Standards, June 2022

Specialty	Region	Standard	ABHLA
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 miles	89.5%
	Rural	1 in 30 miles	99.9%
Adult Primary Care	Urban	1 in 10 miles	98.5%
	Rural	1 in 30 miles	100%
Allergy/Immunology	All	1 in 60 miles	93.8%
Cardiology	All	1 in 60 miles	99.9%
Dermatology	All	1 in 60 miles	97.0%
Endocrinology and Metabolism	All	1 in 60 miles	98.8%
FQHCs	Urban	1 in 10 miles	91.0%
	Rural	1 in 30 miles	99.8%
Gastroenterology	All	1 in 60 miles	99.9%
Hematology/Oncology	All	1 in 60 miles	95.7%
Hemodialysis Center	Urban	1 in 10 miles	89.9%
	Rural	1 in 30 miles	97.1%
Laboratory	Urban	1 in 20 miles	92.5%
	Rural	1 in 30 miles	66.9%
Nephrology	All	1 in 60 miles	96.7%
Neurology	All	1 in 60 miles	99.9%

Specialty	Region	Standard	ABHLA
Ob/Gyn	Urban	1 in 15 miles	96.4%
	Rural	1 in 30 miles	95.1%
Ophthalmology	All	1 in 60 miles	99.9%
Orthopedics	All	1 in 60 miles	99.9%
Otorhinolaryngology/Otolaryngology	All	1 in 60 miles	99.9%
Pediatrics	Urban	1 in 10 miles	98.7%
	Rural	1 in 30 miles	100%
Pharmacy	Urban	1 in 10 miles	98.0%
	Rural	1 in 30 miles	100%
Radiology	Urban	1 in 20 miles	98.2%
	Rural	1 in 30 miles	94.0%
RHCs	Urban	1 in 10 miles	73.7%
	Rural	1 in 30 miles	100%
Urology	All	1 in 60 miles	99.9%

Green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.
ABHLA: Aetna Better Health of Louisiana; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; MCO: managed care organization.

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 one 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; BH care, routine, and 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 three 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.

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

Table 18 shows the results of the secret shopper calls for ABHLA by appointment type.

Table 18: Appointment Availability for Network Providers, First Half of 2022

Appointment Type	ABHLA
Routine[1] PCP	
# of providers surveyed	27
# of appointments made	8
Compliance rate	29.6%
Routine[1] pediatrician	
# of providers surveyed	17
# of appointments made	6
Compliance rate	35.3%
Non-urgent[2] PCP	
# of providers surveyed	30
# of appointments made	5
Compliance rate	16.7%
Non-urgent[2] pediatrician	
# of providers surveyed	18
# of appointments made	7

Appointment Type	ABHLA
Compliance rate	38.9%

[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; PCP: primary care provider.

Recommendation

IPRO recommends that LDH work with ABHLA to increase contact and appointment rates for PCPs and pediatricians.

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 19**), children without chronic conditions (**Table 20**), and children with chronic condition(s) (**Table 21**) 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

IPRO's review of adult members surveyed (**Table 19**) found that ABHLA ranked below the 50th percentile for Getting Needed Care, Rating of Specialist Seen Most Often, and Rating of Health Plan measures. ABHLA ranked at or above the 50th percentile for the Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, and Rating of All Health Care measures. ABHLA ranked at or above the 75th percentile Customer Service and Rating of Personal Doctor measures. Small sample sizes were identified across all measures except for Getting Needed Care and Rating of Health plan measures.

Table 19: CAHPS Performance – Adult Member

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	80.26%	80.62%	81.86%
Getting Care Quickly	81.78%[1]	82.35%	80.22%
How Well Doctors Communicate	93.03%[1]	92.13%	92.51%
Customer Service	91.62%[1]	92.43%	88.91%
Coordination of Care	84.62%[1]	83.09%	83.96%
Rating of All Health Care	76.53%[1]	76.59%	75.41%
Rating of Personal Doctor	85.87%[1]	84.56%	82.38%
Rating of Specialist Seen Most Often	78.18%[1]	79.39%	83.52%
Rating of Health Plan	76.87%	80.40%	77.98%

[1] Small sample size (less than 100).
Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; ABHLA: Aetna Better Health of Louisiana; MY: measurement year.

