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External Quality Review Annual Technical Report Healthy Blue of Louisiana

Louisiana Department of Health

State Fiscal Year 2022

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

April 2023

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I. Executive Summary

Purpose of Report

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

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

To comply with *Title 42 CFR § 438.364 External review results* (*a)* through *(d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Louisiana Department of Health (LDH) contracted with IPRO, an EQRO, to conduct the state fiscal year (SFY) 2022 EQR activities for five (5) MCOs contracted to furnish Medicaid services in the state. During the period under review, SFY 2022 (July 1, 2021–June 30, 2022), LDH's MCOs included Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue Louisiana (HBL), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan of Louisiana (UHC). This report presents aggregate and MCO-level results of the EQR activities for these five health plans.

Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the four (4) mandatory and two (2) optional EQR activities that were conducted. It should be noted that validation of network adequacy and assistance with the quality rating of MCOs were conducted at the state's discretion as activity protocols were not included in the CMS *External Quality Review (EQR) Protocols* published in October 2019. The regulations at *Title 42 CFR § 438.242* and *457.1233(d)* also require the state to ensure that each MCO maintains a health information system that collects, analyzes, integrates, and reports data for areas including, but not limited to, utilization, grievances and appeals, and disenrollment for reasons other than the loss of Medicaid eligibility. These updated protocols did state that an "Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4." As set forth in *Title 42 CFR § 438.358 Activities related to external quality review (b)(1)*, these activities are:

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

(i) ***CMS Mandatory Protocol 1*: Validation of Performance Improvement Projects (PIPs) –** This activity validates that MCO performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.

(ii) ***CMS Mandatory Protocol 2:* Validation[4] of Performance Measures –** This activity assesses the accuracy of performance measures (PMs) reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.

(iii) ***CMS Mandatory Protocol 3:* Review of Compliance with Medicaid and CHIP[5] Managed Care Regulations –** This activity determines MCO compliance with its contract and with state and federal regulations.

(iv) ***CMS Mandatory Protocol 4:* Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO's ability to provide an adequate provider network to its Medicaid population. (CMS has not published an official protocol for this activity.)

(v) ***CMS Optional Protocol 6:* Administration or Validation of Quality of Care Surveys –** In SFY 2022, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction survey was conducted, one for adult and child members.

(vi) ***CMS Optional Protocol 10:* Assist with the Quality Rating of Medicaid and CHIP MCOs –** This activity summarizes MCO performance in a manner that allows beneficiaries to easily make comparisons and to identify strengths and weakness in high priority areas. (CMS has not published an official protocol for this activity.)

While the *CMS External Quality Review (EQR) Protocols* published in October 2019 stated that an ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA. Findings from IPRO's review of the MCOs' HEDIS final audit reports (FARs) are in the **Validation of Performance Measures** section of this report.

CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies,
- comparative findings, and
- where applicable, the MCOs' performance strengths and opportunities for improvement.

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2021–2022 EQR activity findings to assess the performance of Louisiana Medicaid MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual MCOs were evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

[4] CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as "the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis."

[5] Children's Health Insurance Program.

The following provides a high-level summary of these findings for the Louisiana Medicaid Managed Care (MMC) Program. The overall findings for MCOs were also compared and analyzed to develop overarching conclusions and recommendations for each MCO. These plan-level findings are discussed in each EQR activity section as well as the **MCO Strengths, Opportunities for Improvement, and EQR Recommendations** section.

Strengths Related to Quality, Timeliness, and Access

Performance Improvement Projects

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

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

1. Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)
   - **Strength:** Three performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.[6]
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
   - **Strength:** Three 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 HBL'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 HBL 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 HBL's independent auditor, IPRO found that HBL was determined to be fully compliant with all seven of the applicable NCQA HEDIS Information Systems (IS) standards.

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

HEDIS – Quality, Timeliness and Access

Of the 81 HEDIS measures/submeasures HBL reported, 34 (423%) performed equal to or greater than the NCQA 50th percentile benchmark.

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

Review of Compliance with Medicaid and CHIP Managed Care Regulations

HBL achieved a fully "Met" compliance review in the following domains: Assurances of Adequate Capacity and Services; Coordination and Continuity of Care; Coverage and Authorization of Services; Subcontractual Relationships; Practice Guidelines; Health Information Services; Quality Assessment and Performance Improvement; and Fraud, Waste and Abuse. A complete summary of HBL's compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

None identified.

Quality of Care Surveys

Member Satisfaction

HBL's adult member CAHPS scores met or exceeded the national Medicaid benchmarks presented in the NCQA Quality Compass® for the Getting Care Quickly measure. HBL ranked at or above the 75th percentile for the Customer Service and Rating of Health Plan measures. However, the Customer Service measure was impacted by a small sample size.

For child members without chronic conditions, HBL scored between the 50th and 75th percentiles for Getting Needed Care, Getting Care Quickly, Coordination of Care, and Rating of Health Plan measures. HBL was at or above the 75th percentile for four measures; How Well Doctors Communicate, Customer Service, Rating of All Health Care, and Rating of Personal Doctor. However, it should be noted that the Costumer Service measure was identified as having a small sample size.

For child members with chronic condition(s), HBL was between the 50th and 75th percentile for Getting Needed Care, Rating of Personal Doctor, and Rating of Health Plan. HBL was at or above the 75th percentile for Getting Care Quickly, How Well Doctors Communicate, and Rating of All Health Care measures.

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

Quality Ratings

HBL scored high Getting Care (5 points) and Treatment of Opioids (4 points), as shown in Section VIII.

Opportunities Related to Quality, Timeliness, and Access

Performance Improvement Projects

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

Validation of Performance Measures

HEDIS – Quality, Access, and Timeliness

In MY 2021, HBL had 43 of 81 HEDIS measures lower than the 10th NCQA national benchmark, as shown in **Section IV**

Review of Compliance with Medicaid and CHIP Managed Care Regulations

HBL received a less than a fully "Met" review determination in the following domains: Availability of Services; Provider Selection; Enrollee Rights and Protection; and Grievance and Appeal Systems. A complete summary of HBL's compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

The PCP-to-member ratio declined for both adult and pediatric providers between MY 2019 to MY 2021, as shown in **Section VI**

Quality of Care Surveys

Member Satisfaction

HBL's adult member CAHPS scores ranked below the 50th percentile for the following measures: Getting Needed Care, How Well Doctors Communicate, Coordination of Care, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. For child members without chronic conditions, all measures were equal to or above the 75th percentile.

For child members without chronic conditions, the Rating of Specialist Seen Most Often measure ranked below the 50th percentile.

For child members with chronic condition(s), Coordination of Care and Rating of Specialist Seen Most Often measures ranked below the 50th percentile.

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

Quality Ratings

HBL scored low (2 points) in the category of Other Treatment Measures, as shown in **Section VIII**.

Conclusion

Findings from SFY 2021 EQR activities highlight HBL'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 HBL.

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 HBL Response

Member-focused initiatives include use of the PyX digital tool, mail-in colorectal cancer screening kits, the Geaux Get Healthy Food Program, housing support for high BH utilizers, the Doula program, and regional diabetes and hypertension screenings. Provider-focused initiatives include the Social Determinants of Health (SDoH) Incentive Program, health-equity–focused trainings, and the Obstetrics Quality Incentive Program. Community-based initiatives include mobile cancer screenings, Tribal Liaison Cultural Competency Trainings,

scholarship sponsorships at historically Black colleges and universities, donations of over 30 refrigerators to aid food access, COVID-19 vaccination partnerships, and a health education advisory committee.

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 – HBL

HBL – PIP Validation Element[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	PIP 4 Improving Receipt of Global Developmental Screening in the First Three Years of Life	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP7 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	PM
b. Potential for meaningful impact on member health, functional status, or satisfaction	M	M	M	M	M	M	M
c. Reflects high-volume or high-risk conditions	M	M	M	M	M	M	M
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	M	M	M	M	M	M	M
2. Aim							
a. Specifies performance indicators for improvement with corresponding goals	M	M	M	M	M	M	M
b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)	M	M	M	M	M	M	M
c. Objectives align aim and goals with interventions	M	M	M	M	PM	M	M

HBL – PIP Validation Element[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	PIP 4 Improving Receipt of Global Developmental Screening in the First Three Years of Life	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP7 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	PM	M	M	M	PM	PM
b. Member feedback	M	M	M	M	NM	PM	PM
c. Provider feedback	M	PM	M	M	NM	PM	PM
d. QI process data ("5 Why's", fishbone diagram)	M	PM	M	M	NM	PM	PM

HBL – PIP Validation Element[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	PIP 4 Improving Receipt of Global Developmental Screening in the First Three Years of Life	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
5. Robust Interventions that Are Measurable Using Intervention Tracking Measures							
a. Informed by barrier analysis	M	PM	M	M	PM	PM	PM
b. Actions that target member, provider, and MCO	M	M	M	M	M	M	M
c. New or enhanced, starting after baseline year	M	M	M	M	PM	M	PM
d. With corresponding monthly or quarterly intervention tracking (process) measures (i.e., numerator/denominator, specified in proposal and baseline PIP reports, with actual data reported in interim and final PIP reports)	PM	M	M	M	M	PM	PM

HBL – PIP Validation Element[1]	PIP 1 Improving Rates for IET, FUA, and POD	PIP 2 Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	PIP 3 Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	PIP 4 Improving Receipt of Global Developmental Screening in the First Three Years of Life	PIP 5 Improve HCV Pharmaceutical Treatment Initiation Rate	PIP 6 Behavioral Health Transitions in Care	PIP7 Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
6. Results Table (Completed for Baseline, Interim, and Final Re-Measurement Years)							
a. Table shows performance indicator rates, numerators, and denominators	M	M	PM	M	M	M	M
b. Table shows target rates and rationale (e.g., next highest Quality Compass percentile)	M	M	M	M	NM	M	M
7. Discussion (Final PIP Report)							
a. Interpretation of extent to which PIP is successful	M	M	PM	M	--	--	--
8. Next Steps (Final PIP Report)							
Lessons learned	M	M	M	M	--	--	--
System-level changes made and/or planned	M	M	M	M	--	--	--
Next steps for each intervention	M	M	M	M	--	--	--

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

HBL: Healthy Blue of Louisiana; PIP: performance improvement project; 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 1/11/2022, IPRO determined that the following validation element of the Improving Rates for IET, FUA, and POD PIP report submitted by HBL did not achieve full compliance:

5d. Partially Met. Inaccurate ITM calculations for Q4 ITM 1, Q3 & Q4 ITM 2, Q4 ITM 3. In addition, several Q3 & Q4 ITMs were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Microsoft® Excel® formulas to calculate the correct rates and round correctly.

