



External Quality Review Annual Technical Report AmeriHealth Caritas 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, PIHP¹, PAHP², or PCCM³ entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

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

To comply with *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

¹ prepaid inpatient health plan.

² prepaid ambulatory health plan.

³ primary care case management.

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:

- (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: Validation⁴ 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 CHIP⁵ 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

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 quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

The following provides a high-level summary of these findings for the Louisiana Medicaid Managed Care (MMC) Program. The overall findings for MCOs were also compared and analyzed to develop overarching 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:** Two performance indicators showed improvement from baseline to final remeasurement of at least 3 percentage points.⁶
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
 - **Strength:** Six 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 ACLA's 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 ACLA 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 ACLA's independent auditor, IPRO found that ACLA 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.

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.

HEDIS – Quality, Timeliness and Access

Of the 81 HEDIS measures/submeasures reported by ACLA, 24 (30%) of the measures performed equal to or greater than the NCQA 50th percentile benchmark.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

ACLA achieved full compliance in seven (7) of the 12 review domains: Assurances of Adequate Capacity and Services, Provider Selection, Grievance and Appeal Systems, Subcontractual Relationships, Practice Guidelines, Health Information Services, and Fraud, Waste and Abuse. A complete summary of ACLA's compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV**.

Network Adequacy

None identified.

Quality of Care Surveys

Member Satisfaction

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

For child members without chronic condition(s), ACLA ranked between the 50th and 75th percentile for four (4) measures: Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Rating of All Health care. ACLA was at or above the 75th percentile for the Rating of Specialist Seen Most Often measure. However, a small sample size was identified for the Rating of Specialist Seen Most Often measure.

For child members with chronic condition(s), ACLA was between the 50th and 75th percentile for How Well Doctors Communicate and Rating of Personal Doctor measures. ACLA was at or above the 75th percentile for two (2) measures: Rating of All Health Care and Rating of Health Plan. Small sample sizes were identified for ACLA's Customer Service, Coordination of Care, and Rating of Specialist Seen Most Often measures.

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

Quality Ratings

ACLA scored high in the categories of Consumer Experience, Satisfaction with Plan Physicians and Satisfaction with Plan Services (4 stars).

Opportunities Related to Quality, Timeliness, and Access

Performance Improvement Projects

ACLA demonstrated opportunities to improve on six indicators in the Improving Rates for IET, FUA, and POD PIP and five 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, ACLA had 53 of 81 HEDIS measures lower than 50th NCQA national benchmark.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

ACLA received less than a “full” review determination in the domains of Availability of Services, Coordination and Continuity of Care, Coverage and Authorization of Services, Enrollee Rights and Protection, and Quality Assessment and Performance Improvement. A complete summary of ACLA compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

ACLA adult PCP to member ratio dropped from 1.76% to 1.29% from MY 2019 to MY 2021, its pediatric PCP to member ratio dropped from 2.12% to 1.04% from MY 2019 to MY 2021. It did not meet 80% of the provider network distance standards.

Quality of Care Surveys

Member Satisfaction

ACLA’s adult member CAHPS scores ranked below the 50th percentile for the following measures: Coordination of Care and Rating of Specialist Seen Most Often. However, a small sample size was identified for the Coordination of Care measure.

ACLA’s child members without chronic condition(s) CAHPS score ranked below the 50th percentile for the Getting Needed Care, Coordination of Care, Rating of Personal Doctor, and Rating of Health Plan measures. A small sample size was identified for the Coordination of Care measure.

ACLA’s child members with chronic condition(s) CAHPS score ranked below the 50th percentile for the Getting Needed Care, Getting Care Quickly, Coordination of Care, and Rating of Specialist Seen Most Often measures. Small sample sizes were present for both Coordination of Care and Rating of Specialist Seen Most Often measures.

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

Quality Ratings

ACLA scored low in the overall categories of Treatment, as well as Prevention (2.5 points), as shown in **Section VIII**.

Conclusion

Findings from SFY 2022 EQR activities highlight ACLA’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 ACLA.

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 ACLA Response

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

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 – ACLA

ACLA – PIP Validation Elements ¹	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Engaging Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
1. Topic/Rationale							
a. Impacts the maximum proportion of members that is feasible	M	M	M	M	M	M	M
b. Potential for meaningful impact on member health, functional status, or satisfaction	M	M	M	M	M	M	M
c. Reflects high-volume or high-risk conditions	M	M	M	M	M	M	M
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	M	M	M	M	M	M	M
2. Aim							
a. Specifies performance indicators for improvement with corresponding goals	M	M	M	M	M	M	M
b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)	M	M	M	M	M	M	M
c. Objectives align aim and goals with interventions	M	M	M	M	PM	M	M

	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
ACLA – PIP Validation Elements ¹	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Engaging Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
3. Methodology							
a. Annual performance measures indicated	M	M	M	M	M	M	M
b. Specifies numerator and denominator criteria	M	M	M	M	M	M	M
c. Procedures indicate methods for data collection and analysis	M	M	M	M	PM	M	PM
d. Sampling method explained for each hybrid measure	M	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	M	PM
b. Member feedback	M	M	M	M	PM	PM	PM
c. Provider feedback	M	M	M	M	PM	PM	PM
d. QI process data (“5 Why’s”, fishbone diagram)	M	M	M	M	NM	M	M

	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
ACLA – PIP Validation Elements ¹	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Engaging Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	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	M	M	PM	PM	PM
b. Actions that target member, provider, and MCO	M	M	M	M	M	M	M
c. New or enhanced, starting after baseline year	M	M	M	M	PM	PM	PM
d. With corresponding monthly or quarterly intervention tracking (process) measures (i.e., numerator/denominator, specified in proposal and baseline PIP reports, with actual data reported in interim and final PIP reports)	M	PM	PM	M	PM	PM	PM

ACLA – PIP Validation Elements ¹	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Engaging Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
6. Results Table							
a. Table shows performance indicator rates, numerators, and denominators	PM	M	M	M	M	M	M
b. Table shows target rates and rationale (e.g., next highest Quality Compass percentile)	M	M	M	M	M	M	M
7. Discussion (Final PIP Report)							
a. Interpretation of extent to which PIP is successful	M	M	M	M	–	–	–
8. Next Steps (Final PIP Report)							
a. Lessons learned	M	M	M	M	–	–	–
b. System-level changes made and/or planned	M	M	M	M	–	–	–
c. Next steps for each intervention	M	M	M	M	–	–	–

¹ There are three levels of validation findings results: Met (M); Partially Met (PM); and Not Met (NM). PIP: performance improvement project; ACLA: AmeriHealth Caritas 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 ACLA did not achieve full compliance:

6a. Partially Met. Indicator 1 incorrectly reports the 1/1/21–10/31/21 data calculation as $1095/5536 = 55.36\%$. Given previous annual denominators in the 2,000 range, the 1/1/21–10/31/21 reported denominator appears to be incorrectly reported. In Table 2, the numerator for Indicator 5 (engagement in opioid use disorder treatment) was reported incorrectly. In addition, Indicator 9 reports a rate of 37.09% for the period 1/1/21–10/31/21; however, $549/1519 = 36.14\%$.

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

Through a review conducted on 1/13/2022, IPRO determined that the following validation element of the Improve Screening for Chronic HCV PIP report submitted by ACLA did not achieve full compliance:

5d. Partially Met. Several ITM rates were incorrectly calculated: ITM 1a quarter (Q) 2 2021: $22/3,369 = 0.65\%$; Q3 2021 = $10/3,286 = 0.30\%$. ITM 3b Q1 2020: $141/2,859 = 4.93\%$; Q4 2020 = $118/2,451 = 4.81\%$. IPRO recommends that the MCO use Microsoft® Excel® formulas for all calculations.

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 1/3/2022, IPRO determined that the following validation element 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 ACLA did not achieve full compliance:

5d. Partially Met. ITM 1d (children with chronic condition(s), Month 6) incorrectly reported as 47.98%; correct percentage = 23.59%. Several other ITMs and Performance Indicator 1 (October) are off by one hundredth of a percentage point. IPRO recommends that the MCO use Microsoft Excel formulas to calculate rates to the nearest hundredth to limit rounding and calculation errors.

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 all validation elements of the Improving Receipt of Global Developmental Screening in the First Three Years of Life PIP report submitted by ACLA achieved full compliance.

PIP 5: Improve HCV Pharmaceutical Treatment Initiation Rate

Through a review conducted on 2/4/2022, IPRO determined that the following validation elements of the Improve HCV Pharmaceutical Treatment Initiation Rate PIP report submitted by ACLA did not achieve full compliance:

2c. Partially Met. There were no new or enhanced interventions indicated in this section; consequently, it is not clear what interventions are newly implemented for 2022. Based on lessons learned from the conduct of this PIP during 2021, describe new/enhanced interventions for 2022 in this section and summarize in Table 1, together with the barrier(s) that informed the new intervention(s).