IPRO's review of child members without chronic conditions (**Table 20**) found that ABHLA ranked below the 50th percentile for the Getting Care Quickly and Rating of Specialist Seen Most Often measures. ABHLA ranked at or above the 50th percentile for the How Well Doctors Communicate, Coordination of Care, and Rating of Health Plan measures. ABHLA ranked at or above the 75th percentile for Getting Needed Care, Customer Service, Rating of All Health Care, and Rating of Personal Doctor measures. A small sample size was identified for the Customer Service, Coordination of Care, and Rating of Specialist Seen Most Often measures.

Table 20: CAHPS Performance – Child Member without Chronic Conditions

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	89.48%	86.25%	84.19%
Getting Care Quickly	84.75%	88.06%	86.74%
How Well Doctors Communicate	94.85%	94.63%	94.16%
Customer Service	94.19%[1]	89.80%	88.06%
Coordination of Care	86.27%[1]	81.18%	84.71%
Rating of All Health Care	91.24%	89.72%	87.28%
Rating of Personal Doctor	92.26%	91.02%	90.16%
Rating of Specialist Seen Most Often	72.50%[1]	85.00%	86.54%
Rating of Health Plan	87.13%	87.80%	86.45%

[1] Small sample size (less than 100).
Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; ABHLA: Aetna Better Health of Louisiana; MY: measurement year.

IPRO's review of child members with chronic condition(s) (**Table 21**) found ABHLA ranked below the 50th percentile across five of the nine CAHPS measures: Getting Needed Care, Getting Care Quickly, Coordination of Care, Rating of Specialist Seen Most Often, and Rating of Health Plan. ABHLA ranked at or between the 50th and 75th percentile for How Well Doctors Communicate and Rating of All Health Care measures, as well as at or above the 75th percentile for the Rating of Personal Doctor measure. Small sample sizes were provided for three measures: Customer Service, Coordination of Care, and Rating of Specialist Seen Most Often.

Table 21: CAHPS Performance – Child Member with Chronic Condition(s)

CAHPS Measure	ABHLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	86.13%	88.15%	86.89%
Getting Care Quickly	91.10%	91.73%	90.15%
How Well Doctors Communicate	96.03%	95.73%	94.79%
Customer Service	94.56%[1]	90.31%	N/A
Coordination of Care	75.99%[1]	79.61%	84.65%
Rating of All Health Care	87.50%	88.72%	85.66%
Rating of Personal Doctor	92.19%	90.75%	89.32%
Rating of Specialist Seen Most Often	71.64%[1]	83.33%	89.32%
Rating of Health Plan	82.64%	86.37%	83.61%

[1] Small sample size (less than 100).
Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile; N/A: not applicable, national Medicaid benchmark data not available in Quality Compass.
CAHPS: Consumer Assessment of Healthcare Providers and Systems; ABHLA: Aetna Better Health of Louisiana; MY: measurement year.

Table 22–Table 24 show trends in ABHLA's CAHPS measures between 2019 and 2022 and the Quality Compass national benchmark met/exceeded in 2022.

Table 22: ABHLA Adult CAHPS 5.0H – 2019–2022

CAHPS Measure[1]	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded[2]
Getting Needed Care	80.16%	79.25%	Small sample	80.26%	< 50th
Getting Care Quickly	80.48%	80.37%	Small sample	Small sample	N/A
How Well Doctors Communicate	91.92%	94.31%	Small sample	Small sample	N/A
Customer Service	88.26%	Small sample	Small sample	Small sample	N/A
Coordination of Care	87.29%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	71.83%	73.26%	83.64%	Small sample	N/A
Rating of Personal Doctor	84.49%	83.05%	85.59%	Small sample	N/A
Rating of Specialist	84.68%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	76.56%	74.39%	79.35%	76.87%	< 50th

[1] For "Rating of" measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes," or "Never," the Medicaid rate is based on responses of "Always" or "Usually."
[2] Benchmark excludes PPOs and EPOs.
ABHLA: Aetna Better Health of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