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 elements of the Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation PIP report submitted by HBL did not achieve full compliance:

4a. Partially Met. The recommended correction was made after submission of the draft final report, so it would not be possible to retroactively develop tailored and targeted interventions.
4c. Partially Met. Provider feedback on barriers was indicated in quarterly reports but not in the final PIP report.
4d. Partially Met. QI tools were used in the revised baseline report but were not included in the final PIP report.
5a. Partially Met. See review comments for 4a and 4c. It is not clear how ongoing barrier analysis was used to inform modifications to interventions for continuous QI throughout the course of the PIP, as Table 1 did not document changes to barriers identified or interventions in response.

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 1/5/2022, IPRO determined that the following validation elements of the Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine Eligible Enrollees: Persons 18 Years of Age or Older PIP report submitted by HBL did not achieve full compliance:

6a. Partially Met. The disparity indicators were reported as the proportion of members who were vaccinated, rather than the difference between subgroup percentages. In Table 5, the correct calculation for Indicator 1 Measure A for October = 38.69% and for Indicator 3 Measure C for October = 40.49%.
7a. Partially Met. The disparity measures are indicated as "Difference between the percentage of eligible White and…"; however, the percentages appear to reflect proportions vaccinated rather than differences between subgroups.

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 HBL achieved full compliance.

PIP 5: Improve HCV Pharmaceutical Treatment Initiation Rate

Through a review conducted on 2/8/2022, IPRO determined that the following validation elements of the Improve HCV Pharmaceutical Treatment Initiation Rate PIP report submitted by ABHL did not achieve full compliance:

2c. Partially Met. Elaborate on new member interventions being implemented specifically for 2022. For example, in the 2021 final report, HBL indicated that a community health worker (CHW) was added to focus

on the substance use disorder/serious mental illness (SUD/SMI) population. New or enhanced intervention(s) for 2022 should be indicated in this section, as well as in Table 1, together with the barrier(s) that informed the new intervention(s).
3c. Partially Met. Develop and explain separate methods for obtaining direct member and provider feedback on an ongoing basis throughout the course of the PIP, particularly in response to stagnating or declining ITM rates.
4b. Not Met. What barriers were identified from direct member feedback over the course of the HCV PIP during 2021?
4c. Not Met. What barriers were identified from provider member feedback over the course of the HCV PIP during 2021?
4d. Not Met. None of the Quality Improvement tools included in the PIP Template were completed in the Proposal.
5a. Partially Met. Member and provider interventions should be modified to address the member and provider barriers identified over the course of the PIP during 2021.
5c. Partially Met. See review comment for 5a.
6b. Not Met. Results table needs to show target rates.

PIP 6: Behavioral Health Transitions in Care

Through a review conducted on 4/1/2022, IPRO determined that the following validation elements of the Behavioral Health Transitions in Care PIP report submitted by HBL did not achieve full compliance:

4a. Partially Met. pending review of subsequent quarterly and annual reports. The requested correction to Table 4a was made. In addition, the Data Collection section was amended with plans to meet with facilities with disproportionate index > 1 to address barriers and with facilities with disproportionate index < 1 to identify drivers and apply to under-performing hospitals. Moving forward, document in quarterly and annual reports how the above suggestions will be addressed regarding barrier identification with tailored and targeted interventions for additional under-represented subgroups and under-represented hospitals, as well as driver identification for hospitals with index scores < 100%. Agree, and suggest verifying the number of discharges by race; it is doubtful there are more Native Hawaiians or Pacific Islanders (2,312) than African Americans (264) in the denominator in Louisiana.
4b. Partially Met. Pending review of subsequent quarterly and annual reports. The Data Collection section was amended with plans to obtain member feedback. Document in subsequent quarterly and annual reports.
4c. Partially Met. Pending review of subsequent quarterly and annual reports.
4d. Partially Met. Pending review of subsequent quarterly and annual reports. Consider Plan-Do-Study-Act (PDSA) tests of change for interventions in partnership with hospitals to address disparity subgroups and regions.
5a. Partially Met. Pending review of subsequent quarterly and annual reports.
5d. Partially Met. Pending review of subsequent quarterly and annual reports. ITMs 3c, 3d, and 3e were modified to include all members in the FUH, FUA, and Follow-Up After Emergency Department Visit for Mental Illness (FUM) denominators, respectively.

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

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

1a. Partially Met. See review comment for 3c.

3c. Not Met. Answer this question. Of note, the entire eligible population should be targeted by PIP interventions, although specific tailored interventions may be customized for the disproportionate subgroups. In addition, in the Data Analysis section, elaborate on what is meant by "if needed" in the phrase, "barrier analysis and member/provider focus groups if needed, will be used to identify additional barriers". Additional drill down barrier analysis should be conducted in response to stagnating or declining ITM rates.
4a. Partially Met. The Analysis of Disproportionate Under-Representation identified susceptible subgroups, and the next step is to conduct a barrier analysis to drill down to the reasons why each disparity subgroup is not receiving fluoride varnish. The MCO is advised to obtain direct member and provider feedback. Additional disparity subgroups that merit attention include American Indian enrollees and enrollees residing in Region 8. The specific barriers and method of identification should be indicated in Table 4b in the full report and in Table 4 of each quarterly report.
4b. Partially Met. HBL indicated plans to obtain direct member feedback on an ongoing basis. The specific barriers and method of identification should be indicated in Table 4b in the full report and in Table 4 of each quarterly report.
4c. Partially Met. HBL indicated plans to obtain direct provider feedback on an ongoing basis. The specific barriers and method of identification should be indicated in Table 4b in the full report and in Table 4 of each quarterly report.
4d. Partially Met. HBL has plans to conduct PDSA testing of new interventions with run chart reporting, which should be documented in subsequent quarterly report as an appendix, as well as ITMs data reporting in Table 3 of each quarterly report.
5a. Partially Met. See review comments 4a, 4b, and 4c. Findings from barrier analyses should be used to inform interventions and should be documented in Table 4b in the full report and in Table 4 of each quarterly report.
5c. Partially Met. The texting campaign is directed to the disparity subgroups (e.g., aged 3−5 years and Region 1). Elaborate on new interventions for all eligible enrollees. In addition to the member gap reports for all eligible enrollees, disparity subgroups should receive interventions tailored to their needs, as identified by the barrier analysis of each subgroup, whereas the entire eligible population should receive interventions designed for broader impact. Consider more resource intensive and tailored outreach for disparity subgroups (e.g., CHW, patient navigators, and broader text messaging campaigns for the entire eligible population).
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: HBL PIP Summaries, 2021–2022

HBL 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. Results must be interpreted with some caution due to the above-noted ITM data integrity issues.
Aim To improve the rate of IET, FUA, and POD by implementing enhanced interventions to test the change concepts indicated in the driver diagram (Appendix D) to achieve the following objectives: 1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of POD, and encourage provider enrollment in the following training programs: • The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning). • Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) — ASAM; targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers. • Fundamentals of Addiction Medicine − ASAM; targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC, and urgent care providers.

- The ASAM Criteria Course for appropriate levels of care; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers.
- ASAM Motivational Interviewing Workshop; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers.

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

Interventions

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

Performance Improvement Summary

Strengths:

Performance indicators:

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

Intervention Tracking Measures (ITMs):

- ITM 1. CM outreach post ED visit for alcohol/SUD increased from 8.33% in Q1 2020, with a denominator of only 12, to a rate of 45.69% in Q2 2021, with a denominator of 116.
- ITM 3a. PCP SBIRT screening increased from 0.24% in Q1 2020, with a denominator of 2,876, to 14.05% in Q3 2021, with a denominator of 2,797.

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

Opportunities for improvement:

- ITM 5d. Partially Met. Inaccurate ITM calculation for Q4 ITM 1, Q3 & Q4 ITM 2, Q4 ITM 3. In addition, several Q3 & Q4 ITMs were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly.
- ITM 6a. Met. Several indicators were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly.
- Indicators 7 & 8. Follow-up after ED visit for AOD within 7 and 30 days showed the lowest CY 2020 rates, at 7.91% and 12.90%, respectively.
- Initiation (Indicator 1) and engagement in treatment (Indicator 4) for alcohol abuse/dependence showed only a three percentage point improvement from CY 2018 to CY 2020.

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

Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due the above stated limitation regarding the susceptible subpopulation analysis.

Aim

To improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by 10 percentage points from 2019 baseline by implementing a robust set of interventions to address the following key intervention objectives:

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

Interventions

1. Enhance case management outreach for HCV treatment initiation.
2. Enhance case management outreach for HCV screening.
3. Enhance case management outreach for HCV screening of at-risk members.
4. Provide provider education regarding sofosbuvir/velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.

5. Have virtual provider outreach and educate PCP on HCV screenings and treatment options.
6. Identify current members with HIV diagnosis for targeted outreach efforts.
7. Identify current members with SUD/SMI diagnosis for targeted outreach efforts.
8. Identify current members on the OPH list and assist PCPs with outreach and appointments for treatment of HCV.
9. Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd.

Performance Improvement Summary

Strengths:

Performance indicators:

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

ITMs:

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

Opportunities for improvement:

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

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

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

Aim

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

Interventions

1. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management.
2. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management.
3. Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed.
4. Member calls initiated to those who have not completed the vaccination series (not received second dose).
5. Target outreach efforts with members identified as susceptible populations. Partner with community entity to provide vaccine to underserved regions.

