



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

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

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

Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the four (4) mandatory and two (2) optional EQR activities that were conducted. It should be noted that validation of network adequacy and assistance with the quality rating of MCOs were conducted at the state’s discretion as activity protocols were not included in the CMS *External Quality Review (EQR) Protocols* published in October 2019. The regulations at *Title 42 CFR § 438.242* and *457.1233(d)* also require the state to ensure that each MCO maintains a health information system that collects, analyzes, integrates, and reports data for areas including, but not limited to, utilization, grievances and appeals, and disenrollment for reasons other than the loss of Medicaid eligibility. These updated protocols did state that an “Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR 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: Validation⁴ of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP⁵ Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its Medicaid population. (CMS has not published an official protocol for this activity.)
- (v) **CMS Optional Protocol 6: Administration or Validation of Quality of Care Surveys** – In SFY 2022, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction survey was conducted, one for adult and child members.
- (vi) **CMS Optional Protocol 10: Assist with the Quality Rating of Medicaid and CHIP MCOs** – This activity summarizes MCO performance in a manner that allows beneficiaries to easily make comparisons and to identify strengths and weakness in high priority areas. (CMS has not published an official protocol for this activity.)

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

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

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

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

High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2021–2022 EQR activity findings to assess the performance of Louisiana Medicaid MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual MCOs were evaluated against state and national benchmarks for measures related to 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:** Four 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:** Five performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.⁶

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

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

Validation of Performance Measures

IPRO's validation of the UHC 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 UHC 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 UHC's independent auditor, IPRO found that UHC 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 UHC reported, 24 (30%) performed equal to or greater than the NCQA 50th percentile benchmark. .

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

Review of Compliance with Medicaid and CHIP Managed Care Regulations

UHC achieved a fully “Met” compliance review in the following domains: Assurances of Adequate Capacity and Services; Coverage and Authorization of Services; Grievance and Appeal Systems; Subcontractual Relationships; Practice Guidelines; Health information Systems; Quality Assurance and Performance Improvement; and Fraud, Waste, and Abuse. A complete summary of UHC’s compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

UHC met 21% of the provider network distance standards, its pediatric PCP to member ratio increased from 1.38% to 1.50% from MY 2019 to MY 2021. one identified.

Quality of Care Surveys

Member Satisfaction

UHC’s adult member CAHPS scores met or exceeded the national Medicaid benchmarks presented in the NCQA Quality Compass® for five of the nine PMs: Getting Care Quickly, Customer Service, Coordination of Care, Rating of Personal Doctor, and Rating of Health Plan. UHC ranked at or above the 75th percentile across all of these measures. However, small sample sizes were identified for the Getting Care Quickly, Customer Service, and Coordination of Care measures.

For child members without chronic conditions, UHC ranked at or above the 75th percentile across six of the nine CAHPS PMs: Getting Needed Care, Getting Care Quickly, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan. However, it should be noted that the Rating of Specialist Seen Most Often measure was impacted by a small sample size.

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

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

Quality Ratings

UHC scored high in the categories of overall Consumer Satisfaction and Satisfaction with Physicians (5 points), as well as in Satisfaction with Plan Services (4.5 points), as shown in **Section VIII**.

Opportunities Related to Quality, Timeliness, and Access

Performance Improvement Projects

UHC 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, UHC had 6 of 66 HEDIS measures lower than the 10th NCQA national benchmark, as well as 5 of 66 HEDIS measures between the 10th and 25th NCQA national benchmarks, as shown in **Section IV**.

Review of Compliance with Medicaid and CHIP Managed Care Regulations

UHC received less than a fully “Met” review determination in the following domains: Availability of Services; Coordination and Continuity of Care; Provider Selection; and Enrollee Rights and Protection. A complete

summary of MCO compliance results for Medicaid and CHIP Managed Care regulations can be found in **Section V**.

Network Adequacy

PCP-to-member ratios declined for both adult and pediatric providers between MY 2018 and MY 2020, as shown in **Section VI**.

Quality of Care Surveys

Member Satisfaction

UHC's adult member CAHPS scores ranked below the 50th percentile for the following measures: Getting Needed Care, How Well Doctors Communicate, Rating of All Health Care, and Rating of Specialist Seen Most Often. However, it should be noted that How Well Doctors Communicate, Rating of All Health Care, and Rating of Specialist Seen Most Often measures were impacted by small sample sizes.

UHC's child members without chronic conditions CAHPS score ranked below the 50th percentile for How Well Doctors Communicate, Customer Service, and Coordination of Care Customer Service measures. However, both Customer Service and Coordination of Care measures were affected by small sample sizes.

UHC's child members with chronic condition(s) CAHPS score also ranked below the 50th percentile for the Coordination of Care measure.

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

Quality Ratings

UHC scored low in the categories of Cancer Screening and Treatment in Mental/Behavioral Health (2 points), as shown in **Section VIII**.