Table 23: ABHLA Child CAHPS 5.0H General Population – 2019–2022

CAHPS Measure[1]	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded[2]
Getting Needed Care	89.16%	Small sample	87.23%	89.48%	≥ 75th
Getting Care Quickly	94.03%	Small sample	90.06%	84.75%	< 50th
How Well Doctors Communicate	95.54%	94.55%	95.80%	94.85%	50th–74th
Customer Service	Small sample	Small sample	93.24%	Small sample	N/A
Coordination of Care	92.05%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	87.60%	88.00%	92.07%	91.24%	≥ 75th
Rating of Personal Doctor	90.20%	89.13%	90.39%	92.26%	≥ 75th
Rating of Specialist	Small sample	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	85.02%	84.24%	83.75%	87.13%	50th–74th

[1] For "Rating of" measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes," or "Never," the Medicaid rate is based on responses of "Always" or "Usually."
[2] Benchmark excludes PPOs and EPOs.
ABHLA: Aetna Better Health of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

Table 24: ABHLA Child CAHPS 5.0H CCC Population – 2019–2022

CAHPS Measure[1]	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded[2]
Getting Needed Care	84.66%	87.06%	86.93%	86.13%	< 50th
Getting Care Quickly	92.14%	94.93%	89.88%	91.10%	< 50th
How Well Doctors Communicate	95.15%	96.25%	93.91%	96.03%	50th–74th
Customer Service	90.71%	Small sample	Small sample	Small sample	N/A
Coordination of Care	78.88%	Small sample	82.20%	Small sample	N/A
Rating of All Health Care	87.20%	86.27%	86.57%	87.50%	50th–74th
Rating of Personal Doctor	89.29%	92.12%	89.39%	92.19%	≥ 75th
Rating of Specialist	86.14%	Small sample	86.92%	Small sample	N/A
Rating of Health Plan	82.01%	88.00%	81.45%	82.64%	< 50th

[1] For "Rating of" measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes," or "Never," the Medicaid rate is based on responses of "Always" or "Usually.
[2] Benchmark excludes PPOs and EPOs.
ABHLA: Aetna Better Health of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: children with chronic condition(s); LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

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

The 2022 rating results for each MCO are displayed in **Table 25**, which shows that, with regard to overall rating of health plan, all MCOs received 3.5 points.

In the category of overall Consumer Satisfaction, ABHLA scored high with 4 points. In the category of Prevention ABHLA scored two and a half points.

Table 25: 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 a 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 ATR 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 26** details the IPRO assessment determination levels. **Table 27** displays the MCO's responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO's assessment of these responses.

Table 26: 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 27 displays ABHLA's progress related to the SFY 2021 *State of Louisiana Department of Health Aetna Better Health of Louisiana Annual External Quality Review Technical Report FINAL REPORT ,* as well as IPRO's assessment of ABHLA's response.

Table 27: ABHLA Response to Previous EQR Recommendations

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response[1]
PIPs 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 • Interventions that cannot be measured or are not showing improvement should be replaced. • In the final report, the MCO should interpret each performance indicator based on change from baseline to final measurement. 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. 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. 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. 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. 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
PIPs Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation • Results must be interpreted with some caution due to the intervention	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.	Partially Addressed

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response[1]
and ITM issues identified, as well as the correction needed to a performance indicator. • Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment. 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. The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.	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. 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.	
<u>Adequate Capacity and Service</u> ○ The MCO should improve access to Dermatology and Endocrinology and metabolism specialties. <u>Confidentiality</u> ○ The MCO should include this requirement in its entirety in its policies. ○ Aetna should add directions on how to request a hardcopy, abbreviated version of the provider directory by the Enrollment Broker to the website where the provider directory can be viewed or downloaded online. ○ The MCO should include this information in its online provider search.	<u>Adequate Capacity and Service</u> • 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 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. 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. <u>Confidentiality</u> • 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.	Partially Addressed