6. Transport members with transportation issues to vaccination locations as needed.

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

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

ITMs that showed improvement:

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

Opportunities for improvement:

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

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

Validation Summary: Developmental Screening- 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. Collaborate with community partners to educate provider practices on community resources to incorporate

developmental screenings.
3. Develop member gap reports, stratify by provider and distribute to providers.
4. Target outreach efforts to providers with member gaps in targeted regions.
5. Develop a provider survey to assess for types of developmental screening tools providers use and associated barriers.
6. Conduct enhanced care coordination outreach/education to parents of members on gap report.
7. Distribute educational materials/fliers to parents on importance of developmental screenings.
8. Enroll members/parents in text educational campaigns to educate members on resource tools available through Health Crowd targeting developmental screenings.
9. Conduct a PCP chart review of:
   - a random sample of 30 eligible population charts with CPT® Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening; and
   - 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.
10. 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 19.92 percentage points from 7.54% in CY 2020 to 27.46% in CY 2021 to exceed the ULM-calculated statewide baseline rate of 24.82% in CY 2018; however, the final rate was below the target rate of 34.82%.
  - Indicator 2 increased by 20.91 percentage points from 7.75% in CY 2020 to 28.66% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 18.25% for 2018, as well as the target rate of 28.25%.
  - Indicator 3 increased by 17.68 percentage points from 3.58% in CY 2020 to 21.26% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 11.68% for 2018, although just below the target rate of 21.68%.
- ITM performance:
  - ITM 2 to distribute member care gap reports to their providers increased from 0.14% in Q1 2021 to 6.58% in Q4 2021.
  - ITM 2a for targeted outreach to providers with member gaps in disparity regions increased from 0.29% in Q1 2021 to 13.11% in Q4 2021.
  - ITM 2c for telemedicine visits for wellness/screening did not show improvement; however, this intervention impacted 1,194 members in 2021.
- Interventions identified by the MCO as most effective:
  - Member: Attendance at telemedicine visits for developmental screening.
  - Provider: Targeted outreach to providers with member gaps in disparity regions.

Opportunities for improvement:

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

PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate
Validation Summary: N/A.

Aim

To improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by 10 percentage points from 2019 baseline by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (1) PCPs for screening and (2) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
   - beneficiaries born between the years 1945 and 1965;

- current or past injection drug use;
- persons ever on long term hemodialysis;
- persons who were ever incarcerated; and
- Persons with HIV infection

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

Interventions

1. Enhance case management outreach for HCV treatment initiation.
2. Enhance case management outreach for HCV screening.
3. Provide provider education regarding sofosbuvir/velpatasvir 400-100 (generic Sofvel/Epclusa).
4. Have virtual provider outreach and educate PCP on HCV screenings and treatment options.
5. Identify current members with HIV diagnosis for targeted outreach efforts.
6. Identify current members with SUD/SMI diagnosis for targeted outreach efforts.
7. Identify current members on the OPH list and assist PCPs with outreach and appointments for treatment of HCV.
8. Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd.

Performance Improvement Summary

Strengths:

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

Opportunities for improvement:

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

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

Aim

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

Interventions

1. Enhance hospital-to-MCO workflow for notification of hospital and emergency department admissions, discharges and transfers (ADT):
   - Develop or enhance real-time/near-real-time ADT data exchange for BH-related emergency department visits and hospital stays.
   - Streamline and improve processes for obtaining and documenting member's consent to share information with aftercare providers.
   - Ensure hospitals and emergency departments have user-friendly, accessible provider directories, which indicate BH providers with availability for urgent aftercare appointments.
   - Perform medication reconciliation to ensure medication is on approved formulary and member has access to medication.
   - Provide enhanced MCO case/care management to ensure aftercare planning for members prior to discharge from hospital or emergency department:
     - Identify and address SDoH, which may serve as a barrier to aftercare.
     - Ensure member has a discharge plan, which includes current medication list, appointment with aftercare

provider(s) at a time/location convenient to member/based on member preferences, and interventions to address barriers to care (e.g., transportation, language etc.).
    - Ensure member understands discharge plan using teach-back methods to address health literacy.
    - Educate members on purpose and importance of aftercare appointments, and how to reschedule appointments if the scheduled time does not work.
    - Provide follow-up to member within 72 hours following discharge from hospital or emergency department to identify and address any unmet needs.
    - Provide ongoing MCO case management to members with special health care needs.
2. Evaluate the effectiveness of the MCO case management program considering member feedback and engagement level and develop and implement interventions to improve case management processes based on member feedback.
3. Link members to aftercare with BH providers prior to discharge from hospital or ED for members enrolled in case management and for members not enrolled in case management:
    - Develop and implement at least three strategies to increase warm hand-offs to BH providers to ensure member continuity of care. At least, one strategy must relate to increasing warm hand-offs to residential substance use providers. Implementation may be delayed due to Omicron. To start, consider partnering with a large volume ID with which there is an established relationship, then spread successes over the course of the PIP.
    - Develop and implement strategies for reminding members regarding upcoming BH appointments.
    - Share critical member information that is necessary for patient care (including but not limited to MCO plan of care if applicable, discharge plan, and current medication listing) with aftercare BH providers within three days following member's discharge from the hospital or ED through provider-friendly, automated processes (e.g., provider portal) in accordance with the privacy requirements at *Title 45 CFR Parts 160 and 164*, *Title 42 CFR Part 2*, and other applicable state and federal laws.
4. Identify and address needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ.
5. Initiate a broader intervention to facilitate follow-up with members with an appropriate mental health provider per NCQA Appendix 3 (e.g., text messaging, letter to member and member's PCP with list of follow-up providers in member's location).

Performance Improvement Summary

Strengths:

- The MCO conducted the Disproportionate Analysis, identified Region 1 as under-represented, and developed an intervention to partner with SUD providers in Region 1, with a corresponding ITM 3a to monitor the progress of this intervention.
- The MCO added two additional ITMs 3b (events with homeless/housing insecurity organizations to obtain contact information) and 3c (text outreach campaign) to address objective #4 for interventions that more broadly impact the BH population.
- The Data Collection section was amended to include a process to obtain ongoing member and provider feedback on barriers and drivers, including meetings with facilities with Disproportionate Index of Under-representation > 100% and < 100% to address barriers and drivers with modified interventions.

Opportunities for improvement:

- Indicators 7 & 8 Follow-up after ED visit for AOD within 7 and 30 days showed the lowest CY 2020 rates, at 7.91% and 12.90%, respectively.
- Initiation (Indicator 1) and engagement in treatment (Indicator 4) for alcohol abuse/dependence showed only a 3 percentage point improvement from CY 2018 to CY 2020.

PIP 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. Member education text outreach campaign via Health Crowd.
3. 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.
4. Enroll members in text educational campaigns to educate members aged 3−5 years on fluoride varnish application done by PCP through Health Crowd.
5. Enroll members that reside in Region 1 in text educational campaigns to educate members aged 3−5 years on fluoride varnish application done by PCP through Health Crowd.

Performance Improvement Summary

Strengths:

- The Data Analysis section indicates that HBL will complete monthly PDSA and run charts to monitor interventions and will conduct barrier analysis, using member/provider focus groups, as needed for interventions that are not driving goals.
- Additional ITM 2a monitors a new member education text outreach intervention.
- Additional ITM 4a monitors a new educational texting campaign to disproportionate subset aged 3−5 years.
- Additional ITM 4b monitors a new educational texting campaign to disproportionate subset aged 3−5 years in Region 1.

Opportunities for improvement:

The Analysis of Disproportionate Under-Representation identified susceptible subgroups and the next step is to conduct a barrier analysis to drill down to the reasons why each disparity subgroup is not receiving fluoride varnish. The plan is advised to obtain direct member and provider feedback. Additional disparity subgroups that merit attention are American Indian enrollees and enrollees residing in Region 8. The specific barriers and method of identification should be indicated in Table 4b in the full report and in Table 4 of each quarterly report.

HBL: Healthy Blue of Louisiana; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health center; LMHP: licensed medical health professional; ED: emergency department; MCO: managed care organization; UM: utilization management; CM: care management; SUD: substance use disorder; SMI: serious mental illness; MAT: medication-assisted treatment; SDoH: social determinants of health; OTP: opioid treatment program; SUD: substance use disorder; LDH: Louisiana Department of Health; HIV: human immunodeficiency virus; OPH: Office of Public Health; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology; AG: authorized generic; CHW: CHW: community health worker; AAP: American Academy of Pediatrics; PDSA: Plan-Do-Study-Act; LGBTQ: lesbian, gay, bisexual, transgender, queer; N/A: not applicable; Q: quarter; CY: contract year.

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

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

HBL Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (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:** 57.45% **Final:** 58.20%	Target not met, but performance improvement demonstrated.

HBL Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Target: 63.68%	
2	Initiation of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort **Baseline:** 69.45% **Final:** 72.93% **Target:** 76.92%	Target not met, but performance improvement demonstrated.
3	Initiation of AOD Treatment: Total age groups, total diagnosis cohort. **Baseline:** 58.29% **Final:** 59.10% **Target:** 64.66%	Target not met, but performance improvement demonstrated.
4	Engagement of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort. **Baseline:** 16.46% **Final:** 19.74% **Target:** 21.74%	Target not met, but performance improvement demonstrated.
5	Engagement of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort. **Baseline:** 30.70% **Final:** 37.08% **Target:** 40.66%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, total diagnosis cohort. **Baseline:** 19.83% **Final:** 20.63% **Target:** 25.05%	Target not met, but performance improvement demonstrated.
7	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within 30 days of the ED visit **Baseline:** 6.33% **Final:** 9.09% **Target:** 20.91%	Target not met, but performance improvement demonstrated.
7a	The percentage of ED visits for members 13 years of age and older with a diagnosis of HIV/AIDS and principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit **Baseline:** 10.94% **Final:** 14.42% **Target:** 15.90%	Target not met, but performance improvement demonstrated.
8	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within 7 days of the ED visit **Baseline:** 6.33% **Final:** 10.63% **Target:** 11.56%	Target not met, but performance improvement demonstrated.
9	The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 years and older with a diagnosis of OUD **Baseline:** N/A **Final:** 25.98% **Target:** 41.59%	Unable to evaluate performance at this time.

HBL Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation		
1a	Universal Screening **Baseline:** 14.31% **Final:** 20.73% **Target:** 24.31%	Target not met, but performance improvement demonstrated.
1b	Birth Cohort Screening **Baseline:** 19.66% **Final:** 24.26% **Target:** 29.66%	Target not met, but performance improvement demonstrated.
2a	Non-Birth Cohort/Risk Factor Screening – Ever Screened **Baseline:** 30.84% **Final:** 37.53% **Target:** 40.84%	Target not met, but performance improvement demonstrated.
2b	Non-Birth Cohort/Risk Factor Screening – Annual Screening **Baseline:** 14.59% **Final:** 17.59% **Target:** 24.59%	Target not met, but performance improvement demonstrated.
3a	HCV Treatment Initiation – Overall **Baseline:** 16.44% **Final:** 29.03% **Target:** 26.44%	Target met and performance improvement demonstrated.
3b	HCV Treatment Initiation – Persons Who Use Drugs **Baseline:** 15.27% **Final:** 27.63% **Target:** 25.27%	Target met and performance improvement demonstrated.
3c	HCV Treatment Initiation – Persons with HIV **Baseline:** 22.03% **Final:** 34.83% **Target:** 32.03%	Target met and performance improvement demonstrated.
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: 18 Years of Age or Older		
1a	Receipt of at least one dose of COVID-19 vaccine **Baseline:** 13.75% **Final:** 35.58% **Target:** 70.00%	Target not met, but performance improvement demonstrated.
1b	Receipt of a complete vaccine series **Baseline:** 6.93% **Final:** 44.94% **Target:** 70.00%	Target not met, but performance improvement demonstrated.
2a	White enrollees receiving at least one dose **Baseline:** 11.02% **Final:** N/A **Target:** 70.00%	Unable to evaluate performance at this time.
2b	Black enrollees receiving at least one dose **Baseline:** 13.58% **Final:** N/A **Target:** 70.00%	Unable to evaluate performance at this time.
2c	Hispanic enrollees receiving at least one dose **Baseline:** 10.65%	Unable to evaluate performance at this time.