Conclusion

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

Recommendations for LDH

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

Recommendations for MCO

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

II. Louisiana Medicaid Managed Care Program

Managed Care in Louisiana

On February 1, 2012, 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 UHC Response

UnitedHealthcare Community Plan of Louisiana (UHCLA) conducted studies, initiatives and interventions to identify and/or reduce differences in health outcomes, health status, or quality of care in the Medicaid population and within targeted subgroups and areas. However, some interventions also captured Louisiana residents without regard to insurance or health plan membership. COVID continues to be one of the initiatives that require a more community-based approach which addresses the disparities often experienced

with lack of access and resources, and misinformation. This approach provides equitable access but also impacts our membership because vaccines are offered in the communities where they live, learn, and work. It further provides the opportunity for UHCLA to meet our members and community where they are. Through our community engagement efforts and initiatives, we were able to convene and collaborate with community stakeholders and providers to offer access to COVID vaccines across Louisiana as well as to high-risk populations like our Spanish speaking and African American communities that would have otherwise experienced access barriers. All initiatives include access to COVID vaccines and various community resources and programs. One initiative was with Crescent City Family Services that provided access to the COVID vaccines, diapers, and food for pregnant moms and moms with young children in Jefferson Parish. A second initiative was conducted in north Louisiana in collaboration with Together LA to promote vaccine equity and included access to COVID and flu vaccines.

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 – UHC

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

UHC – PIP Validation Elements ¹	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
3. Methodology							
a. Annual performance measures indicated	M	M	M	M	M	M	M
b. Specifies numerator and denominator criteria	M	M	M	M	M	M	M
c. Procedures indicate methods for data collection and analysis	M	M	M	M	PM	PM	PM
d. Sampling method explained for each hybrid measure	N/A	M	N/A	M	N/A	N/A	N/A
4. Barrier Analysis							
a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	M	M	M	M	PM	PM
b. Member feedback	M	M	M	M	PM	PM	PM
c. Provider feedback	M	M	M	M	M	PM	PM
d. QI process data (“5 Why’s”, fishbone diagram)	M	M	M	M	PM	M	M

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

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

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

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

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

Through a review conducted on 1/10/2022, IPRO determined that all validation elements of the Improving Rates for IET, FUA, and POD PIP report submitted by UHC achieved full compliance.

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

Through a review conducted on 1/14/2022, IPRO determined that all validation elements of the Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation PIP report submitted by UHC achieved full compliance.

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 all of the 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 UHC achieved full compliance.

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

Through a review conducted on 1/5/2022, IPRO determined that the following validation elements of the Improving Receipt of Global Developmental Screening in the First Three Years of Life PIP report submitted by UHC did not achieve full compliance:

6a. Partially Met. Indicator 1 was reported as 24.85%, but the correct calculation is 24.63%. Indicator 2 was reported as 23.33%, but the correct calculation is 23.24%. Indicator 3 was reported as 17.06%, but the correct calculation is 17.00%.

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 UHC did not achieve full compliance:

3c. Partially Met. Explain methods for collecting and analyzing member feedback and provider feedback.

4b. Partially Met. Pending ongoing documentation of member feedback on barriers.

4d. Partially Met. Appendix C: How do “data limitations around ADT feeds” pertain to this PIP?

5a. Partially Met. Pending use of member feedback about barriers to inform modifications to care management outreach interventions.

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 UHC did not achieve full compliance:

3c. Partially Met. Methods for collecting data directly obtained from member and provider feedback should be included in this section.

4a. Partially Met. With the addition of ITMs 3, 4 & 5; however, it is not clear which subgroups/hospitals with disproportionate index > 100% as identified by the Analysis of Disproportionate Under-Representation are being addressed in each of these ITMs. Clarify in subsequent quarterly and annual reports.

4b. Partially Met. The corrected ITM shows a higher rate for enrollees in CM. In Table 4c, Barrier 5 indicates member feedback obtained from case management interaction. The Data Collection section should specify methods for obtaining direct member feedback on barriers throughout the course of the PIP, with documentation in subsequent quarterly and annual reports.

4c. Partially Met. Provider interventions were added to the driver diagram, but it is not clear how provider feedback on barriers will be obtained from hospitals with FUH disproportionate index > 100%, and it is not clear how provider feedback on drivers will be obtained from hospitals with disproportionate index < 100%. Clarify in subsequent quarterly and annual reports.

5a. Partially Met. With the addition of ITMs 3, 4 & 5; however, it is not clear which subgroups/hospitals with disproportionate index > 100% as identified by the Analysis of Disproportionate Under-Representation are being addressed in each of these ITMs. Clarify in subsequent quarterly and annual reports.

5c. Partially Met. With the addition of data for emergency department (ED) ITMs and ITMs 3, 4 & 5; however, it is not clear which subgroups/hospitals with disproportionate index > 100% as identified by the Analysis of Disproportionate Under-Representation are being addressed in each of these ITMs. Clarify in subsequent quarterly and annual reports.

5d. Partially Met. Pending clarifications requested in comments 4a, 4c, 5a, and 5c, as well as documentation of ITM data in subsequent quarterly and annual reports.

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

Through a review conducted on 2/28/2022, 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 UHC did not achieve full compliance:

1d. Partially Met. Indicator 4 (total children aged 6 months–5 years) numerator reported as 3,611, but the total of each age group numerator = 3,813.

2b. Partially Met. UHC set bold target rates for each age group but set a lower rate for all groups combined; the latter should be set to target a 15 percentage point improvement, as done for each age group that comprises the total measure.

2c. Partially Met. There are no interventions tailored and targeted to the needs of any susceptible subpopulations.

3c. Partially Met. UHC indicated that data collection will include data on International Classification of Diseases – 10th Revision (ICD-10) codes for caries; however, there were no PMs nor ITMs indicated that would use these codes. In addition, elaborate on data collection methods for obtaining direct member feedback on member barriers and direct provider feedback on provider barriers.

4a. Partially Met. UHC conducted the Analysis of Disproportionate Under-Representation; however, there were not susceptible subgroups identified for drill down barrier analysis with findings used to inform tailored and targeted interventions with corresponding ITMs. Of note, the last column that reports the Index of Disproportionate Under-Representation should multiply the results by 100%. The following susceptible subgroups should be considered separately based upon these findings: aged 3–5 years, American Indian, children in foster care, enrollment category of disabled, Region 1, Region 5, Region 6, Region 8.