Recommendation for ABHLA	ABHLA Response/Actions Taken	IPRO Assessment of MCO Response[1]
Health Information Systems ○ This standard is addressed in the A-LA 1501.03 Policy Development Revision Execution and Maintenance. However, the document for the job descriptions is effective 09/14/2020, which is out of the review period. Recommendation: The MCO should include a job description within the review period.	https://www.aetnabetterhealth.com/louisiana/find-provider Health Information Systems ABHLA has updated and reviewed the A-LA 1501.03 Policy Development Revision Execution within the review period.	
Quality of Care Surveys – Member Nine (9) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile. • The MCO should develop specific interventions to address the worst performing CAHPS measures: ○ Adult population: ▪ Getting Care Quickly (< 25th percentile) ▪ How Well Doctors Communicate (< 25th percentile) ○ Child General population: How Well Doctors Communicate (< 25th percentile)	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: • Increasing oversampling by 75% to increase response rate • Sending an initial postcard announcing the upcoming survey • Sending text messages in January to inform enrollees of the upcoming survey • Quarterly pulse surveys to enrollees – analyze results and determine actions to take on a quarterly • Establish a workgroup composed of the different areas in the plan to ensure interventions are well- rounded • Survey sample of members who had a doctor's appt to ascertain their experience • CAHPs survey results to be provided to providers for their input and feedback • Quarterly audit (secret shopper) to determine issues with access to specialists and regular providers • Provider Relations to assess the results of the quarterly audit and determine actions • Present CAHPS results to Provider Advisory Board • Provider Relations to continually educate providers on access • Analyze geo access in rural areas	Partially Addressed

[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; MAT: medication-assisted treatment; PI: performance indicator; COVID: 2019 novel coronavirus; CAHPS: Consumer Assessment of Healthcare Providers and Systems.

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. **Table 28** highlights ABHLA's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2021 EQR activities as they relate to **quality**, **timeliness**, and **access**.

ABHLA Strengths, Opportunities for Improvement, and EQR Recommendations

Table 28: ABHLA Strengths, 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 (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)	Performance indicators: • 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. Intervention Tracking Measures (ITMs): • 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 monitors the proportion of members previously admitted to any ASAM level for opioid use disorder (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 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

ABHLA EQR Activity	Description	Quality	Timeliness	Access
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	Performance indicators: • 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. ITMs: • ITM 7a. Pregnant women screened for HCV ranged from 34.71% to 40.51% in 2021, with 40.51% screened in Q4.	--	--	**X**
PIP 3: Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Annual performance indicators with an average monthly percentage point increase of at least three percentage points: • Indicator 1a. Persons aged 16+ years 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 aged 16+ years 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 aged 12−15 years 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 aged 12−15 years 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). 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 aged 16+ years 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 aged 16+ years who	--	--	**X**

ABHLA EQR Activity	Description	Quality	Timeliness	Access
	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%. ITMs that showed improvement: • ITM 1B. The percent of enrollees aged 16+ years 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	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%. ITM 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.	--	**X**	**X**
PIP 5: Improve Chronic 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. • The analysis of disproportionate under-representation was conducted.	**X**	**X**	**X**
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6	• The following QI tools were used: fishbone diagrams (to identify member and provider root causes), Priority Matrix. • The analysis of disproportionate under-representation was conducted.	**X**	**X**	**X**

ABHLA EQR Activity	Description	Quality	Timeliness	Access
Months Through 5 Years by Primary Care Clinicians	• 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.			
Performance Measures	None identified.	--	--	--
Compliance with Medicaid and CHIP Managed Care Regulations	ABHLA demonstrated full compliance for 5 of the 12 domains reviewed: • Assurances of Adequate Capacity and Services; • Grievance and Appeal Systems; • Subcontractual Relationships; • Practice Guidelines; and • Health Information Services	**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 of Care Surveys – Member	In 2022, ABHLA performed better than the national Medicaid average for all LOBs (excluding PPOs):
	• Adult CAHPS:
	  ○ Getting Care Quickly
	  ○ How Well Doctors Communicate
	  ○ Customer Service
	  ○ Coordination of Care
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
	• Children with Chronic Condition(s) (CCC) CAHPS:
	  ○ Rating of Health Plan
	  ○ How Well Doctors Communicate
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
	• Child General (Non-CCC) CAHPS:
	  ○ Getting Needed Care
	  ○ How Well Doctors Communicate
	  ○ Customer Service
	  ○ Coordination of Care
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
	  ○ Rating of All Health Care
		X	**X**	**X**

Quality Ratings	Consumer Satisfaction and Satisfaction with Plan Physicians (4 out of 5 points)	**X**	**X**	**X**
NCQA Accreditation	Accredited	**X**	--	--
Opportunities for Improvement				
PIP 1: Improving Rates for IET, FUA, and POD	• Engagement Indicators 4 and 6 showed less than five 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 two percentage point improvement and remained the lowest performance indicator rates.	--	**X**	**X**