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.

4a,b,c. Partially Met. What are the current barriers specific to each susceptible subpopulation? What are the current barriers to members with HCV overall? 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.

4d. Not Met. Use QI tools to update QI strategies.

5a,c,d. Partially Met. There were no new or enhanced interventions indicated in this section. 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 4/5/2022, IPRO determined that the following validation elements of the Behavioral Health Transitions in Care PIP report submitted by ACLA did not achieve full compliance:

4b. Partially Met. Pending ongoing updates regarding member feedback on barriers in subsequent quarterly reports. The Procedures section includes plans to collect both member and provider feedback (e.g., surveys, live outreach calls, virtual provider visits).

4c. Partially Met. Pending ongoing updates regarding provider feedback on barriers (lower-performing hospitals) and drivers (higher-performing hospitals) in subsequent quarterly reports.

5a. Partially Met. Pending ongoing updates regarding modifications to interventions to address barriers. ITM 3a addresses members who opted out of CM by monitoring their engagement in care coordination.

5c. Partially Met. Pending ongoing updates regarding modifications to interventions to address stagnating or declining ITMs.

5d. Partially Met. Pending ongoing updates to report ITM data for interventions initiated in April 2022.

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 3/1/2022, 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 ACLA did not achieve full compliance:

3c. Partially Met. In the Data Collection and Analysis Procedures section, answer the first question regarding whether the entire eligible population is being targeted for interventions. Elaborate the methodologies that will be used to obtain ongoing direct member feedback on barriers, as well as ongoing direct provider feedback on drivers and barriers, in the paragraph following “Describe data collection.”

4a. Partially Met. It is not clear why the subgroup aged 6–18 months was targeted for tailored interventions instead of the subgroup aged 3–5 years, as the latter showed greater disproportionate index and volume. In addition, the findings regarding disproportionate under-representation of the American Indian, Asian, and Hispanic subgroups suggest opportunities to identify barriers unique to each subgroup and to address them with culturally tailored approaches to interventions. How will member feedback be obtained from each of the identified susceptible subgroups? How will findings be used to target tailored interventions?

4b. Partially Met. Table 4b should indicate member barriers that the MCO identifies and the methodology/source of the barrier analysis. In addition, provide ongoing updates regarding member feedback on barriers in subsequent quarterly reports.

4c. Partially Met. Table 4b should indicate provider barriers that the MCO identifies and the methodology/source of the barrier analysis. In addition, provide ongoing updates regarding provider feedback on drivers (what works) and barriers (what does not work) in subsequent quarterly reports.

5a. Partially Met. See review comments for 4a, 4b and 4c regarding barrier analysis, and use findings to inform interventions. In addition, provide ongoing updates in subsequent quarterly reports regarding modifications to interventions informed by barrier analysis.

5c. Partially Met. Pending entry of start date for each intervention and ongoing updates in subsequent quarterly reports regarding modifications to interventions in response to stagnating or declining ITMs.

5d. Partially Met. Pending reporting of ITM data.

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

Table 5: ACLA PIP Summaries, 2021–2022

ACLA PIP Summaries	
PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for OUD (POD)	
Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk.	
<p>Aim</p> <p>The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020), as well as Pharmacotherapy for Opioid Use Disorder (POD) by implementing enhanced interventions.</p>	
<p>Interventions</p> <ol style="list-style-type: none"> Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of POD, and encourage provider enrollment in the following training programs: <ul style="list-style-type: none"> The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning). Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) – ASAM; targeted providers to include primary care providers (PCPs), pediatricians, obstetricians, emergency room (ER) physicians, FQHC, and urgent care providers. Fundamentals of Addiction Medicine – ASAM; targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC, and urgent care providers. The ASAM Criteria Course for appropriate levels of care; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers. ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers. 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. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols). Provide MCO enhanced care coordination (e.g., BH integration, case management, and improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists). 	
<p>Performance Improvement Summary</p> <p><i>Strengths:</i></p> <ul style="list-style-type: none"> Performance indicators: <ul style="list-style-type: none"> Indicator 2. Initiation of treatment for opioid abuse/dependence only showed a 1.72 percentage point increase from 72.23% to 73.95%; however, this rate remained high at the Quality Compass 95th percentile. Indicator 5. Engagement in treatment for opioid abuse/dependence increased by 5.07 percentage points from 31.09% in 2018 to 36.16% in 2021. ITMs: <ul style="list-style-type: none"> Overall, ACLA’s use of series ITMs to monitor successful contact, initiation, and engagement facilitated problem solving to guide their plans for improvement, as follows: 	

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

Opportunities for improvement:

- Initiation (Indicator 1) and engagement (Indicator 4) in treatment for alcohol abuse/dependence represents an opportunity to improve rates that showed declines from 2018 to 2021.
- Overall, both total diagnosis cohort treatment initiation and treatment engagement declined from 2018 to 2021, supporting an opportunity to improve performance across all diagnosis cohorts.
- Indicator 5 (opioid use disorder pharmacotherapy for 180+ days) decreased more than 10 percentage points from 25.03% in 2018 to 37.09% during 1/1/21–10/31/21, after an increase of 25 percentage points from 2019 to 2020. The corresponding ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement:
 - focus on care coordination assessments vs. care management enrollment; and
 - improve assessment protocols to alleviate members denying assistance due to time constraints.
- ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but it was less effective in successful contact, and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement:
 - outreach to BH facilities to obtain viable contact numbers; and
 - prioritize enrollment into care coordination due to higher response from shorter version of assessment.
- ACLA conducted a meaningful retrospective evaluation of opportunities for improvement. To build on that approach, the following proactive approach is recommended moving forward:
 - Activation of the rapid and ongoing cycle improvement process should be initiated early in the PIP process to identify opportunities for improvement in real time by evaluating ITM progress and implementing modifications on an ongoing basis throughout the course of the PIP.

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

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

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;

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- 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/treatment.

Interventions

1. Enhance case management outreach for HCV treatment initiation.
2. Enhance case management outreach for HCV screening/treatment initiation.
3. Enhance case management outreach for HCV screening.
4. Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription.
5. Implement DAA treatment initiation of OPH confirmed/probable members.
6. Enhance member outreach to increase awareness of HCV screening/treatment via mailed member newsletter.
7. Enhance member outreach to increase awareness of HCV screening/treatment via texting campaign.

Performance Improvement Summary

Strengths:

- Performance indicators:
 - Performance Indicator 1a. Universal Screening increased by 7.67 percentage points from 15.47% in CY 2019 to 23.24% during 1/1/21–11/30/21.
 - Performance Indicator 1b. Birth Cohort Screening increased by 20.13 percentage points from 8.53% in CY 2019 to 28.66% during 1/1/21–11/30/21.
 - Performance Indicator 2a. Risk Factor Screening – Ever Screened increased by 23.47 percentage points from 10.99% in CY 2019 to 34.46% during 1/1/21–11/30/21.
- ITMs:
 - ITM 4b. Members screened who were on the texting campaign distribution list increased from 2.09% (1,408/67,412) in Q1 2021 to 4.79% (3,357/70,033) in Q3 2021, representing an impactful numerator volume.

Opportunities for improvement:

- Less than half of ACLA members have been screened for HCV.
- Performance Indicator 3a. HCV Treatment Initiation – Overall showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21–11/30/21.
- Performance Indicator 3b. HCV Treatment Initiation – Persons Who Use Drugs showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21–11/30/21.
- Performance Indicator 3c. HCV Treatment Initiation – Persons with HIV showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21–11/30/21.
- ITM1a. Member outreach for appointment scheduling for HCV treatment rates among all members on the OPH listing is below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume (for example, in Q4 2021, 6 of 20 [30%]). Thus, there is an opportunity to improve successful contact, as well as engagement.

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

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

Aim

To ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.

Interventions

1. Have CM Managers telephonically outreach to members enrolled in CM to assist with scheduling vaccine appointment.
2. Have Care Coordinator and Community Navigators telephonically outreach members not enrolled in CM to assist

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with scheduling vaccine appointment.

3. Send text message to eligible enrollees for COVID 19 vaccine.
4. Develop and implement COVID-19 vaccination outreach to the pediatric population.
5. Create reports that feed into ACLA Provider Portal with list of eligible members assigned to the provider for vaccine eligible and overdue status.
6. Utilize telephonic outreach one week prior to due for 2nd dose administration and overdue 2nd dose to remind and assist members with obtaining 2nd dose. This outreach is being performed by Case Managers, Care Coordinators, and Community Navigators.
7. Use Spanish-speaking Community Health Educators to engage with Spanish-speaking enrollees and assist with the transportation benefit provided through ACLA.
8. Utilize Telephonic outreach to assist members enrolled in BH/SUD.
9. Provide transportation for enrollees reporting transportation difficulty.
10. Work with providers to assist homebound members with receiving the vaccination.