HBL Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Final: N/A **Target:** 70.00%	
3a	White enrollees receiving a complete COVID-19 vaccine course **Baseline:** 5.34% **Final:** N/A **Target:** 70.0%	Unable to evaluate performance at this time.
3b	Black enrollees receiving a complete COVID-19 vaccine course **Baseline:** 6.98% **Final:** N/A **Target:** 70.0%	Unable to evaluate performance at this time.
3c	Hispanic enrollees receiving a complete COVID-19 vaccine course **Baseline:** 4.68% **Final:** N/A **Target:** 70.0%	Unable to evaluate performance at this time.
3d	Other enrollees receiving a complete COVID-19 vaccine course **Baseline:** 8.25% **Final:** N/A **Target:** 70.0%	Unable to evaluate performance at this time.
4a	Children: Receipt of at least one dose of COVID-19 vaccine **Baseline:** 7.08% **Final:** N/A **Target:** 10.0%	Unable to evaluate performance at this time.
4b	Children: Receipt of a complete vaccine series **Baseline:** 4.71% **Final:** N/A **Target:** 10.0%	Unable to evaluate performance at this time.
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life		
1	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their first birthday **Baseline:** 24.82% **Final:** 27.46% **Target:** 34.82%	Target not met, but performance improvement demonstrated.
2	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their second birthday **Baseline:** 18.25% **Final:** 28.66% **Target:** 28.25%	Target met and performance improvement demonstrated.
3	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their third birthday **Baseline:** 11.68% **Final:** 21.26% **Target:** 21.68%	Target not met, but performance improvement demonstrated.

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

IV. Validation of Performance Measures

Objectives

Federal requirements from the BBA, as specified in *Title 42 CFR § 438.358*, require that states ensure their MCOs collect and report PMs annually. The requirement allows states, agents that are not managed care organizations, or an EQRO to conduct the performance measure validation (PMV).

LDH has established quality measures and standards to evaluate MCO performance in key program areas. The selected measures align with specific priorities, goals, and/or focus areas of the Louisiana Medicaid Quality Strategy and include measures in the HEDIS.

Performance results can be calculated and reported to the state by the MCO, or the state can calculate the MCO's PM results for the preceding 12 months. LDH required its Medicaid MCOs to calculate their own PM rates and have them audited by an NCQA-certified auditor.

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

Technical Methods of Data Collection and Analysis

Each MCO contracted with an independent licensed organization (LO) and underwent an NCQA HEDIS Compliance Audit for HEDIS MY 2021. To ensure that each MCO calculated its rates based on complete and accurate data and according to NCQA's established standards and that each MCO's independent auditors performed the audit using NCQA's guidelines, IPRO reviewed the final audit reports (FARs) produced for each MCO by the MCO's independent auditor. Once the MCOs' compliance with NCQA's established standards was examined, IPRO objectively analyzed the MCOs' HEDIS MY 2021 results and evaluated each MCO's current performance levels relative to Quality Compass national Medicaid percentiles.

IPRO evaluated each MCO's IS capabilities for accurate HEDIS reporting. This evaluation was accomplished by reviewing each FAR submitted by the MCOs that contained the LO's assessment of IS capabilities. The evaluation specifically focused on aspects of the MCO's system that could affect the HEDIS Medicaid reporting set.

The term "IS" included the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The LOs determined the extent to which the MCOs had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the MY 2021 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, the LOs evaluated compliance with NCQA's IS standards. NCQA's IS standards detail the minimum requirements of an MCO's IS, as well as criteria that must be met for any manual processes used to report HEDIS information.

For each HEDIS measure, the MCO was evaluated on how their rate compared to the HEDIS MY 2021 Quality Compass national Medicaid HMO 50th percentile.

Description of Data Obtained

IPRO used the FAR and the MCO rates provided on the Interactive Data Submission System (IDSS) file as the primary data sources.

The FAR includes information on the MCOs' IS capabilities, findings for each measure, supplemental data validation results, medical record review validation (MRRV) results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. The final audit results included final determinations of validity made by the auditor for each PM. The IDSS file detailed all rates that were submitted to NCQA and whether the auditor deemed them to be reportable. The IDSS file is "locked" by the auditor so that no changes can be made to the results.

Conclusions

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

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

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

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

HBL: Healthy Blue of Louisiana; MY: measurement year; IS: Information Systems; HEDIS: Healthcare Effectiveness Data and Information Set.

For SFY 2022, LDH required each contracted MCO to collect and report on 47 HEDIS measures which includes 81 total measures/submeasures indicators for HEDIS MY 2021 specified in the provider agreement The measurement set includes 11 incentive measures. **Tables 8–10** display the 81 measures indicators required by LDH. Red cells indicate that the measure fell below the NCQA 50th percentile, green indicates that the measure was at or above the 50th percentile. **Table 11** displays a summary of HBL's HEDIS measure performance.

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

HEDIS Measure	HBL	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	47.73%	52.96%
Pharmacotherapy for Opioid Use Disorder (POD)	27.68%	31.72%
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)		
Initiation of AOD	60.98%	54.64%
Engagement of AOD	22.12%	19.23%
Use of First-Line Psychosocial Care for Children and Adolescent Antipsychotics (APP)	66.95%	64.02%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	57.42%	57.91%

HEDIS Measure	HBL	Statewide Average
Effective Continuation Phase Treatment	39.58%	40.82%
Breast Cancer Screening (BCS)	54.42%	54.04%
Cervical Cancer Screening (CCS)	58.88%	58.17%
Childhood Immunization Status (CIS)		
DTaP	71.29%	66.71%
IPV	87.83%	86.13%
MMR	81.75%	82.36%
HiB	85.16%	82.83%
Hepatitis B	90.51%	88.31%
VZV	82.97%	82.67%
Pneumococcal conjugate	72.26%	65.85%
Hepatitis A	80.78%	78.94%
Rotavirus	70.56%	64.61%
Influenza	29.20%	27.56%
Combo 3	66.67%	61.53%
Combo 7	57.66%	52.12%
Combo 10	22.87%	20.59%
Chlamydia Screening in Women (CHL) – Total	61.27%	62.40%
Colorectal Cancer Screening (COL)	36.77%	38.69%
Comprehensive Diabetes Care (CDC)		
HbA1c Testing	83.94%	83.64%
HbA1c Poor Control (> 9.0%)[1]	42.09%	44.32%
HbA1c Control (< 8.0%)	50.85%	47.49%
Eye Exams	48.66%	54.48%
Blood Pressure control (< 140/90 mm/Hg).	55.96%	52.80%
Controlling High Blood Pressure (CBP)	57.42%	54.73%
Diabetes Screening for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Medications (SSD)	83.39%	82.24%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	61.19%	64.25%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	75.86%	72.67%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
Blood Glucose Testing	53.65%	52.41%
Cholesterol Testing	29.44%	28.23%
Blood Glucose and Cholesterol Testing	28.67%	27.30%
Lead Screening in Children (LSC)	66.91%	64.78%
CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	81.70%	80.04%
CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan − General Population, 8+9+10)	89.22%	86.37%
Initiation of Injectable Progesterone for Preterm Birth Prevention	18.10%	19.16%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	37.01%	34.61%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	17.82%	20.12%
Within 30 Days of Discharge	37.59%	39.60%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
Within 7 Days of Discharge	21.02%	21.69%
Within 30 Days of Discharge	35.86%	35.35%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		

HEDIS Measure	HBL	Statewide Average
Within 7 Days of Discharge	9.63%	8.64%
Within 30 Days of Discharge	14.92%	13.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	36.21%	38.00%
Continuation Phase	54.19%	51.70%
Immunization Status for Adolescents (IMA)		
Meningococcal	86.13%	85.98%
Tdap/Td	86.37%	86.47%
HPV	39.66%	41.17%
Combo 1	85.40%	85.54%
Combo 2	39.17%	40.86%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	67.14%	72.80%
Discussing Cessation Medications	35.25%	46.55%
Discussing Cessation Strategies	34.53%	41.71%
Plan All-Cause Readmissions (PCR)		
Observed Readmission (Num/Den)	10.38%	10.35%
Expected Readmissions Rate	9.55%	9.59%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.0872	1.0800
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	81.10%	80.79%
Statin Adherence 80%: Total	59.84%	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	75.18%	70.97%
Counseling for Nutrition	67.64%	61.35%
Counseling for Physical Activity	57.66%	54.48%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	77.65%	77.09%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	43.07%	42.21%
Use of Imaging Studies for Low Back Pain (LBP)	70.83%	72.09%
Non-recommended Cervical Screening in Adolescent Females (NCS)	0.73%	2.17%
HIV Viral Load Suppression (HIV)	81.65%	79.80%
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)[1]	29.21%	29.05%

[1] A lower rate is desirable.

Bolded text: incentive measure; green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark; No color: no national benchmark

MCO: managed care organization; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue 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: HBL HEDIS Access to/Availability of Care Measures – MY 2021

HEDIS Measure	HBL	Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)	76.20%	75.91%
Prenatal and Postpartum Care (PPC)		
Prenatal Care	84.26%	81.56%
Postpartum Care	78.03%	74.31%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	56.01%	56.41%
15 Months–30 Months	62.98%	62.32%

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

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

HEDIS Measure	HBL	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM[1]	62.87%	60.36%
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	51.71%	53.19%
12–17 years	47.98%	50.29%
18–21 years	24.74%	26.26%
Total	45.63%	47.32%

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

Table 11: HBL HEDIS Measures Summary – MY 2021

Measure Status	HBL
> =50th NCQA national benchmark	34
< 50th NCQA national benchmark	43
NCQA national benchmark unavailable	4
Total	81

HBL: Healthy Blue of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

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

Objectives

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

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

IPRO conducted compliance audits on behalf of the LDH in 2019, 2020, 2021, and 2022. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The 2022 annual compliance audit was a full review of each MCO's compliance with contractual requirements during the period of January 1, 2021, through December 31, 2021.