4b. Partially Met. The QI tools identify member barriers; however, Table 4b should specify member barriers and method of barrier identification in the Table 4 rows following “MCO should identify barriers based upon member feedback”.

4c. Partially Met. The QI tools identify provider barriers; however, Table 4b should specify provider barriers and method of barrier identification in the Table 4 rows following “MCO should identify barriers based upon provider feedback”.

5a. Partially Met. There are no interventions tailored and targeted to any of the susceptible subpopulations.

5c. Partially Met. Pending subsequent reporting in quarterly reports.

5d. Partially Met. There are no ITMs to monitor the progress of interventions tailored and targeted to any of the susceptible subpopulations.

6a. Partially Met. Indicator 4 (total children ages 6 months–5 years) numerator reported as 3,611, but the total of each age group numerator = 3,813.

6b. Partially Met. UHC set bold target rates for each age group but set a lower rate for all groups combined; the latter should be set to target a 15 percentage point improvement, as done for each age group that composes the total measure.

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

Table 5: UHC PIP Summaries, 2021–2022

UHC: 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, and (3) Pharmacotherapy for OUD (POD)
Validation Summary: There were no validation findings which indicate that the credibility of the PIP results is at risk..
<p>Aim</p> <p>The aim of the project was to improve both the total rate of initiation and the total rate of engagement for alcohol and other drug abuse or dependence treatment (AOD) in members ages 13 years and older with a new AOD diagnosis, increase the rate of Follow-Up After an Emergency Department Visit for Alcohol and Other Drug Abuse/Dependence, as well as increase the rate of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in training programs, 2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT), 3. Partner with hospital emergency departments to improve timely initiation and engagement in treatment, 4. Provide enhanced member care coordination, 5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process. <p>Interventions</p> <ol style="list-style-type: none"> 1. Enhance provider education through provider engagement activities, free continuing education credits, and direct doctor-to-doctor outreach in order to increase knowledge of both first-line medical and behavioral health providers around SUD and SAMHSA best practices. 2. Develop enhanced materials for case management to increase member engagement and knowledge around SUD diagnoses and treatment. 3. Increased member outreach and advocacy for members involved in MAT or with a history of noncompliance with care through focused care advocacy program and pharmacy outreach initiatives to increase member engagement and motivation for treatment. 4. Provide education to providers, case management, and utilization management to increase knowledge of appropriate Vivitrol® administration and prior authorization in order to decrease member barriers to accessing medications. <p>Performance Improvement Summary</p> <p><i>Strengths:</i></p> <ul style="list-style-type: none"> • Performance indicators: <ul style="list-style-type: none"> ○ Indicator 1. Initiation of treatment for alcohol abuse/dependence increased by 12.45 percentage points from 43.29% in CY 2018 to 55.74% in CY 2020. ○ Indicator 2. Initiation of treatment for opioid abuse/dependence increased by 8.62 percentage points from 58.23% in CY 2018 to 66.85% in CY 2020. ○ Indicator 3. Initiation of AOD treatment total increased by 8.21 percentage points from 45.67% in CY 2018 to 53.88% in CY 2020. ○ Indicator 5. Engagement in treatment for opioid abuse/dependence increased by 7.68 percentage points from 24.45% in CY 2018 to 32.13% in CY 2020. • Intervention Tracking Measures (ITMs):

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- ITM 2. In Q2 2021, 68.23% of total in-network providers were distributed electronic ATLAS, the free online SUD treatment locator.
- ITM 4. The proportion of members prescribed buprenorphine and who had a therapy encounter increased from 21.45% in Q1 2020 to 25.65% in Q3 2021.
- ITM 5a. The proportion of members with an SUD ED visit and who had a follow-up visit within 30 days via telehealth increased from 7.64% in Q1 2020 to 27.78% in Q3 2021.

Opportunities for improvement:

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

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

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

Aim

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

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

Interventions

1. Enhance case management outreach for HCV treatment initiation.
2. Enhance case management outreach for HCV screening.
3. Enhance case management outreach for HCV screening education.
4. Provide provider education regarding sofosbuvir/velpatasvir 400/100 (AG Epclusa®: Preferred) prescription.
5. Provide PCP education regarding HCV members assigned to them and associated high-risk cohorts and comorbid conditions.
6. Have ITM for provider education regarding HCV program, including HCV clinician support line and additional resources available.
7. Have ITM for provider education regarding the HCV program to targeted ER departments and outpatient substance abuse providers.

Performance Improvement Summary

Strengths:

- Performance indicators:
 - Indicator 1a. Universal Screening increased by 10 percentage points from 14% in CY 2019 to 24% in CY 2021, meeting the target rate.
 - Indicator 1b. Birth Cohort Screening increased by 10 percentage points from 18% in CY 2019 to 28% in CY 2021, meeting the target rate.
 - Indicator 2a. Risk Factor Cohort – Ever Screened increased by 11 percentage points from 22% in CY 2019 to 33% in CY 2021, exceeding the target rate of 32%.