Performance Improvement Summary

Strengths:

- 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 3.30 percentage points from 14.10% to 40.48% (April 2021 to December 2021).
 - Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.44 percentage points from 7.34% to 34.87% (April 2021 to December 2021).
 - Indicator 4a. Persons aged 12–15 years who received at least one vaccine dose: Increased monthly an average of 4.16 percentage points from 5.40% to 26.20% (July 2021 to December 2021).
 - Indicator 4b. Persons aged 12–15 years who received a complete vaccine course: Increased monthly an average of 3.56 percentage points from 3.35% to 21.16% (July 2021 to December 2021).
- 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 9.06 percentage points from 20.58% to 29.64%.
 - Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.46 percentage points from 29.64% to 39.10%.
 - Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.22 percentage points from 13.12% to 25.34%.
- Intervention tracking measures that showed improvement:
 - ITM 4b identified vaccine eligible enrollees aged 16+ years with BH/SUD in the past 12 months. This ITM saw a slow increase in rates until July, where the rate increased by 2.01 percentage points from the baseline. The highest rate for this ITM was in August, at 3.54%, decreasing in September, October, and November. ACLA attributes this decrease to the affect that Hurricane Ida had on the company and enrollees.
 - ITM 4c identified 12–15-year-old vaccine-eligible enrollees with BH/SUD in the past 12 months. This ITM was initiated in July 2021 and saw an increase in August. The rates for September, October, and November declined and ACLA attributes this to the affect that Hurricane Ida had on the company and enrollees.

Opportunities for improvement:

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

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in September 2021 to 2,352 in December 2021.

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

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

Aim

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.
 - 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.
5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

Performance Improvement Summary

Strengths:

- Performance indicator improvement:
 - Indicator 1 increased by 8.74 percentage points from 9.05% in Q1 to 17.78% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%.
 - Indicator 2 increased by 8.83 percentage points from 6.46% in Q1 to 15.29% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 18.25% for 2018 and below the target rate of 28.25%.
 - Indicator 3 increased by 4.34 percentage points from 2.96% in Q1 to 7.30% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%.
- ITM performance:
 - The ITM for members with a developmental screening gap whose providers received a care gap report remained high at 99% across Q2–4.
 - Chart review showed that 63.33% of the sample with CPT Code 96110 were composed of members who did receive appropriate global developmental screening, and 50% of the sample without CPT Code 96110 also received appropriate screening.
 - The ITM to monitor provider education among providers serving members in disparity regions showed high impact, with quarterly rates between 63% and 64%.
 - The ITM to monitor provider education among providers serving members in disparity race/ethnicity subgroups showed substantial impact, with quarterly rates between 56% and 58%.
- Interventions identified by the MCO as most effective:
 - Member: CM outreach attained a 22% success rate (20/91) educating parents on the importance of scheduling a well-visit with their child's PCP.
 - Provider: The conduct of quality virtual visits and distribution of newsletter educational material.

Opportunities for improvement:

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

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PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate

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

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. Provide provider education regarding sofosbuvir/velpatasvir 400-100 (AG Epclusa: Preferred) prescription.
3. Conduct intervention to outreach providers to educate about HCV CPG and to distribute listing of HCV treatment providers and HCV care gap reports.
4. Implement DAA treatment initiation of OPH confirmed/probable members.
5. Enhance member outreach to increase awareness of HCV screening/treatment initiative via mailed member newsletter.
6. Enhance member outreach to increase awareness of HCV screening/treatment initiative via texting campaign.

Performance Improvement Summary

Strengths:

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

Opportunities for improvement:

- Performance Indicator 3a. HCV Treatment Initiation – Overall showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21–11/30/21.
- Performance Indicator 3b. HCV Treatment Initiation – Persons Who Use Drugs showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21–11/30/21.
- Performance Indicator 3c. HCV Treatment Initiation – Persons with HIV showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21–11/30/21.
- ITM 1a. Member outreach for appointment scheduling for HCV treatment rates among all members on the OPH listing is below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume (for example, in Q4 2021, 6 of 20 [30%]). Thus, there is an opportunity to improve successful contact, as well as engagement.

PIP 6: Behavioral Health Transitions in Care

Validation Summary: N/A.

Aim

To improve the rate of (1) Follow-Up after Hospitalization for Mental Illness (FUH), (2) Follow-Up After ED Visit for Mental Illness (FUM), and (3) Follow-Up after ED Visit for AOD Abuse or Dependence, by implementing interventions.

Interventions

1. Utilize IP BH Episode report to identify admits from the FUH population.
2. Track and trend workflow of BH Inpatient notifications from UM to CM.
3. Utilize daily Census Report to identify IP admits of members in FUH population.

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4. Utilize ADT report to determine notification of ED visits for members in FUA/FUM population.
5. Utilize ADT report to determine CM notification of ED visits for members in FUA/FUM population.
6. Utilize ADT report to determine notification of ED visits for members in FUA/FUM population.
7. Document follow-up appointments scheduled for CM enrolled members discharged from an inpatient facility.
8. Document follow-up appointments scheduled for members discharged from an inpatient facility not enrolled in CM.
9. Document follow-up appointments scheduled for CM enrolled members discharged from an ED with a mental illness or an SUD diagnosis.
10. Document follow-up appointments scheduled for members discharged from an ED with a mental illness or an SUD diagnosis not enrolled in CM.
11. Implement warm hand-offs to address barriers.
12. Send discharge summary to qualifying provider prior to F/U appointment via secure fax.
13. Conduct member outreach to FUH, FUM, and FUA populations to assist with care coordination.
14. Outreach members with SDoH of homelessness, or housing insecurities to assist with locating community resources.
15. Engage FUH population with a dual diagnosis enrollment category of substance use disorder for care coordination services.
16. Partner with FUH high-volume group by offering incentives for completing 30-day F/U appointments.

Performance Improvement Summary

Strengths:

- The Analysis of Disproportionate Under-Representation identified susceptible subgroups by region of residence and by high-volume hospitals with Disproportionate Index 100%, tailored and targeted interventions indicate for implementation April 1, 2022, and specified corresponding ITMs to monitor progress.
- The following QI tools were applied: fishbone Diagram, Priority Matrix, SWOT, and the driver diagram.
- The driver diagram provided a detailed listing of MCO-identified enhanced member and provider interventions to test change concepts.

Opportunities for improvement:

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 report, AAP guidelines on Fluoride Use in Caries Prevention, and LDH bulletin regarding reimbursement and course requirements/links, as well as Well-Ahead Louisiana resources.

Performance Improvement Summary

N/A.

ACLA: AmeriHealth Caritas Louisiana; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; FQHC: federally-qualified health centers; LMHP: licensed mental health professional; MCO: managed care organization; ED: emergency department; UM: utilization management; CM: care management; SUD: substance use disorder; ITM: intervention tracking measure; Q: quarter; AG: authorized generic; BH: behavioral health; OPH: Office of Public Health; N/A: not applicable; CPT: Current Procedural Terminology; DAA: direct-acting antiviral; SMI: serious mental illness; ADT: admissions, discharges and transfers; QI: quality improvement; SDoH: social determinants of health; AAP: American Academy of Pediatrics; COVID-19: 2019 novel coronavirus; SWOT: strengths, weaknesses, opportunities, and threats; LDH: Louisiana Department of Health; HIV: human immunodeficiency virus; IP: inpatient; F/U: Follow up; CPG: clinical practice guidelines.

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

Table 6: Assessment of ACLA PIP Indicator Performance – Measurement Year 2021

ACLA Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (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: 55.86% Final: 55.36% Target: 63.76%	Target not met, and performance decline demonstrated.
2	Initiation of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort Baseline: 72.23% Final: 73.95% Target: 77.06%	Target not met, but performance improvement demonstrated.
3	Initiation of AOD Treatment: Total age groups, total diagnosis cohort. Baseline: 61.56% Final: 57.96% Target: 65.64%	Target not met, and performance decline demonstrated.
4	Engagement of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort Baseline: 17.72% Final: 16.13% Target: 23.89%	Target not met, and performance decline demonstrated.
5	Engagement of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort Baseline: 31.09% Final: 36.16% Target: 40.83%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, total diagnosis cohort Baseline: 22.17% Final: 19.04% Target: 27.14%	Target not met, and performance decline demonstrated.
7	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within 30 days of the ED visit Baseline: 9.86% Final: 12.57% Target: 26.55%	Target not met, but performance improvement demonstrated.
8	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow up visit within 7 days of the ED visit Baseline: 5.46% Final: 8.54% Target: 16.97%	Target not met, but performance improvement demonstrated.