Technical Methods of Data Collection and Analysis

To determine which regulations must be reviewed annually, IPRO performs an assessment of the MCO's performance on each of the federal managed care regulations over the prior 3-year period. Results of both the EQRO reviews and accreditation survey are examined. The following guidelines are used to determine which areas are due for assessment:

- regulations for which accrediting organization standards have been cross walked and do not fully meet equivalency with federal requirements;
- regulations that are due for evaluation, based on the 3-year cycle;
- regulations for which the MCO received less than full compliance on the prior review by either the EQRO or accrediting organization;
- state- and contract-specific requirements beyond the federal managed care regulatory requirements; and
- areas of interest to the state or noted to be at risk by either the EQRO and/or state.

Note that Quality Management: Measurement and Improvement – Quality Assessment and Performance Improvement (QAPI; *Title 42 CFR § 438.240*) is assessed annually, as is required by federal regulations.

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

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

IPRO's compliance audit included a comprehensive evaluation of policies, procedures, files and other materials corresponding to the following 12 domains:

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

During these audits, determinations of "Met," "Partially Met," and "Not Met" were used for each element under review. A not applicable (N/A) was used if the requirement was not applicable to the MCO. The definition of each of the review determinations is presented in **Table 12**.

Table 12: Review Determination Definitions

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

MCO: managed care organization.

Description of Data Obtained

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

Conclusions

HBL achieved full compliance in 8 of the 12 review domains: Assurances of Adequate Capacity and Services; Coordination and Continuity of Care; Coverage and Authorization of Services; Subcontractual Relationships; Practice Guidelines; Health Information Services; Quality Assessment and Performance Improvement; and Fraud, Waste and Abuse. HBL received less than a full review determination in the domains of Availability of Services, Provider Selection, Enrollee Rights and Protection, and Grievance and Appeal Systems. HBL results are presented in **Table 13**.

Table 13: HBL Audit Results by Audit Domain

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score[1]
Availability of Services	132	128	1	0	3	99.6%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	83	0	0	0	100%
Coverage and Authorization of Services – UM	65	65	0	0	0	100%
Provider Selection	24	22	1	0	1	97.8%
Enrollee Rights and Protection	107	105	2	0	0	99.1%
Grievance and Appeal Systems	71	69	1	0	1	99.3%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
Quality Assessment and Performance Improvement	109	109	0	0	0	100%
Fraud, Waste and Abuse	132	130	0	0	2	100%
Total	814	802	5	0	7	99.7%

[1] Each Met element receives 1 point, each Partially Met element receives 1/2 point, and each Not Met element receives 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, 802 were determined to fully meet the regulations, while 5 partially met the regulations, 0 did not meet the regulations, and 7 were determined to be N/A. The overall compliance score is 99.7%.

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

VI. Validation of Network Adequacy

General Network Access Requirements

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

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

The contractor shall also provide available, accessible and adequate numbers of institutional facilities, service locations, service sites, and professional personnel for the provision of services, including all specialized BH emergency services, and shall take corrective action if there is failure to comply by any provider.

GeoAccess Provider Network Accessibility

Objectives

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

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

Table 14: Louisiana Network Access Standards

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

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

Technical Methods of Data Collection and Analysis

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

Description of Data Obtained

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

Conclusions

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

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

Year	HBL
2019	1.54%
2020	1.20%
2021	1.19%

HBL: Healthy Blue of Louisiana; PCP: primary care provider; MY: measurement year.

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

Year	HBL
2019	2.61%
2020	2.14%
2021	2.21%

HBL: Healthy Blue of Louisiana; PCP: primary care provider; MY: measurement year.

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

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

Specialty	Region	Standard	HBL
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 miles	89.3%
	Rural	1 in 30 miles	99.8%
Adult Primary Care	Urban	1 in 10 miles	98.8%
	Rural	1 in 30 miles	100%
Allergy/Immunology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.6%
Cardiology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Dermatology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	96.5%
Endocrinology and Metabolism	Urban	1 in 60 miles	96.4%
	Rural	1 in 60 miles	99.9%
FQHCs	Urban	1 in 10 miles	97.3%
	Rural	1 in 30 miles	100%
Gastroenterology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Hematology/Oncology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	97.7%
Hemodialysis Center	Urban	1 in 10 miles	N/A

Specialty	Region	Standard	HBL
	Rural	1 in 30 miles	N/A
Laboratory	Urban	1 in 20 miles	99.8%
	Rural	1 in 30 miles	100%
Nephrology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Neurology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Ob/Gyn	Urban	1 in 15 miles	95.7%
	Rural	1 in 30 miles	95.0%
Ophthalmology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Orthopedics	Urban	1 in 60 miles	99.9%
	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	98.0%
	Rural	1 in 30 miles	100%
Pharmacy	Urban	1 in 10 miles	96.5%
	Rural	1 in 30 miles	100%
Radiology	Urban	1 in 20 miles	99.2%
	Rural	1 in 30 miles	99.8%
RHCs	Urban	1 in 10 miles	97.3%
	Rural	1 in 30 miles	100%
Urology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.9%

Gray: rate unavailable; green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.
HBL: Healthy Blue of Louisiana; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; MCO: managed care organization; N/A: not applicable.

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 HBL by appointment type.

Appointment Type	HBL
Routine[1] PCP	
# of providers surveyed	30
# of appointments made	14
Compliance rate	46.7%
Routine[1] pediatrician	
# of providers surveyed	18
# of appointments made	12
Compliance rate	66.7%
Non-urgent[2] PCP	
# of providers surveyed	28
# of appointments made	9
Compliance rate	32.1%
Non-urgent[2] pediatrician	
# of providers surveyed	16
# of appointments made	10
Compliance rate	62.5%

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

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

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

HBL: Healthy Blue of Louisiana; ENT: ear, nose, and throat.

Recommendation

IPRO recommends that LDH work with HBL to increase contact and appointment rates for PCPs and Pediatrics.

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 HBL ranked below the 50th percentile in Getting Needed Care, How Well Doctors Communicate, Coordination of Care, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often. HBL ranked at or above the 50th percentile for the Getting Care Quickly measure. HBL ranked at or above the 75th percentile for Customer Service and Rating of Health Plan measures. All measures, except Getting Needed Care, Getting Care Quickly, Rating of Personal Doctor, and Rating of Health Plan, were impacted by small sample sizes.

Table 19: CAHPS Performance – Adult Member

CAHPS Measure	HBL	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021National Medicaid Mean
Getting Needed Care	79.05%	80.62%	81.86%
Getting Care Quickly	83.03%	82.35%	80.22%
How Well Doctors Communicate	87.98%[1]	92.13%	92.51%
Customer Service	93.43%[1]	92.43%	88.91%
Coordination of Care	78.72%[1]	83.09%	83.96%
Rating of All Health Care	74.49%[1]	76.59%	75.41%
Rating of Personal Doctor	82.05%	84.56%	82.38%
Rating of Specialist Seen Most Often	79.66%[1]	79.39%	83.52%
Rating of Health Plan	81.70%	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; HBL: Healthy Blue of Louisiana; MY: measurement year.

IPRO's review of child members without chronic conditions (**Table 20**) found that HBL ranked below the 50th percentile in Rating of Specialist Seen Most Often. HBL ranked at or above the 50th percentile for Getting Needed Care, Getting Care Quickly, Coordination of Care, and Rating of Health Plan measures. HBL ranked at or above the 75th percentile across in four of the nine CAHPS PMs: How Well Doctors Communicate, Customer Service, Rating of All Health Care, and Rating of Personal Doctor measures. It should also be noted that the Customer Service, Coordination of Care, and Rating of Specialist Seen Most Often measures were identified as having a small sample size.

Table 20: CAHPS Performance – Child Member without Chronic Conditions

CAHPS Measure	HBL	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	87.11%	86.25%	84.19%
Getting Care Quickly	89.29%	88.06%	86.74%
How Well Doctors Communicate	96.85%	94.63%	94.16%
Customer Service	93.18%[1]	89.80%	88.06%
Coordination of Care	86.00%[1]	81.18%	84.71%
Rating of All Health Care	93.70%	89.72%	87.28%
Rating of Personal Doctor	93.96%	91.02%	90.16%
Rating of Specialist Seen Most Often	81.82%[1]	85.00%	86.54%
Rating of Health Plan	89.22%	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; HBL: Healthy Blue of Louisiana; MY: measurement year.

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

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

CAHPS Measure	HBL	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	90.88%	88.15%	86.89%
Getting Care Quickly	93.11%	91.73%	90.15%
How Well Doctors Communicate	97.58%	95.73%	94.79%
Customer Service	93.14%[1]	90.31%	N/A
Coordination of Care	78.10%[1]	79.61%	84.65%
Rating of All Health Care	88.16%	88.72%	85.66%
Rating of Personal Doctor	89.84%	90.75%	89.32%
Rating of Specialist Seen Most Often	82.14%[1]	83.33%	89.32%
Rating of Health Plan	83.82%	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; HBL: Healthy Blue of Louisiana; MY: measurement year.