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- Indicator 2b. Risk Factor Cohort – Annual Screening increased by 25 percentage points from 4% in CY 2019 to 29% in CY 2021.
- Indicator 3a. HCV Treatment Initiation – Overall) increased by 24 percentage points from 15% in CY 2019 to 39% in CY 2021.
- ITMs:
 - ITM 4a. Provider education regarding their patients on the OPH listing increased from 0.2% (2/1,082) in Q1 2020 to 47% (509/1,082) in Q4 2021.
 - ITM5a. Providers with member on the OPH listing who were educated about the HCV program and benefits showed a rate of 100% (1,082/1,082) in 2020 and 2021.
 - ITM 6a. ED facilities and outpatient substance abuse providers who were educated about the HCV program increased from 21% (25/119) in Q2 2021 to 100% (121/121) in Q4 2021.

Opportunities for improvement:

- Less than half of the eligible population received screening for HCV.
- Less than half of the eligible population on the OPH listing received treatment for HCV.
- The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only four percentage points from 11% in CY 2019 to 15% in CY 2021 and did not meet the target rate.
- The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only three percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.
- ITM 1. CM outreach to schedule HCV treatment appointment decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 Q2–Q4.

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

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

Aim

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

Interventions

Enrollee Interventions:

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

Provider Interventions:

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

Collaborate with state and local partners:

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

Performance Improvement Summary

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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 3.09 percentage points from 16.45% to 41.14% (April 2021 to December 2021).
 - Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.16 percentage points from 10.02% to 35.31% (April 2021 to December 2021).
- Approved Incentive Arrangement (AIA) Progress:
 - Metric 1A (Persons aged 16+ years who received at least one vaccine dose) – MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members aged 16+ years who received at least one vaccine dose increased 9.39 percentage points from 19.16% to 28.55%.
 - Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.59 percentage points from 23.37% to 32.96%.
 - Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.33 percentage points from 14.74% to 27.07%.
- ITMs that showed improvement:
 - ITM 1a. The percentage of enrollees aged 16+ years engaged in CM and had an appointment made for COVID-19 vaccination increased month over month throughout the measurement period.
 - ITM 1b. The percentage of enrollees aged 16+ years who are not engaged in CM and had an appointment made for COVID-19 vaccination increased from 0.21% in April 2021 to 41.1% in December 2021.
 - ITM 4b. The percentage of vaccinated UHC members associated with FQHC increased from 0.76% in April 2021 to 64.73% in December 2021.
 - ITM 5. The percentage of members taken for vaccination administration who were enrolled with UHC's transportation services increased from 3.54% in April 2021 to 36.92% in December 2021.

Opportunities for improvement:

- As of December 2021, UHC's cumulative COVID-19 vaccination rate of 41.14% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of UHC enrollees who received at least one COVID-19 vaccine declined from 20,741 in September 2021 to 5,442 in December 2021.
- The non-cumulative number of UHC enrollees who received the full COVID-19 vaccine course declined from 15,021 in September 2021 to 5,163 in December 2021.

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

Validation Summary: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to small differences (<0.5%) between actual and correct Performance Indicator rate calculations.

Aim

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

Interventions

1. Conduct provider education on standardized global developmental screening tools, new billing guidelines for coding developmental screening, and early intervention programs.
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct parent education on importance of developmental screening. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a PCP chart review of:
 - a random sample of 30 eligible population charts with CPT® Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening; and
 - a random sample of 30 eligible population charts without CPT Code 96110 to discern whether the tools in Table

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4a were utilized for global developmental screening at the child's 9-month, 18-month, or 30-month visit.

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

Performance Improvement Summary

Strengths:

- Performance indicator improvement:
 - Indicator 1 increased by 6.02 percentage points to 24.63% in CY 2021 from 18.63% during the interim 6-month period from 1/1/21–6/27/21.
 - Indicator 2 increased by 4.03 percentage points to 23.24% in CY 2021 from 19.21% during the interim 6-month period from 1/1/21–6/27/21.
 - Indicator 3 increased by 2.07 percentage points to 17.00% in CY 2021 from 14.93% during the interim 6-month period from 1/1/21–6/27/21.
- ITM performance:
 - By the fourth quarter of 2021, 100% of PCPs received global developmental screening guideline, coding, referral education.
 - By the fourth quarter of 2021, 100% of members with a developmental screening care gap had their providers notified via the distribution of the care gap report.
 - Among the review sample of 30 charts with CPT Code 96110, 63% documented developmental screening was conducted using a validated and approved instrument.
 - The proportion of the susceptible subpopulation identified as residing in Region 7 who received outreach for developmental screening increased from 46.3% in Q3 2021 to 74.2% in Q4 2021.

Opportunities for improvement:

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

PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate

Validation Summary: N/A.

Aim

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

1. Member Intervention Objective:
 - For all eligible members on the OPH listing, outreach and educate members, and facilitate referrals to/schedule appointments with HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
 - persons who use drugs; and
 - persons with HIV.
2. Provider Intervention Objective: Educate providers on evidence-based recommendations (AASLD/IDSA, 2018) and availability of providers trained in HCV treatment, and coordinate referrals for treatment. Distribute member care gap reports to providers.

Interventions

1. Enhance case management outreach for HCV treatment initiation for all eligible members.
2. Enhance case management outreach for HCV treatment initiation for all eligible members who also have a history of drug use.
3. Enhance case management outreach for HCV treatment initiation for all eligible members who also have HIV.
4. Provide provider education regarding sofosbuvir/velpatasvir 400-100 (AG Eplusa: Preferred) prescription.
5. Provide PCP education regarding HCV members assigned to them and associated high-risk cohorts and comorbid

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conditions.

6. Provide PCP education regarding HCV/HIV members assigned to them and associated HIV associated toolkits and regional based referral listings of Ryan White supported services.
7. Provide provider education regarding the HCV program to targeted ER departments and outpatient substance abuse providers.