Red: target not met, and performance decline demonstrated; yellow: target not met, but performance improvement demonstrated.

ACLA: AmeriHealth Caritas Louisiana; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; ED: emergency department.

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

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

IS Standard	ACLA
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

ACLA: AmeriHealth Caritas 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 ACLA's HEDIS measure performance.

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

HEDIS Measure	ACLA	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	56.27%	52.96%
Pharmacotherapy for Opioid Use Disorder (POD)	38.46%	31.72%
Initiation and Engagement of Alcohol and Other Drug Abuse (AOD) or Dependence Treatment (IET)		
Initiation of AOD	58.99%	54.64%
Engagement of AOD	20.49%	19.23%
Use of First-Line Psychosocial Care for Children and Adolescent Antipsychotics (APP)	57.05%	64.02%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	57.51%	57.91%
Effective Continuation Phase Treatment	40.50%	40.82%

HEDIS Measure	ACLA	Statewide Average
Breast Cancer Screening (BCS)	54.48%	54.04%
Cervical Cancer Screening (CCS)	58.44%	58.17%
Childhood Immunization Status (CIS)		
DTaP	64.72%	66.71%
IPV	85.64%	86.13%
MMR	81.51%	82.36%
HiB	82.24%	82.83%
Hepatitis B	88.32%	88.31%
VZV	81.02%	82.67%
Pneumococcal conjugate	65.21%	65.85%
Hepatitis A	76.89%	78.94%
Rotavirus	64.23%	64.61%
Influenza	30.90%	27.56%
Combo 3	61.07%	61.53%
Combo 7	52.55%	52.12%
Combo 10	23.60%	20.59%
Chlamydia Screening in Women (CHL) – Total	64.24%	62.40%
Colorectal Cancer Screening (COL)	40.07%	38.69%
Comprehensive Diabetes Care (CDC)		
HbA1c Testing	83.21%	83.64%
HbA1c Poor Control (> 9.0%)¹	43.80%	44.32%
HbA1c Control (< 8.0%)	46.96%	47.49%
Eye Exams	50.61%	54.48%
Blood Pressure Control (< 140/90 mm/Hg).	55.96%	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)	82.68%	82.24%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	64.82%	64.25%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	63.83%	72.67%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
Blood Glucose Testing	52.31%	52.41%
Cholesterol Testing	26.58%	28.23%
Blood Glucose and Cholesterol Testing	24.27%	27.30%
Lead Screening in Children (LSC)	65.21%	64.78%
CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	82.18%	80.04%
CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan-General Population, 8+9+10)	85.71%	86.37%
Initiation of Injectable Progesterone for Preterm Birth Prevention	20.71%	19.16%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	30.97%	34.61%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	18.95%	20.12%
Within 30 Days of Discharge	38.05%	39.60%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
Within 7 Days of Discharge	22.01%	21.69%
Within 30 Days of Discharge	37.02%	35.35%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		
Within 7 Days of Discharge	9.45%	8.64%

HEDIS Measure	ACLA	Statewide Average
Within 30 Days of Discharge	14.22%	13.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	33.23%	38.00%
Continuation Phase	47.25%	51.70%
Immunization Status for Adolescents (IMA)		
Meningococcal	85.40%	85.98%
Tdap/Td	86.62%	86.47%
HPV	43.55%	41.17%
Combo 1	85.40%	85.54%
Combo 2	43.31%	40.86%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	73.18%	72.80%
Discussing Cessation Medications	47.17%	46.55%
Discussing Cessation Strategies	40.48%	41.71%
Plan All-Cause Readmissions (PCR)		
Observed Readmission (Num/Den)	10.33%	10.35%
Expected Readmissions Rate	9.62%	9.59%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.0732	1.0800
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	81.22%	80.79%
Statin Adherence 80%: Total	67.32%	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	65.61%	70.97%
Counseling for Nutrition	60.49%	61.35%
Counseling for Physical Activity	57.80%	54.48%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	77.26%	77.09%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	43.17%	42.21%
Use of Imaging Studies for Low Back Pain (LBP)	72.96%	72.09%
Non-recommended Cervical Screening in Adolescent Females (NCS)	3.07%	2.17%
HIV Viral Load Suppression (HIV)	80.39%	79.80%
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)¹	29.40%	29.05%

¹ A lower rate is desirable.

Bolded text: incentive measure; green: ≥ 50th NCQA national benchmark; red: < 50th NCQA 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: ACLA HEDIS Access to/Availability of Care Measures – MY 2021

HEDIS Measure	ACLA	Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)	74.48%	75.91%
Prenatal and Postpartum Care (PPC)		
Prenatal Care	85.42%	81.56%
Postpartum Care	73.26%	74.31%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	58.00%	56.41%
15 Months–30 Months	63.43%	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: ACLA HEDIS Use of Services Measures – MY 2021

HEDIS Measure	ACLA	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM ¹	62.43%	60.36%
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	53.71%	53.19%
12–17 years	51.52%	50.29%
18–21 years	27.23%	26.26%
Total	48.11%	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: ACLA HEDIS Measures Summary – MY 2021

Measure Status	ACLA
> 50th NCQA national benchmark	24
< 50th NCQA national benchmark	53
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:

<u>CFR</u>	<u>Domain</u>
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

ACLA achieved full compliance in 7 of the 12 review domains: Assurances of Adequate Capacity and Services; Provider Selection; Grievance and Appeal Systems; Subcontractual Relationships; Practice Guidelines; Health Information Services; and Fraud, Waste and Abuse. ACLA received less than a “full” review determination in the domains of Availability of Services; Coordination and Continuity of Care; Coverage and Authorization of Services; Enrollee Rights and Protection; and Quality Assessment and Performance Improvement. ACLA results are presented in **Table 13**.

Table 13: ACLA Audit Results by Audit Domain

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score
Availability of Services	132	116	13	0	3	95.0%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	78	2	3	0	95.2%
Coverage and Authorization of Services – UM	65	64	1	0	0	99.2%
Provider Selection	24	23	0	0	1	100%
Enrollee Rights and Protection	107	105	2	0	0	99.1%
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	107	1	1	0	98.6%
Fraud, Waste and Abuse	132	130	0	0	2	100%
Total	814	784	19	4	7	98.3%

¹ Each Met element receives 1 point, each Partially Met element receives 1/2 point, and each Not Met element receives 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, 784 were determined to fully meet the regulations, while 19 partially met the regulations, 4 did not meet the regulations, and 7 were determined to be not applicable. The overall compliance score is 98.3%.

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 ACLA's ratios for adult PCPs to members for CY 2019, CY 2020, and CY 2021. **Table 16** displays ACLA's ratios for pediatric PCPs to members for CY 2019, CY 2020, and CY 2021.

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

Year	ACLA
2019	1.76%
2020	1.52%
2021	1.29%

ACLA: AmeriHealth Caritas Louisiana; PCP: primary care provider; MY: measurement year.

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

Year	ACLA
2019	2.12%
2020	1.05%
2021	1.04%

ACLA: AmeriHealth Caritas Louisiana; PCP: primary care provider; MY: measurement year.

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

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

Specialty	Region	Standard	ACLA
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 miles	90.9%
	Rural	1 in 30 miles	98.5%
Adult Primary Care	Urban	1 in 10 miles	97.8%
	Rural	1 in 30 miles	100%
Allergy/Immunology	Urban	1 in 60 miles	94.6%
	Rural	1 in 60 miles	85.2%
Cardiology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Dermatology	Urban	1 in 60 miles	90.8%
	Rural	1 in 60 miles	79.2%
Endocrinology and Metabolism	Urban	1 in 60 miles	95.2%
	Rural	1 in 60 miles	92.4%
FQHCs	Urban	1 in 10 miles	87.4%
	Rural	1 in 30 miles	99.8%
Gastroenterology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%

Specialty	Region	Standard	ACLA
Hematology/Oncology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	96.2%
Hemodialysis Center	Urban	1 in 10 miles	91.4%
	Rural	1 in 30 miles	98.3%
Laboratory	Urban	1 in 20 miles	98.6%
	Rural	1 in 30 miles	99.9%
Nephrology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.5%
Neurology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Ob/Gyn	Urban	1 in 15 miles	94.8%
	Rural	1 in 30 miles	94.9%
Ophthalmology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Orthopedics	Urban	1 in 60 miles	100%
	Rural	1 in 60 miles	100%
Otorhinolaryngology/Otolaryngology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.9%
Pediatrics	Urban	1 in 10 miles	92.3%
	Rural	1 in 30 miles	99.0%
Pharmacy	Urban	1 in 10 miles	98.0%
	Rural	1 in 30 miles	100%
Radiology	Urban	1 in 10 miles	99.1%
	Rural	1 in 30 miles	99.9%
RHCs	Urban	1 in 10 miles	29.2%
	Rural	1 in 30 miles	100%
Urology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.7%

Green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.