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

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

CAHPS Measure[1]	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded[2]
Getting Needed Care	81.65%	Small sample	83.74%	79.05%	< 50th
Getting Care Quickly	78.42%	Small sample	78.71%	83.03%	50th–74th
How Well Doctors Communicate	94.11%	97.49%	93.15%	Small sample	N/A
Customer Service	90.66%	Small sample	Small sample	Small sample	N/A
Coordination of Care	79.59%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	78.11%	85.37%	82.24%	Small sample	N/A
Rating of Personal Doctor	83.78%	87.60%	82.84%	82.05%	< 50th
Rating of Specialist	87.83%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	80.00%	85.98%	79.40%	81.70%	≥ 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.
HBL: Healthy Blue of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

Table 23: HBL 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	88.15%	86.90%	90.76%	87.11%	50th–74th
Getting Care Quickly	90.52%	94.05%	90.10%	89.29%	50th–74th
How Well Doctors Communicate	92.44%	95.71%	96.53%	96.85%	≥ 75th
Customer Service	88.23%	Small sample	91.44%	Small sample	N/A
Coordination of Care	79.71%	Small sample	85.00%	Small sample	N/A
Rating of All Health Care	90.29%	86.18%	93.66%	93.70%	≥ 75th
Rating of Personal Doctor	89.88%	93.29%	94.51%	93.96%	≥ 75th
Rating of Specialist	88.24%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	90.33%	88.59%	90.30%	89.22%	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.
HBL: Healthy Blue of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

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

CAHPS Measure[1]	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded[2]
Getting Needed Care	84.75%	86.01%	90.62%	90.88%	50th–74th
Getting Care Quickly	91.78%	95.33%	92.51%	93.11%	≥ 75th
How Well Doctors Communicate	90.94%	93.54%	95.64%	97.58%	≥ 75th
Customer Service	87.62%	Small sample	94.13%	Small sample	N/A
Coordination of Care	72.63%	Small sample	76.75%	Small sample	N/A
Rating of All Health Care	89.39%	83.20%	92.50%	88.16%	≥ 75th
Rating of Personal Doctor	90.23%	89.78%	93.02%	89.84%	50th–74th
Rating of Specialist	85.71%	Small sample	89.76%	Small sample	N/A
Rating of Health Plan	86.90%	82.99%	84.46%	83.82%	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.
HBL: Healthy Blue of Louisiana; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: children with chronic condition(s); LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

VIII. MCO Quality Ratings

Objectives

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

Technical Methods of Data Collection and Analysis

IPRO's approach to the QRS for reporting year (RY) 2022, developed in consultation with NCQA, was as follows:

1. Based on the overall categories and measures identified by NCQA and LDH as those included in both the prior year 2021 LA QRS Scorecard and the NCQA 2022 Measures List. IPRO created a spreadsheet with a) the selected HEDIS/CAHPS measures; b) their NCQA 2022 weighting; c) MCO RY 2022 HEDIS/CAHPS results (MY 2021); and d) HEDIS RY 2022 Medicaid NCQA Quality Compass percentiles (MY 2021).
2. IPRO scored individual CAHPS and HEDIS measures by comparing each unweighted MCO RY 2022 measure rate to each corresponding unweighted Quality Compass RY 2022 measure percentile rates (National All Lines of Business):
   - A plan that is ≥ 90th percentile: score = 5.
   - A plan that is ≥ 66.67th and < 90th percentiles: score = 4.
   - A plan that is ≥ 33.33rd and < 66.67th percentiles: score = 3.
   - A plan that is ≥ 10th and < 33.33rd percentiles: score = 2.
   - A plan that is < 10th percentile: score = 1.
3. IPRO applied the NCQA RY 2022 measure weights to each MCO RY 2022 measure score (i.e., weight X score).
4. IPRO aggregated individual measure rates into QRS categories (e.g., Getting Care, Satisfaction with Plan Physicians, Satisfaction with Plan Services, Children and Adolescent Well-Care, Women's Reproductive Health, Cancer Screening, Other Preventive Services, Treatment, Behavioral Health, Other Treatment Measures, and Overall Rating), as follows: (sum of weighted scores) ÷ (sum of weights); then, applied the NCQA rounding rules (*NCQA 2022 Health Plan Ratings Methodology*, p. 3). A 0.5 bonus is added to the overall MCO rating for accreditation.
5. IPRO assigned QRS 2022 ratings by assigning the rounded scores (0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0).

Description of Data Obtained

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

Conclusions

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

HBL scored high in Getting Care (5 points) and Overuse of Opioids (4 points). HBL scored low on other Treatment measures (2 points).

Table 25: MCO Quality Ratings, Measurement Year 2021

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

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

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

Title 42 CFR § 438.364 External quality review results (a)(6) require each ATR include "an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR." **Table 26** details the IPRO assessment determination levels. **Table 27** displays the MCO's responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO's assessment of these responses.

Table 26: IPRO Assessment Determination Levels

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

MCO: managed care organization; QI: quality improvement.

HBL Response to Previous EQR Recommendations

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

Table 27: HBL Response to Previous EQR Recommendations

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response[1]
PIPs Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence • The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics. • There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis. • For barrier analysis, the MCO could obtain member feedback from care manager outreach. • For barrier analysis, the MCO could obtain provider feedback. • Barrier analysis should be used to tailor interventions to address susceptible subpopulations. • Intervention 3a ITM was calculated incorrectly. • ITMs should have been updated to meaningfully measure the intervention. It was found that the results must be	• What has the MCO done/planned to address each recommendation? Healthy Blue's HEDIS metrics overall were impacted by both the COVID-19 pandemic and natural disasters in the state in 2021 through and continuing in 2022. In an effort to fully evaluate the impact of these items, Healthy Blue met with the other MCOs and was able to confirm that the impacts were state-wide, especially as they relate to BH / SUD measures. Due to the overall declines across the outcomes within the state, Healthy Blue continued and expanded the HEDIS Taskforce and Provider Outcomes workgroups, wherein interventions related to barriers and opportunities are developed. Included in this were the following interventions: Internal remediation tasks for – Improving Access to Follow-Up Appointments, Care Transition Planning, Desktop Processes The purpose of these internal tasks is to ensure focus remains on these items as a top priority to improve the health and wellbeing of our members. Updates must be made by the 15th of each month in order to keep driving forward. Interventions that have been implemented include: ○ Creation of BH Operations Manual for internal use by UM and other departments as a how-to for all things BH ○ Provider outreach and communication on discharge planning for providers who have not indicated a follow-up appointment for our members ○ Provider education on One Tele Med, Merakey, and Navigator Programs ○ Pilot program with Ready Responders at River Oaks with the interest to expand to other regions with this vendor to assist with discharge outcomes ○ Addition of Gold Card Program With regards to the suggestions presented by IPRO, Healthy Blue understands the importance of accurate and complete data and will ensure reports are reflective of the most accurate and complete data obtainable. ○ Training/retraining for all new and tenured Quality associates for proper report documentation was completed in September 2022 ○ Healthy Blue is focused on bolstering data capabilities in order to stratify data to drill down more effectively in regard to relevant demographic and health	Partially Addressed

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response[1]
interpreted with some caution due to the ITM issues and a correction needed to a performance indicator.	equity disparities to identify and close gaps o Healthy Blue understands the value of obtaining member and provider feedback and will continue to gather and review this information as it relates to the PIPs • When and how was this accomplished? For future actions, when and how will they be accomplished? Interventions are developed using SMART goals and monitored on a monthly basis by the QM department. The HEDIS Taskforce and PIP Workgroups meet at minimum monthly to assess & monitor interventions to identify areas of opportunity. • What is the expected outcome of the actions that were taken or will be taken? It is expected that the efforts above will result in improvement of HEDIS and STARS metrics and overall health and well-being for the members Healthy Blue serves. • What is the MCO's process for monitoring the actions to determine their effectiveness? Healthy Blue uses multiple quality foundations to assess effectiveness of interventions such as, PDSA cycles, Cause/Effect Diagrams, Benchmark Reporting and Root Cause Analysis. • If a recommendation in the 2022 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. Each year, Healthy Blue evaluates the success of prior programs and modifies as necessary: - New Custom Provider Incentive Programs and expansion of value-based programs - New and revised member text campaigns - Internal remediation action plans o Improving Access to Follow-Up Appointments o Care Transition Planning o Desktop Processes	
PIPs Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation • The MCO could improve their rationale for the PIP by including discussion of member data stratified by relevant demographics.	• What has the MCO done/planned to address each recommendation? Healthy Blue is committed to offering top access to care and treatment for our members. Healthy Blue has a process in place for Case Management to speak with all members engaged in CM that meet the screener criteria to be address with the member and offer assistance to schedule with the member's Primary Care Provider for screening and treatment where needed. Pharmaceutical treatment for HCV is a part of the Care Coordination at Healthy Blue to ensure timeliness of initiation and adherence to medication therapy. Healthy Blue has initiated conversations with Red Ribbon for a provider education program. The program identifies providers with verified HIV/HCV-specific knowledge and capabilities to deliver high-quality, culturally competent integrated care to Healthy Blue's HIV/AIDS/HCV-afflicted members. Healthy Blue bestows	Partially Addressed

Recommendation for HBL	HBL Response/Actions Taken	IPRO Assessment of MCO Response[1]
• There is an opportunity for the MCO to use claims data to identify disparities during barrier analysis. • For barrier analysis, the MCO could obtain member feedback from care manager outreach. • For barrier analysis, the MCO could obtain provider feedback. • Barrier analysis should be used to tailor interventions to address susceptible subpopulations. • Intervention 3a ITM was calculated incorrectly. • ITMs should have been updated to meaningfully measure the intervention. • Educate providers on evidence-based recommendations and availability of HCV specialty providers, and coordinate referrals for screening and treatment. • It was found that the result must be interpreted with some caution due to issues with intervention tracking measures. For both PIPs, the MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.	the Red Ribbon designation to distinguished providers (including Ryan White providers) who are experts in holistically treating HIV/AIDS/HCV patients. These providers have successfully met rigorous standards to establish accountability in delivering quality care. With regards to the suggestions presented by IPRO, Healthy Blue understands the importance of accurate and complete data and will ensure reports are reflective of the most accurate and complete data obtainable. Training/retraining for all new and tenured Quality associates for proper report documentation was completed in September 2022. Healthy Blue is focused on bolstering data capabilities in order to stratify data to drill down more effectively in regard to relevant demographic and health equity disparities to identify and close gaps. Healthy Blue understands the value of obtaining member and provider feedback and will continue to gather and review this information as it relates to the PIPs. • When and how was this accomplished? For future actions, when and how will they be accomplished? Interventions are developed using SMART goals and monitored on a monthly basis by the QM department. The HEDIS Taskforce and PIP Workgroups meet at minimum monthly to assess & monitor interventions to identify areas of opportunity. Preliminary conversations have begun with Red Ribbon and will continue in 2023 to lift this program off the ground. • What is the expected outcome of the actions that were taken or will be taken? It is expected that the efforts above will result in improvement of HEDIS and STARS metrics and overall health and well-being for the members Healthy Blue serves. • What is the MCO's process for monitoring the actions to determine their effectiveness? Healthy Blue uses multiple quality foundations to assess effectiveness of interventions such as, PDSA cycles, Cause/Effect Diagrams, Benchmark Reporting and Root Cause Analysis. • If a recommendation in the 2022 technical report was repeated from the prior year, please indicate if actions taken as a response to the prior recommendation are still current and describe any new initiatives that have been implemented and/or planned. Each year, Healthy Blue evaluates the success of prior programs and modifies as necessary: - New Custom Provider Incentive Programs and expansion of value-based programs - New and revised member text campaigns - Provider education tools and community events to provide educational materials	

<table>
<tr><th>Recommendation for HBL</th><th>HBL Response/Actions Taken</th><th>IPRO Assessment of MCO Response[1]</th></tr>
<tr><td>Compliance Review

The MCO should improve access for allergy/immunology, Dermatology, Endocrinology and Metabolism, and Hematology/Oncology specialties.</td><td>Network gap monitoring and analysis is a perpetual process of identifying gaps, managing membership and provider recruiting. Healthy Blue's methodology for identification and addressing network gaps is in Appendix A - Identification and Addressing Network Gaps. The plan has developed this process over time.