Performance Improvement Summary

Strengths:

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

Opportunities for improvement:

- The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only four percentage points from 11% in CY 2019 to 15% in CY 2021 and did not meet the target rate.
- The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only three percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate.
- ITM 1. CM outreach to schedule HCV treatment appointment decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 Q2–Q4. There is an opportunity to obtain direct member feedback and use to inform improvements to the member outreach intervention(s).

PIP 6: Behavioral Health Transitions in Care

Validation Summary: N/A.

Aim

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

Interventions

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

Performance Improvement Summary

Strengths:

- UHC calculated the Index of Disproportionate Under-Representation of FUH for both member characteristics and

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hospitals.

- The following QI tools were applied: fishbone diagram, Priority Matrix, SWOT analysis, and driver diagram.
- First quarter ITMs are reported.
- Interventions with corresponding ITMs were added to address disparity subgroups.

Opportunities for improvement:

None identified.

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

Validation Summary: N/A.

Aim

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

Interventions

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

Performance Improvement Summary

Strengths:

- UHC completed the following QI tools: fishbone diagram, Priority Matrix, SWOT analysis, driver diagram, and preliminary PDSA.
- PDSA findings based upon UHC's experience with the Developmental Screening PIP informed the MCO to develop an incentive for FQHC/RHC providers to apply fluoride varnish.
- Work is underway to develop educational materials to increase member awareness of oral health, with corresponding dental varnish outreach scripting via interactive voice response (IVR).

Opportunities for improvement:

None identified.

UHC: UnitedHealthcare Community Plan of Louisiana; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; FQHC: federally qualified health center; MCO: managed care organization; CM: care management; SUD: substance use disorder; MAT: medication-assisted treatment; ED: emergency department; CY: contract year; Q: quarter; AG: authorized generic; N/A: not applicable; CDC: Centers for Disease Control and Prevention; ACIP: Advisory Committee on Immunization Practices; LDH: Louisiana Department of Health; OPH: Office of Public Health; PCP: primary care provider; HIV: human immunodeficiency virus; ER: emergency room; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology; BH: behavioral health; AIDS: acquired immunodeficiency syndrome; QM: quality management; SMI: serious mental illness; LGBTQ: lesbian, gay, bisexual, transgender; queer; QI quality improvement; CDT: Code on Dental Procedures and Nomenclature; AAP: American Academy of Pediatrics; SWOT: strengths, weaknesses, opportunities, and threats; PDSA: Plan-Do-Study-Act; RHC: regional health center.

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

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

UHC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (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: 43.29% Final: 51.26% Target: 58.53%	Target not met, but performance improvement demonstrated.
2	Initiation of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort Baseline: 58.23% Final: 66.97% Target: 69.62%	Target not met, but performance improvement demonstrated.
3	Initiation of AOD Treatment: Total age groups, total diagnosis cohort Baseline: 45.67% Final: 50.57% Target: 54.93%	Target not met, but performance improvement demonstrated.
4	Engagement of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort Baseline: 12.75% Final: 13.93% Target: 21.37%	Target not met, but performance improvement demonstrated.
5	Engagement of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort Baseline: 24.45% Final: 31.70% Target: 35.11%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, total diagnosis cohort Baseline: 15.46% Final: 17.14% Target: 23.53%	Target not met, but performance improvement demonstrated.
7	Percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD within 7 days of the ED visit Baseline: 6.84% Final: 7.28% Target: 12.73%	Target not met, but performance improvement demonstrated.
8	Percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit Baseline: 10.46% Final: 12.15% Target: 14.66%	Target not met, but performance improvement demonstrated.
9	Percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 years and older. Baseline: N/A	Unable to evaluate performance at this time.

UHC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Final: 19.12% Target: 38.61%	
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation		
1a	Universal Screening Baseline: 14% Final: 24% Target: 34%	Target not met, but performance improvement demonstrated. (Initial target rate of 24% was met and new goal was increased to 34%.)
1b	Birth Cohort Screening Baseline: 18% Final: 28% Target: 38%	Target not met, but performance improvement demonstrated. (Initial target rate of 28% was met and new goal was increased to 38%.)
2a	Non-Birth Cohort/Risk Factor Screening – Ever Screened Baseline: 22% Final: 33% Target: 42%	Target not met, but performance improvement demonstrated. (Initial target rate of 32% was met and new goal was increased to 42%.)
2b	Non-Birth Cohort/Risk Factor Screening – Annual Screening Baseline: 4% Final: 29% Target: 34%	Target not met, but performance improvement demonstrated. (previous target rate of 24% was met and new goal was increased to 34%.)
3a	HCV Treatment Initiation – Overall Baseline: 15% Final: 39% Target: 45%	Target not met, but performance improvement demonstrated. (previous target rate of 35% was met and new goal was increased to 45%.)
3b	HCV Treatment Initiation – Persons Who Use Drugs Baseline: 11% Final: 15% Target: 21%	Target not met, but performance improvement demonstrated.
3c	HCV Treatment Initiation – Persons with HIV Baseline: 14% Final: 17% Target: 24%	Target not met, but performance improvement demonstrated.
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: 18 Years of Age or Older		
1a	Receipt of at least one dose of COVID-19 vaccine Baseline: 16% Final: 41.14% Target: 70%	Target not met, but performance improvement demonstrated.
1b	Receipt of a complete vaccine series Baseline: 10%	Target not met, but performance improvement