ACLA: AmeriHealth Caritas 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 ACLA by appointment type.

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

Appointment Type	ACLA
Routine ¹ PCP	
# of providers surveyed	26
# of appointments made	13
Compliance rate	50.0%
Routine ¹ pediatrician	
# of providers surveyed	15
# of appointments made	10
Compliance rate	66.7%
Non-urgent ² PCP	
# of providers surveyed	26
# of appointments made	7
Compliance rate	26.9%
Non-urgent ² pediatrician	
# of providers surveyed	18
# of appointments made	11
Compliance rate	61.1%

¹ Appointment standard for routine appointments is within 6 weeks.

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

ACLA: AmeriHealth Caritas Louisiana; PCP: primary care provider.

Recommendation

IPRO recommends that LDH work with ACLA 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 ACLA ranked below the 50th percentile for Coordination of Care and Rating of Specialist Seen Most Often measures. ACLA ranked at or above the 50th percentile for five measures: Getting Needed Care, Getting Care Quickly, Rating of All Health Care, Rating of Personal Doctor, and Rating of Health Plan. ACLA ranked at or above the 75th percentile for How Well Doctors Communicate and Customer Service measures.

Table 19: CAHPS Performance – Adult Member

CAHPS Measure	ACLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	82.93%	80.62%	81.86%
Getting Care Quickly	80.60%	82.35%	80.22%
How Well Doctors Communicate	94.25%	92.13%	92.51%
Customer Service	93.52%	92.43%	88.91%
Coordination of Care	82.11% ¹	83.09%	83.96%
Rating of All Health Care	76.40%	76.59%	75.41%
Rating of Personal Doctor	84.76%	84.56%	82.38%
Rating of Specialist Seen Most Often	75.47%	79.39%	83.52%
Rating of Health Plan	81.18%	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; ACLA: AmeriHealth Caritas Louisiana; MY: measurement year.

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

Table 20: CAHPS Performance – Child Member without Chronic Conditions

CAHPS Measure	ACLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	83.78%	86.25%	84.19%
Getting Care Quickly	89.51%	88.06%	86.74%
How Well Doctors Communicate	95.09%	94.63%	94.16%
Customer Service	89.39% ¹	89.80%	88.06%
Coordination of Care	74.32% ¹	81.18%	84.71%
Rating of All Health Care	88.55%	89.72%	87.28%
Rating of Personal Doctor	88.79%	91.02%	90.16%
Rating of Specialist Seen Most Often	89.55% ¹	85.00%	86.54%
Rating of Health Plan	85.71%	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; ACLA: AmeriHealth Caritas Louisiana; MY: measurement year.

IPRO's review of child members with chronic condition(s) (**Table 21**) found that ACLA ranked below the 50th percentile for Getting Needed Care, Getting Care Quickly, Coordination of Care, and Rating of a Specialist Seen Most Often measures. ACLA ranked at or above the 50th percentile for How Well Doctors Communicate and Rating of Personal Doctor measures. ACLA ranked at or above the 75th percentile for Rating of All Health Care and Rating of Health Plan measures. Small sample sizes were identified for ACLA's Customer Service, Coordination of Care, and Rating of Specialist Seen Most Often measures.

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

CAHPS Measure	ACLA	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	84.36%	88.15%	86.89%
Getting Care Quickly	89.33%	91.73%	90.15%
How Well Doctors Communicate	94.91%	95.73%	94.79%
Customer Service	84.19% ¹	90.31%	N/A
Coordination of Care	79.50% ¹	79.61%	84.65%
Rating of All Health Care	90.51%	88.72%	85.66%
Rating of Personal Doctor	90.91%	90.75%	89.32%
Rating of Specialist Seen Most Often	83.33% ¹	83.33%	89.32%
Rating of Health Plan	86.91%	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; ACLA: AmeriHealth Caritas Louisiana; MY: measurement year.

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

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

CAHPS Measure ¹	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2021 National – All LOBs Medicaid Benchmark Met/Exceeded ²
Getting Needed Care	82.77%	81.37%	84.88%	82.93%	50th–74th
Getting Care Quickly	85.73%	78.53%	81.60%	80.60%	50th–74th
How Well Doctors Communicate	92.91%	91.58%	92.74%	94.25%	≥ 75th
Customer Service	92.79%	90.98%	92.52%	93.52%	≥ 75th
Coordination of Care	82.73%	Small sample	88.35%	Small sample	N/A
Rating of All Health Care	72.14%	77.35%	81.59%	76.40%	50th–74th
Rating of Personal Doctor	83.08%	83.33%	82.43%	84.76%	50th–74th
Rating of Specialist	84.95%	87.13%	83.17%	75.47%	< 50th
Rating of Health Plan	79.19%	78.30%	80.00%	81.18%	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.

ACLA: AmeriHealth Caritas 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: ACLA 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	87.93%	86.71%	89.28%	83.78%	< 50th
Getting Care Quickly	91.54%	91.25%	90.84%	89.51%	50th–74th
How Well Doctors Communicate	94.18%	94.17%	95.45%	95.09%	50th–74th
Customer Service	95.02%	Small sample	Small sample	Small sample	N/A
Coordination of Care	78.57%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	87.21%	90.21%	92.68%	88.55%	50th–74th
Rating of Personal Doctor	91.58%	92.79%	93.16%	88.79%	< 50th
Rating of Specialist	91.04%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	88.89%	89.09%	85.40%	85.71%	< 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.

ACLA: AmeriHealth Caritas 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: ACLA 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	89.11%	88.88%	89.88%	84.36%	< 50th
Getting Care Quickly	96.31%	92.06%	93.11%	89.33%	< 50th
How Well Doctors Communicate	93.64%	95.62%	94.86%	94.91%	50th–74th
Customer Service	90.59%	Small sample	Small sample	Small sample	N/A
Coordination of Care	73.65%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	86.24%	93.03%	89.44%	90.51%	≥ 75th
Rating of Personal Doctor	87.45%	94.17%	91.46%	90.91%	50th–74th
Rating of Specialist	84.38%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	86.22%	87.97%	86.49%	86.91%	≥ 75th

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.

ACLA: AmeriHealth Caritas 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 ≥ 90 th percentile: score = 5.
 - A plan that is ≥ 66.67 th and < 90 th percentiles: score = 4.
 - A plan that is ≥ 33.33 rd and < 66.67 th percentiles: score = 3.
 - A plan that is ≥ 10 th and < 33.33 rd percentiles: score = 2.
 - A plan that is < 10 th percentile: score = 1.
3. IPRO applied the NCQA RY 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) \div (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 ACLA received 3.5 points.

In the category of overall Consumer Satisfaction, ACLA had 4 points and 2.5 points in the categories of Prevention and Treatment.

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.

ACLA Response to Previous EQR Recommendations

Table 27 displays ACLA's progress related to the *State of Louisiana Department of Health AmeriHealth Caritas Louisiana Annual External Quality Review Technical Report FINAL REPORT April 2021*, as well as IPRO's assessment of ACLA's response.

Table 27: ACLA Response to Previous EQR Recommendations

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>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</p> <p>The MCO was advised to obtain direct member feedback from Care Management outreach in response to poorly performing ITMs.</p> <p>It was found that the results must be interpreted with some caution due to data correction required for one of the performance indicators.</p>	<p>To address direct member feedback for the <i>Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Performance Improvement Project</i>, the AmeriHealth Caritas Louisiana Case Management team collected feedback from members during member outreach calls. Unfortunately, AmeriHealth experienced a high unable to contact rate with this population, successfully contacting only 29% of members within 7 days and 31% within 30 days of an ED visit with a diagnosis of AOD/SUD. Case Management Workflows were updated to improve the timing of CM outreach. Case Managers are trained in Motivational Interviewing techniques. Case Management workflows were updated to prioritize this population, closing the timeframe of the outreach. Thirty-eight percent of members contacted within 30 days agreed to CM engagement showing a positive impact of successful outreach. Of the members that declined case management, numerous reasons were captured via outreach teams. Often, members decline case management simply because they are not interested in engaging at this time. Members are not ready to accept help or treatment and reject any attempts provided by the Plan. Members also reported a stigma associated with addiction treatment. Education was provided around telehealth options to address this barrier. Additionally, members were not aware of Plan resources available around addiction help and social determinants of health. Outreach teams routinely provide education to address these barriers.</p> <p>ACLA Care Management team enhanced to a more robust Integrated Care Team (ICT) delivery model. The teams are being geographically located adding Community Health Navigators in each region. As a result, Case Managers and Community Health Navigators will be conducting more in-person visits who will be utilized to assist with outreach efforts to engage this subpopulation of members, prioritizing those who are unable to reach.</p> <p>ACLA has active agreements with vendors and providers who provide supportive interventions for this subpopulation; ACLA will work to collaboratively to better engage the vendors and providers in this effort.</p> <p>ACLA consistently evaluate and assess member needs identifying opportunities to improve quality initiatives; as a result, in 2023, ACLA is adding VAB programs and resources to target this</p>	<p>Partially Addressed</p>