ABHLA EQR Activity	Description	Quality	Timeliness	Access
	• ITM 5c. Members with 3+ ED visits within six 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 HCV and Pharmaceutical Treatment Initiation	• 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.	--	--	**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, ABHLA'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. • The non-cumulative number of ABHLA enrollees who received at least one COVID-19 vaccine declined from 6,655 in September 2021 to 1,786 in December 2021. • The non-cumulative number of ABHLA 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 HCV Pharmaceutical Treatment Initiation Rate	• 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.	**X**	--	**X**
PIP 6: Behavioral Health Transitions in Care	None identified.	--	--	--

ABHLA EQR Activity	Description	Quality	Timeliness	Access
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	None identified.	--	--	--
Performance Measures	In MY 2021, ABHLA had 54 of 81 HEDIS measures/submeasures lower than 50th NCQA national benchmark.	**X**	**X**	**X**
Compliance with Medicaid and CHIP Managed Care Regulations	ABHLA demonstrated less than full compliance for 7 of the 12 domains reviewed: • Availability of Services; • Coordination and Continuity of Care; • Coverage and Authorization of Services; • Provider Selection; • Enrollee Rights and Protection; • Quality Assessment and Performance Improvement; and • Fraud, Waste and Abuse.	**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 of Care Surveys – Member	In 2022, ABHLA performed below the national Medicaid average for all LOBs (excluding PPOs):
	• Adult CAHPS:
	  ○ Getting Needed Care
	  ○ Rating of Specialist Seen Most Often
	  ○ Rating of Health Plan
	• CCC CAHPS:
	  ○ Getting Needed Care
	  ○ Getting Care Quickly
	  ○ Coordination of Care
	  ○ Rating of Specialist Seen Most Often
	  ○ Rating of Health Plan
	• Child General (Non-CCC) CAHPS:
	  ○ Getting Care Quickly
	  ○ Rating of Specialist Seen Most Often
		X	**X**	**X**

Quality Ratings	• Overall Prevention (two points):
	  ○ Children and Adolescent Well-Care
	  ○ Other Preventive Services
	• Overall Treatment (with 2.5 points or less):
	  ○ Heart Disease
	  ○ Behavioral Health – Care Coordination
	  ○ Other Treatment Measures
		X	**X**	**X**

Recommendations to MCO to Address Quality, Timeliness, and Access				
PIP 1: Improving Rates for IET, FUA, and POD	None identified.	--	--	--

ABHLA EQR Activity	Description	Quality	Timeliness	Access
PIP 2: Improve Screening for Chronic 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	5d. Partially Met. IPRO recommends that the MCO use Microsoft 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 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.	--	--	--
Performance Measures	ABHLA should target interventions to improve rates for the measures that fell below the NCQA 50th percentile.	**X**	**X**	**X**
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**	--	**X**
Network Adequacy	ABHLA should work together with Laboratory in Rural and RHC in Urban to improve network access.	--	--	**X**
Quality of Care Surveys – Member	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

ABHLA: Aetna Better Health of Louisiana; EQR: external quality review; PIP: performance improvement project; CY: contract year; YTD: year to date; ED: emergency department; Q: quarter; QI: quality improvement; ASAM: American Society of Addiction Medication; SHCN: special health care needs; SUD: substance use disorder; 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; CM: care management; CHIP: Children's Health Insurance Program; Healthcare Effectiveness Data and Information Set.

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.

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

ABHLA Not Met Compliance Review Elements

CFR	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
Availability of services	7.8.7 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 education for the pregnant member. It does not address the selection of a pediatrician or other appropriate PCP be the beginning of the last trimester. Recommendation: 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.
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. **Recommendation** 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 · Monthly audits of staff on this element

CFR	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
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. **Recommendation** 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 · 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. **Recommendation** 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.
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. **Recommendation** 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. **Recommendation** 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. ABH agrees and will update the policy.

CFR	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
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. **Recommendation** The entity states that they have no commercial plans in Louisiana, however the state requirement belongs in a policy. 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 commercials plans. ABH agrees and has updated the policy, see attached.
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. **Recommendation** 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. **Recommendation** 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.

CFR	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
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. **Recommendation** 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	15.7.10	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. **Recommendation** 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. **Recommendation** 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.