UHC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	Final: 35.31% Target: 70%	demonstrated.
2a	White enrollees receiving at least one dose Baseline: 8.86% Final: N/A Target: 70%	Unable to evaluate performance at this time.
2b	Black enrollees receiving at least one dose Baseline: 13.25% Final: N/A Target: 70%	Unable to evaluate performance at this time.
2c	Hispanic enrollees receiving at least one dose Baseline: 9.22% Final: N/A Target: 70%	Unable to evaluate performance at this time.
2d	Other enrollees receiving at least one dose Baseline: 15.00% Final: N/A Target: 70%	Unable to evaluate performance at this time.
3a	White enrollees receiving a complete COVID-19 vaccine course Baseline: 4.18% Final: N/A Target: 70%	Unable to evaluate performance at this time.
3b	Black enrollees receiving a complete COVID-19 vaccine course Baseline: 6.66% Final: N/A Target: 70%	Unable to evaluate performance at this time.
3c	Hispanic enrollees receiving a complete COVID-19 vaccine course Baseline: 4.27% Final: N/A Target: 70%	Unable to evaluate performance at this time.
3d	Other enrollees receiving a complete COVID-19 vaccine course Baseline: 7.60% Final: N/A Target: 70%	Unable to evaluate performance at this time.
4a	Children: receipt of at least one dose of COVID-19 vaccine Baseline: N/A Final: N/A Target: 70%	Unable to evaluate performance at this time.
4b	Children: receipt of a complete vaccine series Baseline: N/A Final: N/A Target: 70%	Unable to evaluate performance at this time.
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life		
1	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their first birthday Baseline: 24.82% Final: 24.85% Target: 35.8%	Target not met, but performance improvement demonstrated.

UHC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
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: 23.33% Target: 35.8%	Target not met, but performance improvement demonstrated.
3	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their third birthday Baseline: 11.68% Final: 17.06% Target: 35.8%	Target not met, but performance improvement demonstrated.

Yellow: target not met, but performance improvement demonstrated; grey: unable to evaluate performance at this time.

UHC: UnitedHealthcare Community of Louisiana; PIP: performance improvement project; 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 UHC's independent auditor, IPRO found that UHC was determined to be *fully compliant* with all seven of the applicable NCQA IS standards. HEDIS rates produced by UHC were reported to the NCQA. UHC's compliance with IS standards is highlighted in **Table 7**.

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

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

UHC: UnitedHealthcare Community Plan of Louisiana; MY: measurement year; IS: Information 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 UHC's HEDIS measure performance.

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

HEDIS Measure	UHC	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	47.44%	52.96%
Pharmacotherapy for Opioid Use Disorder (POD)	23.72%	31.72%
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)		
Initiation of AOD	51.40%	54.64%
Engagement of AOD	18.06%	19.23%
Use of First-Line Psychosocial Care for Children and Adolescent Antipsychotics (APP)	65.09%	64.02%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	56.44%	57.91%
Effective Continuation Phase Treatment	38.22%	40.82%

HEDIS Measure	UHC	Statewide Average
Breast Cancer Screening (BCS)	53.25%	54.04%
Cervical Cancer Screening (CCS)	59.37%	58.17%
Childhood Immunization Status (CIS)		
DTaP	66.18%	66.71%
IPV	85.16%	86.13%
MMR	81.02%	82.36%
HiB	80.54%	82.83%
Hepatitis B	85.64%	88.31%
VZV	81.02%	82.67%
Pneumococcal conjugate	63.50%	65.85%
Hepatitis A	78.35%	78.94%
Rotavirus	65.69%	64.61%
Influenza	27.49%	27.56%
Combo 3	61.07%	61.53%
Combo 7	53.77%	52.12%
Combo 10	22.14%	20.59%
Chlamydia Screening in Women (CHL) – Total	61.15%	62.40%
Colorectal Cancer Screening (COL)	43.80%	38.69%
Comprehensive Diabetes Care (CDC)		
HbA1c Testing	81.75%	83.64%
HbA1c Poor Control (> 9.0%) ¹	40.88%	44.32%
HbA1c Control (< 8.0%)	49.15%	47.49%
Eye Exams	54.74%	54.48%
Blood Pressure Control (< 140/90 mm/Hg).	58.88%	52.80%
Controlling High Blood Pressure (CBP)	57.91%	54.73%
Diabetes Screening for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Medications (SSD)	81.28%	82.24%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	65.42%	64.25%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	73.77%	72.67%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)		
Blood Glucose Testing	53.39%	52.41%
Cholesterol Testing	30.02%	28.23%
Blood Glucose and Cholesterol Testing	29.20%	27.30%
Lead Screening in Children (LSC)	66.67%	64.78%
CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	81.51%	80.04%
CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan – General Population, 8+9+10)	90.19%	86.37%
Initiation of Injectable Progesterone for Preterm Birth Prevention	21.25%	19.16%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	30.34%	34.61%
Follow-up After Hospitalization for Mental Illness (FUH)		
Within 7 Days of Discharge	22.28%	20.12%
Within 30 Days of Discharge	41.76%	39.60%
Follow-Up After Emergency Department Visit for Mental Illness (FUM)		
Within 7 Days of Discharge	22.56%	21.69%
Within 30 Days of Discharge	34.80%	35.35%
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		
Within 7 Days of Discharge	7.49%	8.64%