Each provider type is handled using this same methodology and it is being used to address access for allergy/immunology, Dermatology, Endocrinology and Metabolism, and Hematology/Oncology specialties. As depicted below, from January 2021 through July 2022, access for these provider types has improved, with Allergy/Immunology and rural Endocrinology/Metabolism now meeting requirements.
<table>
<tr><th>Provider Type</th><th>Parish Type</th><th>Jul-22</th><th>Jan-22</th><th>Jul-21</th><th>Jan-21</th></tr>
<tr><td>Allergy/Immunology</td><td>Rural</td><td>100%</td><td>100%</td><td>97%</td><td>95%</td></tr>
<tr><td>Dermatology</td><td>Rural</td><td>97%</td><td>97%</td><td>97%</td><td>97%</td></tr>
<tr><td>Endocrinology and Metabolism</td><td>Urban</td><td>97%</td><td>97%</td><td>96%</td><td>97%</td></tr>
<tr><td>Endocrinology and Metabolism</td><td>Rural</td><td>100%</td><td>100%</td><td>98%</td><td>97%</td></tr>
<tr><td>Hematology/Oncology</td><td>Rural</td><td>98%</td><td>98%</td><td>98%</td><td>96%</td></tr>
</table>
Please see Attachment 1 - HBL_PI_220_July_2022_PH_Network_Adequacy_GEO_Access. Outreach tracking can be found in Attachment 2 - 2022 Provider Network Gap outreach documentation.

For the remaining provider types, the contracting team has determined there are no providers within the geo access area or that are willing to accept Medicaid rates. For these cases, Healthy Blue will request a geo access exception with the State and continue monitoring these areas and work with our provider partners to improve access.

The expected outcome is that Healthy Blue will meet all State geo access requirements or receive an exception from the State. Healthy Blue will be preparing an exception request to the State based on the 2023 State Contract.</td><td>Addressed</td></tr>
</table>

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

EQR: external quality review; HBL: Healthy Blue of Louisiana; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure; HEDIS: Healthcare Effectiveness Data and Information Set; COVID-19: 2019 novel coronavirus; BH: behavioral health; SUD: substance use disorder; UM: utilization management; SMART: Specific, Measurable, Achievable, Relevant, and Time-Bound; QM: quality management; PDSA: Plan-Do-Study-Act; CM: care management; HIV: human immunodeficiency virus; AIDS: acquired immunodeficiency syndrome; QI: quality improvement.

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

HBL Strengths, Opportunities for Improvement, and EQR Recommendations

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

HBL EQR Activity	Description	Quality	Timeliness	Access
Strengths				
PIP 1: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-up After Emergency Department Visit for AOD Abuse or Dependence (FUA); and (3) Pharmacotherapy for Opioid Use Disorder (POD)	Performance indicators: • Indicator 2. Initiation of treatment for opioid abuse/dependence increased by 4.47 percentage points from 69.45% in CY 2018 to 72.92% in CY 2020. • Indicator 5. Engagement in treatment for opioid abuse/dependence increased more than five percentage points from 30.70% in CY 2018 to 37.66% in CY 2020. Intervention Tracking Measures (ITMs): • ITM 1. CM outreach post ED visit for alcohol/SUD increased from 8.33% in Q1 2020, with a denominator of only 12, to a rate of 45.69% in Q2 2021, with a denominator of 116. • ITM 3a. PCP SBIRT screening increased from 0.24% in Q1 2020, with a denominator of 2,876, to 14.05% in Q3 2021, with a denominator of 2,797. • ITM 4. Members with SUD diagnosis and readmission who were connected with a case manager for discharge planning and completed a follow-up visit increased from 7.42% (94/1,267) in Q1 2020 to 56.33% (556/987) in Q1 and 39.32% (276/702) in Q2 2021. • ITM 4a. Members with a dual diagnosis of SUD and SMI and multiple ED visits and who were outreached by CM for follow-up care increased from 0% in Q1 2020 to 68.54% (61/89) in Q2 2021. • ITM 5. Members with dual diagnosis for SUD and SMI and who were outreached by CM for follow-up care post-inpatient admission increased from 6.66% (74/1,111) in Q1 2020 to 45.12% (194/430) in Q3 2021. • ITM 8. Pregnant members with SUD who were engaged in CM increased from 0.84% (2/236) in Q1 2020 to 37.02% (67/181) in Q4 2021. • ITM 11. Members with SDoH assessment who were referred to a community-based organization increased from 19.08% (171/896) in Q1 2021 to 93.49% (934/999) in Q3 2021. • ITM 14. More than half of members eligible for RISE	--	X	X

HBL EQR Activity	Description	Quality	Timeliness	Access
	(behavioral health [BH], physical health, and SUD needs) were engaged in RISE program for assessment, care planning, service coordination, and resource identification in 2021 Q3 (69/120) and 4 (85/157); this intervention was initiated in Q2 2021.			
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	Performance indicators: • Performance Indicator 1. Universal Screening increased by 6.42 percentage points from 14.31% in CY 2019 to 20.73% in CY 2021. • Performance Indicator 2. Birth Cohort Screening increased by 4.6 percentage points from 19.66% in CY 2019 to 24.26% in CY 2021. • Performance Indicator 2a. Risk Factor Screening − Ever Screened increased by 6.69 percentage points from 30.84% in CY 2019 to 37.53% in CY 2021. • Performance Indicator 3a. HCV Treatment Initiation − Overall increased by 12.59 percentage points from 16.44% in CY 2019 to 29.03% in CY 2021, exceeding the target rate of 26.44%. • Performance Indicator 3b. HCV Treatment Initiation −Persons Who Use Drugs increased by 12.36 percentage points from 15.27% in CY 2019 to 27.63% in CY 2021, exceeding the target rate of 25.27%. • Performance Indicator 3c. HCV Treatment Initiation − Persons with HIV increased by 12.8 percentage points from 22.03% in CY 2019 to 34.83% in CY 2021, exceeding the target rate of 32.03%. ITMs: • ITM1a. CM appointment scheduling for HCV treatment increased from 0.05% (2/3,848) in Q1 2020 to 5.96% (200/3,358) in Q4 2021. • ITM 2. CM HCV screening appointment scheduling for at-risk members in CM increased from 1.82% (9/494) in Q1 2021 to 7.72% (37/479) in Q4 2021. • ITM3b. Virtual provider education increased from 8.75% (7/80) in Q1 2021 to 48.15% (26/54) in Q4 2021. • ITM 4b. (CM and CHW HCV screening appointment scheduling for members with SUD/SMI increased from 0.004% (1/23,796) in Q1 2021 to 0.436% (138/31,627) in Q4 2021.	--	--	**X**
PIP 3: Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Annual performance indicators with an average monthly percentage point increase of at least three percentage points: • Indicator 1a. Persons aged 16+ years who received at least one vaccine dose: Increased monthly an average of 3.46 percentage points from 13.75% to 41.42% (April 2021 to December 2021). • Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.58 percentage points from 6.93% to 35.58% (April 2021 to December 2021). • Indicator 4a. Persons aged 12−15 years who received at least one vaccine dose: Increased monthly an average of 3.31 percentage points from 11.08% to 27.62% (July 2021 to	--	--	**X**

HBL EQR Activity	Description	Quality	Timeliness	Access
	December 2021). • Indicator 4b. Persons aged 12−15 years who received a complete vaccine course: Increased monthly an average of 3.20 percentage points from 6.47% to 22.46% (July 2021 to December 2021). 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 10.85 percentage points from 20.43% to 31.28%. • Metric 1B (Persons aged 16+ years who received a complete vaccine course) − MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.77 percentage points from 25.08% to 34.85%. • Metric 4B (Persons aged 12−15 years who received a complete vaccine course) − MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12−15 years who received at least one vaccine dose increased 9.68 percentage points from 17.30% to 26.98%. ITMs that showed improvement: • ITM 4. The percentage of Mendoza members scheduled for vaccine increased from 0.30% in July to 15.85% in October. • ITM 5b. The percentage of homebound members referred/appointments made at any vaccine provider increased from 1.38% in August to 15.93% in November. • ITM 6a. The percentage of foster care members referred/appointments made at a vaccine provider increased from 2.27% in August to 73.43% in November.			
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	Performance indicator improvement: • Indicator 1 increased by 19.92 percentage points from 7.54% in CY 2020 to 27.46% in CY 2021 to exceed the ULM-calculated statewide baseline rate of 24.82% in CY 2018; however, the final rate was below the target rate of 34.82%. • Indicator 2 increased by 20.91 percentage points from 7.75% in CY 2020 to 28.66% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 18.25% for 2018, as well as the target rate of 28.25%. • Indicator 3 increased by 17.68 percentage points from 3.58% in CY 2020 to 21.26% in CY 2021 and exceeded the ULM-calculated statewide baseline rate of 11.68% for 2018, although just below the target rate of 21.68%. ITM performance: • ITM 2 to distribute member care gap reports to their providers increased from 0.14% in Q1 2021 to 6.58% in Q4 2021.	--	--	**X**