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>population such the Grace ILO program,</p> <p>In 2022 3rd quarter, BH Care Connectors and Case Managers received approved scripting to inform and educate members about available Crisis Continuum services to further reduce ER Utilization for this population.</p> <p>To address data errors in the Performance Improvement Projects (PIPs), AmeriHealth Caritas Louisiana implemented a new process for the Quality Team Lead to request and validate all data requests for PIPs. Additionally, the Quality Team Lead has continued the second level review on all data entries to assure PIP validity.</p> <p>We anticipate that our actions will improve member feedback and we will continue to monitor for effectiveness.</p>	
<p>PIPs Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation</p> <p>It was found that the results must be interpreted with some caution due to discrepancies in the denominator of a performance indicator.</p> <p>For both PIPs, the MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>	<p>To address data errors in the Performance Improvement Projects (PIPs), AmeriHealth Caritas Louisiana implemented a new process for the Quality Team Lead to request and validate all data requests for PIPs. Additionally, the Quality Team Lead has continued the second level review on all data entries to assure PIP validity.</p>	Partially Addressed
<p>Compliance with Medicaid and CHIP Managed Care Regulations</p> <p>Adequate Capacity and Service</p> <ul style="list-style-type: none"> The MCO should improve access to PCPs for their urban members. 	<p>As of July 2022, 98% of AmeriHealth Caritas Louisiana adult members residing in urban parishes had access to a PCP within 10 miles of their residence. Cameron and Plaquemines parishes have substantial access gaps and there are several parishes with small access issues. In all, there are roughly 236 adult members that do not have access to a provider within 10 miles of their residence.</p> <p>As of July 2022, 92% of AmeriHealth Caritas Louisiana pediatric members residing in urban parishes had access to a PCP within 10 miles of their residence. Cameron, Plaquemines and</p>	Addressed

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<ul style="list-style-type: none"> The MCO should assess the extent to which their in-state network is sufficient to meet the needs of individuals with a dual diagnosis of behavioral health and developmental disabilities. 	<p>Union parishes have substantial access gaps and several parishes with small access issues. Many of the parishes with access issues have very limited populations which restricts the ability to recruit providers to those areas. In Plaquemines parish, Plaquemines Medical Center has a mobile unit that is utilized to serve members in some areas of the parish.</p> <p>As in prior years, ACLA will continue to outreach providers in areas of need to encourage providers to expand or add needed services. In addition, Account Executives outreach PCPs and large groups to expand services or open panels that may be closed due to provider preference. ACLA has providers in network who offer telehealth services and are willing and able to offer these services to members in the identified parishes.</p> <p>In 2023, AmeriHealth Caritas will begin closely examining each parish which shows a need for improved access. We will review our network in comparison to providers that we may not have in our network. Specific outreach to contract will be directed to those providers not in network. Alternate payment models will be offered as well.</p> <p>Account Executives are provided with network gap analysis reports, which are reviewed monthly, along with the Network Adequacy report to identify areas and provider types that do not meet Provider Network access requirements so that targeted provider visits and outreach can be conducted accordingly. Account Executives educate providers regarding alternate payment models to encourage participating providers to keep panels open and as a mechanism to recruit new providers.</p> <p>AmeriHealth Caritas Louisiana is currently contracted with all but one of the in-state Psychiatric Residential Treatment Facilities (PRTF) and has not had issues meeting the needs of individuals with a dual diagnosis of behavioral health and developmental disabilities. AmeriHealth Caritas Louisiana had one member in 2022 that was treated at an out-of-state facility. This was not due to a lack of available services for the member. In-state network facilities either refused to accept the member due to the member's issues or were unable to help the member as she had previously received treatment there without sustained benefit. ACLA's Behavioral Health Medical Director, Dr. Betty Muller, and the LMMA Behavioral Health Directors Committee have been working to add or expand in-state PRTF capacity to treat members with Intellectual Disability Disorder (IDD).</p> <p>Throughout 2022 ACLA has met with various providers regarding the need to add or expand access to services to meet the needs of individuals with dual diagnosis of behavioral health and developmental disabilities:</p> <ul style="list-style-type: none"> Oceans Behavioral had plans to develop a PRTF with a separate IDD unit but decided 	

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
	<p>against it.</p> <ul style="list-style-type: none"> Devereux has several facilities across the United States. We have been in discussions with them regarding their residential program for adolescents with autism; intellectual and developmental disabilities. The program serves individuals with moderate to severe autism and/or intellectual disabilities and corresponding challenging behaviors. It is staffed with Registered Behavior Technicians and direct support professionals to provide intensive support and data collection. Individuals will have access to 24/7 nursing support. <p>ACLA has been working to gather information for Dr. Hussey at LDH and Dr. Coleman at Children’s Hospital. Per Dr. Coleman, Children’s is considering the development of a specialized unit for individuals with IDD.</p> <p>Upon proof of continuing education credits, ACLA has offered to pay the registration and continuing education fees for up to seven providers to attend the National Association of Dual Diagnosis conference, which offers education on the assessment and treatment of individuals with dual diagnosis. This will increase capacity to treat these members on an outpatient basis. Through these efforts, ACLA would like to have at least one to two units that specialize in treating children with dual diagnosis who are admitted to Behavioral Health inpatient facilities and at least one unit in a PRTF that specializes in treating children with IDD.</p> <p>We will continue to monitor children with diagnosis of IDD that require admission to out-of-state facilities either because no beds are available or are refused admission due to severity of disability. We will also continue to work individually and with the other Healthy Louisiana MCOs to increase the capacity of outpatient and inpatient providers to assess and treat individuals with IDD.</p>	
<p>Quality of Care Surveys – Member</p> <p>Nine (9) of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.</p> <ul style="list-style-type: none"> The MCO should develop specific interventions to address the worst 	<p>AmeriHealth Caritas Louisiana continues to work to improve CAHPS scores for both the Adult and Children surveys by identifying opportunities where the Plan performed below the NCQA 50th percentile. However, the Covid-19 Pandemic has continued to have an impact on CAHPS scores. Decreased utilization, increased telehealth medicine, and decreased staffing and resources have played a significant role in low CAHPS scores and potentially in the low response rates. Providers having less interaction with members means fewer opportunities to improve satisfaction with members.</p> <p>Nonetheless, ACLA has implemented numerous projects to address these challenges and barriers. In addition to an existing Enterprise CAHPS Workgroup, four new CAHPS Subcommittee Workgroups have been established for strategic deployment and maximum impact. Subcommittees include an Off-Cycle Survey Subgroup, a Communication Subgroup, a Provider</p>	<p>Partially Addressed</p>

Recommendation for ACLA	ACLA Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>performing CAHPS measures:</p> <ul style="list-style-type: none"> ○ Adult population: <ul style="list-style-type: none"> ▪ Getting Care Quickly (< 25th percentile) ▪ How Well Doctors Communicate (< 25th percentile) ○ Child General population: <ul style="list-style-type: none"> ▪ How Well Doctors Communicate (< 25th percentile) 	<p>Subgroup, and a Member Preferences and Marketing Materials Subgroup. The plan has continued its local CAHPS workgroup of multidisciplinary internal departments to analyze existing initiatives and develop and implement new initiatives as opportunities are identified. We have continued to improve internal associates' CAHPS awareness through enterprise-wide presentations of general CAHPS information, specifics of the Adult and Children surveys, and a detailed breakdown of the Final Results Report. Further, we have presented a more comprehensive analysis to all member-facing associates and/or departments with an emphasis on CAHPS-centered initiatives, such as end-of-call scripting. In addition to our continued efforts at increasing our associates and members awareness of CAHPS, we continued provider education/newsletters that are shared with all providers. Similar to our associate-directed CAHPS education goals, these provider newsletters were developed to provide a generalized overview of the Adult and Child CAHPS surveys, as well as a detailed breakdown of the provider-driven elements of the Final Results Report. To address the increased use in telehealth services, a new <i>"What To Do Before Your Virtual Visit"</i> flyer was developed to help improve the provider/member interaction during telehealth visits. Additionally, we have continued our post-appointment member satisfaction text and use the member responses to identify opportunities for improvement.</p> <p>Results for AmeriHealth's Caritas Louisiana's most recent Child CAHPS survey results showed an improvement in only 1 of the 9 components from the prior year. However, 6 of the 9 components met or exceeded the Quality Compass 50th percentile. Results for the most recent Adult CAHPS survey results showed an improvement in 3 of the 9 components from the prior year and 5 of the 9 components met or exceeded the Quality Compass 50th percentile.</p>	

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

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

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 ACLA's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2022 EQR activities as they relate to **quality, timeliness, and access**.