HEDIS Measure	UHC	Statewide Average
Within 30 Days of Discharge	13.11%	13.74%
Follow-up Care for Children Prescribed ADHD Medication (ADD)		
Initiation Phase	35.14%	38.00%
Continuation Phase	47.64%	51.70%
Immunization Status for Adolescents (IMA)		
Meningococcal	88.81%	85.98%
Tdap/Td	88.32%	86.47%
HPV	39.17%	41.17%
Combo 1	87.83%	85.54%
Combo 2	39.17%	40.86%
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)		
Advising Smokers and Tobacco Users to Quit	73.15%	72.80%
Discussing Cessation Medications	53.70%	46.55%
Discussing Cessation Strategies	43.93%	41.71%
Plan All-Cause Readmissions (PCR)		
Observed Readmission (Num/Den)	10.87%	10.35%
Expected Readmissions Rate	9.55%	9.59%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.1383	1.0800
Statin Therapy for Patients with Cardiovascular Disease (SPC)		
Received Statin Therapy: Total	78.91%	80.79%
Statin Adherence 80%: Total	62.13%	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	79.81%	70.97%
Counseling for Nutrition	65.21%	61.35%
Counseling for Physical Activity	59.12%	54.48%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	76.86%	77.09%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	42.21%	42.21%
Use of Imaging Studies for Low Back Pain (LBP)	72.20%	72.09%
Non-recommended Cervical Screening in Adolescent Females (NCS)	3.06%	2.17%
HIV Viral Load Suppression (HIV)	78.72%	79.80%
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)¹	28.62%	29.05%

¹ A lower rate is desirable.

Bolded text: incentive measure; green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; DTaP: diphtheria, tetanus, and acellular pertussis; HiB: *Haemophilus influenzae* type b; IPV: polio vaccine, inactivated; MMR: measles, mumps, and rubella; VZV: varicella-zoster virus; 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: UHC HEDIS Access to/Availability of Care Measures – MY 2021

HEDIS Measure	UHC	Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)	77.13%	75.91%
Prenatal and Postpartum Care (PPC)		
Prenatal Care	82.24%	81.56%
Postpartum Care	76.64%	74.31%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	59.20%	56.41%
15 Months–30 Months	62.39%	62.32%

Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

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

HEDIS Measure	UHC	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM ¹	57.80%	60.36%
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	52.94%	53.19%
12–17 years	50.48%	50.29%
18–21 years	26.02%	26.26%
Total	47.18%	47.32%

¹ A lower rate is desirable.

Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

UHC: UnitedHealthcare Community Plan of Louisiana; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

Table 11: UHC HEDIS Measures Summary – MY 2021

Measure Status	UHC
> 50th NCQA national benchmark	24
< 50th NCQA national benchmark	53
NCQA national benchmark unavailable	4
Total	81

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

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

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

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

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

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

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

Table 12: Review Determination Definitions

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

MCO: managed care organization.

Description of Data Obtained

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

Conclusions

UHC achieved full compliance in 8 of the 12 review domains: Assurances of Adequate Capacity; Coverage and Authorization of Services; Grievance and Appeal Systems; Subcontractual Relationships; Practice Guidelines; Health Information Services; Quality Assessment and Performance Improvement; and Fraud, Waste and Abuse. UHC results are presented in **Table 13**.

Table 13: UHC Audit Results by Audit Domain

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score ¹
Availability of Services	132	126	3	0	3	98.8%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	67	13	1	2	90.7%
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	106	1	0	0	99.5%
Grievance and Appeal Systems	71	70	0	0	1	100%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
Quality Assessment and Performance Improvement	109	109	0	0	0	100%
Fraud, Waste and Abuse	132	130	0	0	2	100%
Total	814	786	18	1	9	98.8%

¹ Each Met element receives 1 point, each Partially Met element receives 1/2 point, and each Not Met element receives 0 points. Not Applicable 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, 786 were determined to fully meet the regulations, while 18 partially met the regulations, 1 did not meet the regulations, and 9 were determined to be N/A. The overall compliance score is 98.8%.

VI. Validation of Network Adequacy

General Network Access Requirements

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

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

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

GeoAccess Provider Network Accessibility

Objectives

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

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

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

Year	UHC
2019	1.10%
2020	1.02%
2021	1.04%

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

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

Year	UHC
2019	1.38%
2020	1.16%
2021	1.50%

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

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

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

Specialty	Region	Standard	UHC
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 miles	90.4%
	Rural	1 in 30 miles	99.9%
Adult Primary Care	Urban	1 in 10 miles	98.8%
	Rural	1 in 30 miles	100%
Allergy/Immunology	Urban	1 in 60 miles	96.8%
	Rural	1 in 60 miles	88.6%
Cardiology	Urban	1 in 60 miles	100%
	Rural	1 in 60 miles	100%
Dermatology	Urban	1 in 60 miles	98.1%
	Rural	1 in 60 miles	94.6%
Endocrinology and Metabolism	Urban	1 in 60 miles	97.9%
	Rural	1 in 60 miles	92.1%
FQHCs	Urban	1 in 10 miles	90.1%
	Rural	1 in 30 miles	99.8%
Gastroenterology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.9%

Specialty	Region	Standard	UHC
Hematology/Oncology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Hemodialysis Center	Urban	1 in 10 miles	89.9%
	Rural	1 in 30 miles	98.8%
Laboratory	Urban	1 in 20 miles	99.2%
	Rural	1 in 30 miles	99.9%
Nephrology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.3%
Neurology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.9%
Ob/Gyn	Urban	1 in 15 miles	95.6%
	Rural	1 in 30 miles	94.6%
Ophthalmology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	100%
Orthopedics	Urban	1 in 60 miles	100%
	Rural	1 in 60 miles	100%
Otorhinolaryngology/Otolaryngology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.9%
Pediatrics	Urban	1 in 10 miles	99.0%
	Rural	1 in 30 miles	100%
Pharmacy	Urban	1 in 10 miles	97.9%
	Rural	1 in 30 miles	100%
Radiology	Urban	1 in 20 miles	98.4%
	Rural	1 in 30 miles	99.9%
RHCs	Urban	1 in 10 miles	50.5%
	Rural	1 in 30 miles	99.9%
Urology	Urban	1 in 60 miles	99.9%
	Rural	1 in 60 miles	99.1%

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

UHC: UnitedHealthcare Community Plan of Louisiana; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; MCO: managed care organization.