HBL EQR Activity	Description	Quality	Timeliness	Access
	• ITM 2a for targeted outreach to providers with member gaps in disparity regions increased from 0.29% in Q1 2021 to 13.11% in Q4 2021. • ITM 2c for telemedicine visits for wellness/screening did not show improvement; however, this intervention impacted 1,194 members in 2021. Interventions identified by the MCO as most effective: • Member: Attendance at telemedicine visits for developmental screening. • Provider: Targeted outreach to providers with member gaps in disparity regions.			
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	• The MCO identified a new barrier (difficulty contacting transient members) and added an intervention to partner with housing and homeless support organizations, with a corresponding ITM. • The MCO is using ITMs for monitoring appointment scheduling for all members on the OPH listing, as well as the subsets of members with a diagnosis of HIV and members with a current SUD/SMI diagnosis.	**X**	**X**	**X**
PIP 6: Behavioral Health Transitions in Care	The Data Collection section was amended to include a process to obtain ongoing member and provider feedback on barriers and drivers, including meetings with facilities with Disproportionate Index of Under-representation > 100% and < 100% to address barriers and drivers with modified interventions.	**X**	**X**	**X**
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	• The Data Analysis section indicates that HBL will complete monthly PDSA and run charts to monitor interventions and will conduct barrier analysis, using member/provider focus groups, as needed for interventions that are not driving goals. • Additional ITM 2a monitors a new member education text outreach intervention. • Additional ITM 4a monitors a new educational texting campaign to disproportionate subset aged 3−5 years. • Additional ITM 4b monitors a new educational texting campaign to disproportionate subset aged 3−5 years in Region 1.	**X**	**X**	**X**
Performance Measures	In MY 2021, HBL had 34 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark.	**X**	**X**	**X**
Compliance with Medicaid and CHIP Managed Care Regulations	HBL demonstrated full compliance in 8 of the 12 domains reviewed: • Assurances of Adequate Capacity and Services; • Coordination and Continuity of Care; • Coverage and Authorization of Services; • Subcontractual Relationships; • Practice Guidelines; • Health Information Services; • Quality Assessment and Performance Improvement; and • Fraud, Waste and Abuse.	--	--	**X**
Network Adequacy	HBL met 29% of the provider network distance standards.	--	--	**X**

HBL EQR Activity	Description	Quality	Timeliness	Access

Quality of Care Surveys – Member	In 2022, HBL performed better than the national Medicaid average for all LOBs (excluding PPOs):
	• Adult CAHPS:
	  ○ Getting Care Quickly
	  ○ Customer Service
	  ○ Rating of Health Plan
	• Children With Chronic Condition(s) (CCC) CAHPS:
	  ○ Getting Needed Care
	  ○ Getting Care Quickly
	  ○ How Well Doctors Communicate
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
	  ○ Rating of Health Plan
	• Child General (Non-CCC) CAHPS:
	  ○ Getting Needed Care
	  ○ Getting Care Quickly
	  ○ How Well Doctors Communicate
	  ○ Customer Service
	  ○ Coordination of Care
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
	  ○ Rating of Health Plan
		X	X	X

Quality Ratings	• Getting Care (5 points) • Overuse of Opioids (4 points)	X	X	X
NCQA Accreditation	• Accredited	X	--	--
Opportunities for Improvement				
PIP 1: Improving Rates for IET, FUA, and POD	• ITM 5d. Partially Met. Inaccurate ITM calculation for Q4 ITM 1, Q3 & Q4 ITM 2, Q4 ITM 3. In addition, several Q3 & Q4 ITMs were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly. • ITM 6a. Met. Several indicators were incorrectly rounded to the nearest 100th. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly. • Indicators 7 & 8. Follow-up after ED visit for AOD within 7 and 30 days showed the lowest CY 2020 rates, at 7.91% and 12.90%, respectively. • Initiation (Indicator 1) and engagement in treatment (Indicator 4) for alcohol abuse/dependence showed only a three percentage point improvement from CY 2018 to CY 2020.	--	X	X
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	• Less than half of HBL eligible enrollees were screened for HCV. • Less than half of HBL eligible enrollees on the OPH listing were treated for HCV. • There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with findings used to inform ongoing modification of interventions to address barriers for continuous quality improvement.	--	--	X

HBL EQR Activity	Description	Quality	Timeliness	Access
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	• As of December 2021, HBL's cumulative COVID-19 vaccination rate of 41.42% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021. • The non-cumulative number of HBL enrollees who received at least one COVID-19 vaccine declined from 14,622 in September 2021 to 4,172 in December 2021. • The non-cumulative number of HBL enrollees who received the full COVID-19 vaccine course declined from 10,371 in September 2021 to 3,846 in December 2021.	--	--	**X**
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	There is an opportunity to improve all three performance indicator rates to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.	--	--	**X**
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	• Less than half of HBL eligible enrollees on the OPH listing were treated for HCV. • There is an opportunity to obtain and analyze direct member and provider feedback on barriers on an ongoing basis, with findings used to inform ongoing modification of interventions to address barriers for continuous quality improvement.	**X**	--	**X**
PIP 6: Behavioral Health Transitions in Care	None identified.	--	--	--
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, HBL had 43 of 81 HEDIS measures lower than 50th NCQA national benchmark.	**X**	**X**	**X**
Compliance with Medicaid and CHIP Managed Care Regulations	HBL demonstrated less than full compliance in 4 of the 12 domains reviewed: • Availability of Services; • Provider Selection; • Enrollee Rights and Protection; and • Grievance and Appeal Systems.	**X**	**X**	**X**
Network Adequacy	HBL adult PCP-to-member ratio dropped from 1.54% to 1.19% from MY 2019 to MY 2021, while its pediatric PCP-to-member ratio dropped from 2.61% to 2.21% from MY 2019 to MY 2021.	--	--	**X**

Quality of Care Surveys – Member	In 2022, HBL performed below the national Medicaid average for all LOBs (excluding PPOs):
	• Adult CAHPS:
	  ○ Getting Needed Care
	  ○ How Well Doctors Communicate
	  ○ Coordination of Care
	  ○ Rating of All Health Care
	  ○ Rating of Personal Doctor
		X	**X**	**X**

HBL EQR Activity	Description	Quality	Timeliness	Access
	○ Rating of Specialist Seen Most Often • CCC CAHPS: ○ Coordination of Care ○ Rating of Specialist Seen Most Often • Child General (Non-CCC) CAHPS: ○ Rating of Specialist Seen Most Often			
Quality Ratings	• Overall Prevention (2.5 points) • Treatment categories with 2.5 points or less: ○ Respiratory ○ Diabetes ○ Heart Disease ○ Behavioral Health − Care Coordination ○ Behavioral Health − Medication Adherence	**X**	**X**	**X**
Recommendations to MCO to Address Quality, Timeliness, and Access				
PIP 1: Improving Rates for IET, FUA, and POD	• Item 5d. Partially Met. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly. • Item 6a. Met. IPRO recommends that the MCO use Microsoft Excel formulas to calculate the correct rates and round correctly.	--	**X**	**X**
PIP 2: Improve Screening for HCV and Pharmaceutical Treatment Initiation	None identified.	--	--	--
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Item 5d. Met. Several ITMs were off by 0.01. IPRO recommends that the MCO use Microsoft Excel formulas to calculate rates to the nearest hundredth to limit rounding errors.	--	--	**X**
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	None identified.	--	--	--
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	None identified.	--	--	--

HBL EQR Activity	Description	Quality	Timeliness	Access
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	HBL should target interventions to improve rates for the measures that fell below the NCQA 50th percentile.	**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**
Network Adequacy	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Quality Ratings	HBL should focus on the categories with less than 3 points.	**X**	**X**	**X**

EQR: external quality review; HBL: Healthy Blue of Louisiana; PIP: performance improvement project; CY: contract year; CM: care management: ED: emergency department; SUD: substance use disorder; Q: quarter; PCP: primary care provider; SBIRT: Screening, Brief Intervention, and Referral to Treatment; SMI: serious mental illness; SDoH: social determinants of health; CHW: community health worker; OPH: Office of Public Health; PDSA: Plan-Do-Study-Act; CHIP: Children's Health Insurance Program; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; LOBs: lines of business; PPO: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; HIV: human immunodeficiency disease; ED: emergency department.

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]

HBL Verbatim Response

Provider-Focused Initiatives and Interventions

SDOH Provider Incentive Program (PIP): Providers are enrolled into a value-based program to incentive screening, referrals, and follow-up activities related to gaps in social drivers of health, ensuring that members received needed community-based services. The health plan will include aggregated rural health clinics in this value-based payment program beginning in 2023.

Equity-focused provider trainings: Offering various provider trainings, both live and online, to support continuing education especially on diseases that disproportionately affect particular populations (i.e. live training on Hepatitis C for CME credit, etc.). We've also developed an equity-specific provider training which includes sections on health disparities, implicit bias, and populations with specific needs such as the LGBTQ+ community. The Tribal Liaison also conducts in-person cultural competency trainings for providers.

OB Quality Incentive Program (QIP): Enrolling OB providers with high rates of disparate maternal and infant outcomes in OBQIP, including equity measures stratified by race specifically meant to decrease maternal mortality and other adverse birth outcomes.

Member-Focused Initiatives and Interventions

Pyx digital tool: Healthy Blue is leveraging the Pyx digital platform to support members experiencing loneliness or lack of social supports. The interactive tool allows for compassionate dialogue with Pyx health staff, connection to insurance benefits, assistance with closing social needs gaps and help with finding health resources.

Mail-in colorectal cancer screening kits: More than 10,000 COL FIT kits were mailed to designated members to help remove barriers to colorectal cancer screening access. Our Care Delivery Transformation team worked with participating providers to encourage utilization and return.

Geaux Get Healthy Food Program: Geaux Get Healthy Clinical Program is designed to bridge the community with health systems to improve food insecurity and health. The program does this by connecting food insecure community members to nutrition education and providing access to resources while collecting data to inform change.

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

Doula program: In collaboration with a community-based doula services organization, we are able to offer doula services to pregnant members in six parishes in central Louisiana. This is a rural region of the state,

and the doula program focuses on providing culturally concordant doula services to ensure that BIPOC (black, indigenous and people of color) members are appropriately supported with the aim of reducing adverse birth outcomes.

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

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

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

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

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

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

Community-Focused Initiatives and Interventions

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

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

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

Donations supporting healthy food access: Donated several refrigerators to food pantries around the state to support access to fresh foods for community members in need; this is part of an ongoing campaign in which Healthy Blue has donated more than 30 refrigerators to support these pantries.

COVID-19 vaccination partnerships: Partnered with multiple Louisiana providers to promote access to and uptake of COVID-19 vaccinations through the Healthy Blue mobile clinic van, on-site health educational fairs, etc.

Health Education Advisory Committee (HEAC): Healthy Blue's HEAC meeting hosts member and stakeholder-involved activities, including arranging quarterly meetings for members and community stakeholders to share their experiences and concerns and offer feedback on health plan activities.

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.