ACLA Strengths, Opportunities for Improvement, and EQR Recommendations

Table 28: ACLA Strengths, Opportunities for Improvement, and EQR Recommendations

ACLA EQR Activity	Description	Quality	Timeliness	Access
Strengths				
PIP 1: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (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)	<p>Performance indicators:</p> <ul style="list-style-type: none"> Indicator 2. Initiation of treatment for opioid abuse/dependence only showed a 1.72 percentage point increase from 72.23% to 73.95%; however, this rate remained high at the Quality Compass 95th percentile. Indicator 5. Engagement in treatment for opioid abuse/dependence increased by 5.07 percentage points from 31.09% in 2018 to 36.16% in 2021. <p>Intervention Tracking Measures (ITMs):</p> <ul style="list-style-type: none"> Overall, ACLA's use of series ITMs to monitor successful contact, initiation, and engagement facilitated problem solving to guide their plans for improvement, as follows: <ul style="list-style-type: none"> The ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement: focus on care coordination assessments vs. care management enrollment; and improve assessment protocols to alleviate members denying assistance due to time constraints. ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but it was less effective in successful contact and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement: outreach to BH facilities to obtain viable contact numbers; and prioritize enrollment into care coordination due to higher response from shorter version of assessment. ITM 6 to educate both first-line medical and BH providers on the updated ASAM National Practice guidelines, motivational interviewing, and SBIRT resources showed 	--	X	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<p>high rates across all 2021 quarters, ranging from 69.71% to 77%, with substantial impact in terms of denominator ranging from 1,441 to 5,450.</p> <ul style="list-style-type: none"> ITM 7 supplemented ITM 6 with Quality Advisor visits to 10 high-volume groups for comprehensive provider education, with 100% of nine providers receiving face-to-face/virtual visits in Q4 2021. 			
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>Performance indicators:</p> <ul style="list-style-type: none"> Performance Indicator 1a. Universal Screening increased by 7.67 percentage points from 15.47% in CY 2019 to 23.24% during 1/1/21–11/30/21. Performance Indicator 1b. Birth Cohort Screening increased by 20.13 percentage points from 8.53% in CY 2019 to 28.66% during 1/1/21–11/30/21. Performance Indicator 2a. Risk Factor Screening – Ever Screened increased by 23.47 percentage points from 10.99% in CY 2019 to 34.46% during 1/1/21–11/30/21. <p>ITMs:</p> <ul style="list-style-type: none"> ITM 4b. Members screened who were on the texting campaign distribution list increased from 2.09% (1,408/67,412) in Q1 2021 to 4.79% (3,357/70,033) in Q3 2021, representing an impactful numerator volume. 	--	--	X
PIP 3: Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<p>Annual performance indicators with an average monthly percentage point increase of at least three percentage points:</p> <ul style="list-style-type: none"> Indicator 1a. Persons aged 16+ years who received at least one vaccine dose: Increased monthly an average of 3.30 percentage points from 14.10% to 40.48% (April 2021 to December 2021). Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.44 percentage points from 7.34% to 34.87% (April 2021 to December 2021). Indicator 4a. Persons aged 12–15 years who received at least one vaccine dose: Increased monthly an average of 4.16 percentage points from 5.40% to 26.20% (July 2021 to December 2021). Indicator 4b. Persons aged 12–15 years who received a complete vaccine course: Increased monthly an average of 3.56 percentage points from 3.35% to 21.16% (July 2021 to December 2021). <p>Approved Incentive Arrangement (AIA) Progress:</p> <ul style="list-style-type: none"> 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 9.06 percentage points from 20.58% to 29.64%. Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater 	--	--	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<p>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 9.46 percentage points from 29.64% to 39.10%.</p> <ul style="list-style-type: none"> Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.22 percentage points from 13.12% to 25.34%. <p>ITMs that showed improvement:</p> <ul style="list-style-type: none"> ITM 4b identified vaccine eligible enrollees aged 16+ years with BH/SUD in the past 12 months. This ITM saw a slow increase in rates until July, where the rate increased by 2.01 percentage points from the baseline. The highest rate for this ITM was in August, at 3.54%, decreasing in September, October, and November. ACLA attributes this decrease to the affect that Hurricane Ida had on the company and enrollees. ITM 4c identified 12–15-year-old vaccine-eligible enrollees with BH/SUD in the past 12 months. This ITM was initiated in July 2021 and saw an increase in August. The rates for September, October, and November declined and ACLA attributes this to the affect that Hurricane Ida had on the company and enrollees. 			
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	<p>Performance indicator improvement:</p> <ul style="list-style-type: none"> Indicator 1 increased by 8.74 percentage points from 9.05% in Q1 to 17.78% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 24.82% for 2018 and below the target rate of 34.82%. Indicator 2 increased by 8.83 percentage points from 6.46% in Q1 to 15.29% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 18.25% for 2018 and below the target rate of 28.25%. Indicator 3 increased by 4.34 percentage points from 2.96% in Q1 to 7.30% in Q4 2021; however, the final rate was below the ULM-calculated statewide baseline rate of 11.68% for 2018 and below the target rate of 21.68%. <p>ITM performance:</p> <ul style="list-style-type: none"> The ITM for members with a developmental screening gap whose providers received a care gap report remained high at 99% across Q2–4. Chart review showed that 63.33% of the sample with CPT Code 96110 were composed of members who did receive appropriate global developmental screening, and 50% of the sample without CPT Code 96110 also received appropriate screening. The ITM to monitor provider education among providers serving members in disparity regions showed high impact, with quarterly rates between 63% and 64%. The ITM to monitor provider education among providers 	--	--	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<p>serving members in disparity race/ethnicity subgroups showed substantial impact, with quarterly rates between 56% and 58%.</p> <p>Interventions identified by the MCO as most effective:</p> <ul style="list-style-type: none"> • Member: CM outreach attained a 22% success rate (20/91) educating parents on the importance of scheduling a well-visit with their child's PCP. • Provider: The conduct of quality virtual visits and distribution of newsletter educational material. 			
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	ACLA incorporated updated 2021 data on HCV treatment rates among their enrollees to highlight opportunities for improvement.	X	X	X
PIP 6: Behavioral Health Transitions in Care	<ul style="list-style-type: none"> • The Analysis of Disproportionate Under-Representation identified susceptible subgroups by region of residence and by high-volume hospitals with Disproportionate Index 100%, tailored and targeted interventions indicated for implementation April 1, 2022, and specified corresponding ITMs to monitor progress. • The following QI tools were applied: fishbone diagram, Priority Matrix, SWOT, and the driver diagram. • The driver diagram provided a detailed listing of MCO-identified enhanced member and provider interventions to test change concepts. 	X	X	X
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	<ul style="list-style-type: none"> • The Index of Disproportionate Under-Representation was calculated. • The following QI tools were completed: fishbone diagram, Priority Matrix, and SWOT 	X	X	X
Performance Measures	In MY 2021, ACLA had 24 of 81 HEDIS measures equal or greater than 50 th NCQA national benchmark.	X	X	X
Compliance with Medicaid and CHIP Managed Care Regulations	<p>ACLA demonstrated full compliance in 7 of 12 domains:</p> <ul style="list-style-type: none"> • Assurances of Adequate Capacity and Services; • Provider Selection; • Grievance and Appeal Systems; • Subcontractual Relationships; • Practice Guidelines; • Health Information Services; and • Fraud, Waste and Abuse. 	X	--	--
Network Adequacy	None identified.	--	--	--
Quality of Care Surveys – Member Experience	<p>In 2022, ACLA performed better than the national Medicaid average for all LOBs (excluding PPOs):</p> <ul style="list-style-type: none"> • Adult CAHPS: <ul style="list-style-type: none"> ○ Getting Needed Care ○ Getting Care Quickly ○ How Well Doctors Communicate 	X	X	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<ul style="list-style-type: none"> Customer Service Rating of All Health Care Rating of Personal Doctor Rating of Health Plan Children with Chronic Condition(s) (CCC) CAHPS: <ul style="list-style-type: none"> How Well Doctors Communicate Rating of All Health Care Rating of Personal Doctor Rating of Health Plan Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> Getting Care Quickly How Well Doctors Communicate Customer Service Rating of All Health Care Rating of Specialist Seen Most Often 			
Quality Ratings	<ul style="list-style-type: none"> Overall Consumer Satisfaction (3.5 points) <ul style="list-style-type: none"> Satisfaction with Plan Physicians (5 points) Satisfaction with Plan Services (4 points) 	X	X	X
NCQA Accreditation	Accredited	X	--	--
Opportunities for Improvement				
PIP 1: Improving Rates for IET, FUA, and POD	<ul style="list-style-type: none"> Initiation (Indicator 1) and engagement (Indicator 4) in treatment for alcohol abuse/dependence represents an opportunity to improve these rates that showed declines from 2018 to 2021. Overall, both total diagnosis cohort treatment initiation and treatment engagement declined from 2018 to 2021, supporting an opportunity to improve performance across all diagnosis cohorts. Indicator 5 (OUD pharmacotherapy for 180+ days) decreased more than 10 percentage points from 25.03% in 2018 to 37.09% during 1/1/21–10/31/21, after an increase of 25 percentage points from 2019 to 2020. The corresponding ITM 9 series showed considerably higher rates of successful contact than engagement in CM and supports an important opportunity to improve the effectiveness of the care management engagement process. ACLA obtained direct member feedback about barriers and used findings to inform the following opportunities for improvement: <ul style="list-style-type: none"> focus on care coordination assessments vs. care management enrollment; and improve assessment protocols to alleviate members denying assistance due to time constraints. ITM series 11 shows that care coordination telephonic outreach to the IET population with SMI was most effective in achieving initiation of treatment, but it was less effective in successful contact and less effective in achieving engagement in treatment. ACLA identified the following opportunities for improvement: <ul style="list-style-type: none"> outreach to BH facilities to obtain viable contact 	--	X	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<p>numbers; and</p> <ul style="list-style-type: none"> ○ prioritize enrollment into care coordination due to higher response from shorter version of assessment. 			
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> • Less than half of ACLA members have been screened for HCV. • Performance Indicator 3a. HCV Treatment Initiation Overall showed a decline from 18.09% in CY 2020 to 13.16% during 1/1/21–11/30/21. • Performance Indicator 3b. HCV Treatment Initiation – People Who Use Drugs showed a decline from 17.57% in CY 2020 to 13.45% during 1/1/21–11/30/21. • Performance Indicator 3c. HCV Treatment Initiation – Persons with HIV showed a decline from 26.39% in CY 2020 to 21.59% during 1/1/21–11/30/21. • ITM 1a. Member outreach for appointment scheduling for HCV treatment rates among all members on the Office of Public Health listing is below 1%, yet among those with successful contact by CM, appointment scheduling rates are considerably higher, albeit of less impact due to very low volume (for example, in Q4 2021, 6 of 20 [30%]). Thus, there is an opportunity to improve successful contact, as well as engagement. 	--	--	X
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<ul style="list-style-type: none"> • As of December 2021, ACLA's cumulative COVID-19 vaccination rate of 40.48% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021. • The non-cumulative number of ACLA enrollees who received at least one COVID-19 vaccine declined from 9,204 in September 2021 to 2,539 in December 2021. • The non-cumulative number of ACLA enrollees who received the full COVID-19 vaccine course declined from 6,610 in September 2021 to 2,352 in December 2021. 	--	--	X
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.	--	--	X
PIP 5: Improve HCV Pharmaceutical Treatment Initiation Rate	<ul style="list-style-type: none"> • Item 2c. Objective aligns with interventions: Partially Met. There were no new or enhanced interventions indicated in this section; consequently, it is not clear what interventions are newly implemented for 2022. Based on lessons learned from the conduct of this PIP during 2021, describe new/enhanced interventions for 2022 in this section and summarize in Table 1, together with the barrier(s) that informed the new intervention(s). • Item 3c. Data Collection: Partially Met. Explain methods for ongoing collection of data on direct member feedback on barriers, as well as direct provider feedback on barriers and drivers. • Items 4a,b,c. Barrier Analysis: Partially Met. What are the current barriers specific to each susceptible 	X	X	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<p>subpopulation? What are the current barriers to members with HCV overall? 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.</p> <ul style="list-style-type: none"> Item 4d. Barrier Analysis/QI Tools: Not Met. Use QI tools to update QI strategies. Items 5a,c,d. Interventions. Partially Met. There were no new or enhanced interventions indicated in this section. 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	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	In MY 2021, ACLA had 53 of 81 HEDIS measures lower than 50th NCQA national benchmark.	X	X	X
Compliance with Medicaid and CHIP Managed Care Regulations	<p>ACLA demonstrated less than full compliance in 5 of 12 domains:</p> <ul style="list-style-type: none"> Availability of Services; Coordination and Continuity of Care; Coverage and Authorization of Services; Enrollee Rights and Protection; and Quality Assessment and Performance Improvement. 	X	--	X
Network Adequacy	ACLA's adult PCP-to-member ratio dropped from 1.76% to 1.29% from MY 2019 to MY 2021; the pediatric PCP-to-member ratio dropped from 2.12% to 1.04% from MY 2019 to MY 2021.	--	--	X
Quality of Care Surveys – Member	<p>In 2022, ACLA performed below than the national Medicaid average for all LOBs (excluding PPOs):</p> <ul style="list-style-type: none"> Adult CAHPS: <ul style="list-style-type: none"> Coordination of Care Rating of Specialist Seen Most Often CCC CAHPS: <ul style="list-style-type: none"> Getting Needed Care Getting Care Quickly Coordination of Care Rating of Specialist Seen Most Often 	X	X	X

ACLA EQR Activity	Description	Quality	Timeliness	Access
	<ul style="list-style-type: none"> Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> Getting Needed Care Coordination of Care Rating of Personal Doctor Rating of Health Plan 			
Quality Ratings	<ul style="list-style-type: none"> Overall Treatment and Prevention categories (2.5 points): 	X	X	X
Recommendations to MCO to Address Quality, Timeliness, and Access				
PIP 1: Improving Rates for IET, FUA, and POD	<p>ACLA conducted a meaningful retrospective evaluation of opportunities for improvement. To build on that approach, the following proactive approach is recommended moving forward:</p> <ul style="list-style-type: none"> Activation of the rapid and ongoing cycle improvement process should be initiated early in the PIP process to identify opportunities for improvement in real time by evaluating ITM progress and implementing modifications on an ongoing basis throughout the course of the PIP. 	--	X	X
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Item 5d (Partially Met). IPRO recommends that the MCO use Microsoft Excel formulas for all calculations.	--	--	X
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Item 5d (Partially Met). IPRO recommends that the MCO use Microsoft Excel formulas for all calculations.	--	--	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.	--	--	--

ACLA 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	ACLA 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	None identified.	--	--	--
Quality of Care Surveys – Member	Ten of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.	X	X	X
Quality Ratings	ACLA should focus its attention on categories with lower than 3 points.	X	X	X

ACLA: AmeriHealth Caritas Louisiana; EQR: external quality review; PIP: performance improvement project; SMI: serious mental illness; ASAM: American Society of Addiction Medicine; Q: quarter; BH/SUD: behavioral health/substance use disorder; SBIRT: Screening, Brief Intervention, and Referral to Treatment; CPT: Current Procedural Terminology; QI: quality improvement; SWOT: strengths, weaknesses, opportunities, and threats; CY: contract year; 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; HEDIS: Healthcare Effectiveness Data and Information Set; OUD: opioid use disorder.

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]

ACLA Verbatim Response

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

AFRICAN AMERICAN FOCUS

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

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

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

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

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

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

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

HISPANIC FOCUS

Spanish-Language Enrollee Education. To encourage usage of Medicaid services that support equity (interpretation, nurse helpline, transportation, Bright start maternity care, etc.), the Plan launched the *El Conocimiento es Poder* (Knowledge is Power) education campaign which included a statewide member communication, updates to wellness center signage, and ongoing distribution of *El Conocimiento es Poder* (Knowledge is Power) collateral at community events. The campaign supported a reduction in disparities for Hispanic enrollees in rural areas related to Comprehensive Diabetes Care.

RURAL FOCUS

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

SOCIAL DETERMINANTS OF HEALTH

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

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

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

Data Collection. To increase the data pool for enrollees' SDOH status, the Plan's Care managers have increased SDOH screenings during quarterly observances of Health Equity Week. SDOH data collected from

members is used to inform equity activities that address recurring or trending needs among demographic or geographic groups.

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

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

PROVIDER NETWORK

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

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

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

INTERNAL PROCESS IMPROVEMENT

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

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

ACLA Not Met Compliance Review Elements

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

LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
14.5.4.	The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities.	Not Met	<p>This requirement was not addressed in any policy or procedure. In response to IPRO's request for documentation, the plan indicated that this requirement was added to the 2021 Member Advisory Charter; however, since this addition was made after the review period, this requirement would be addressed in next year's review, but not this year's review.</p> <p><u>Recommendation</u> The plan should include this requirement to the Member Advisory Charter going forward.</p>	ACLA agrees with this finding and as indicated in column G, Findings, this requirement has been added to the Member Advisory Charter.