Provider Appointment Availability

Objectives

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

- Emergent or emergency visits immediately upon presentation at the service delivery site. Emergent, crisis or emergency BH services must be available at all times and an appointment shall be arranged within one hour of request.
- Urgent care within 24 hours. Provisions must be available for obtaining urgent care, including BH care, 24 hours per day, 7 days per week. Urgent care may be provided directly by the PCP or directed by the MCO through other arrangements. An appointment shall be arranged within 48 hours of request.
- Non-urgent sick care within 72 hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition.
- Routine, non-urgent, or preventative care visits within 6 weeks; BH care, routine, and non-urgent appointments shall be arranged within 14 days of referral.

- Specialty care consultation within 1 month of referral or as clinically indicated.
- Lab and X-ray services (usual and customary) not to exceed three weeks for regular appointments and 48 hours for urgent care or as clinically indicated.
- Maternity Care: initial appointment for prenatal visits for newly enrolled pregnant women shall meet the following timetables from the postmark date the MCO mails the member's welcome packet for members whose basis of eligibility at the time of enrollment in the MCO is pregnancy. The timeframes below apply for existing member or new members whose basis of eligibility is something other than pregnancy from the date the MCO or their subcontracted provider becomes aware of the pregnancy:
 - within their 1st trimester within 14 days;
 - within the 2nd trimester within 7 days;
 - within their 3rd trimester within 3 days; and
 - high-risk pregnancies within 3 days of identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists.
- Follow-up to emergency department (ED) visits in accordance with ED attending provider discharge instructions.
- In-office waiting time for scheduled appointments should not routinely exceed 45 minutes, including time in the waiting room and examining room.
- If a provider is delayed, patients shall be notified immediately. If the wait is anticipated to be more than 90 minutes, the patient shall be offered a new appointment.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures.
- Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.

Technical Methods of Data Collection and Analysis

IPRO's evaluation was performed using the MCOs' network data, provider directories, and policies and procedures submitted to LDH by the MCOs. Relevant information collected by IPRO during the compliance review was also utilized during this validation activity and incorporated into this ATR when applicable.

Description of Data Obtained

In late December 2021, each MCO electronically submitted their provider network data that are used to populate their web directory to IPRO. To conduct the survey, IPRO selected providers for each of the state's five MCOs.

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

A "secret shopper" methodology was used to conduct the phone call survey. Surveyors were instructed to role-play as MMC members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by LDH, surveyors attempted to get appointments for care. Calls for the project were conducted between late February 2022 and April 2022.

Conclusions

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

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

Appointment Type	UHC
Routine ¹ PCP	
# of providers surveyed	28
# of appointments made	8
Compliance rate	28.6%
Routine ¹ pediatrician	
# of providers surveyed	15
# of appointments made	8
Compliance rate	53.3%
Non-urgent ² PCP	
# of providers surveyed	30
# of appointments made	6
Compliance rate	20.0%
Non-urgent ² pediatrician	
# of providers surveyed	16
# of appointments made	12
Compliance rate	75.0%

¹ Appointment standard for routine appointments is within 6 weeks.

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

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

Recommendation

IPro recommends that LDH work with UHC to increase contact and appointment rates for PCPs and pediatricians.

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

Objectives

LDH requires quality assessment and improvement activities to ensure that Healthy Louisiana Medicaid MCO enrollees receive high-quality health care services (*Title 42 CFR § 438*). These activities include surveys of enrollees' experience with health care. LDH requires the MCOs to contract with an NCQA-certified HEDIS survey vendor to conduct annual CAHPS health plan surveys. LDH contracted with IPRO to analyze the MCOs' MY 2021 survey data and report the results.

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

Technical Methods of Data Collection and Analysis

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

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

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

To determine common strengths and opportunities for improvement across all MCOs, IPRO compared CAHPS MCO-specific and SWAs for adults (**Table 19**), children without chronic conditions (**Table 20**), and children with chronic condition(s) (**Table 21**) to the national Medicaid benchmarks presented in the Quality Compass 2022. Measures performing at or above the 75th percentile were considered strengths; measures performing at the 50th percentile were considered average, while measures performing below the 50th percentile were identified as opportunities for improvement. IPRO used the member files to create detailed reports for the Louisiana Medicaid population.

Description of Data Obtained

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

Conclusions

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

Table 19: CAHPS Performance – Adult Member

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	79.29%	80.62%	81.86%
Getting Care Quickly	87.76% ¹	82.35%	80.22%
How Well Doctors Communicate	92.73% ¹	92.13%	92.51%
Customer Service	92.06% ¹	92.43%	88.91%
Coordination of Care	87.76% ¹	83.09%	83.96%
Rating of All Health Care	75.79% ¹	76.59%	75.41%
Rating of Personal Doctor	86.24%	84.56%	82.38%
Rating of Specialist Seen Most Often	80.36% ¹	79.39%	83.52%
Rating of Health Plan	81.51%	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; UHC: UnitedHealthcare Community Plan of Louisiana; MY: measurement year.

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

Table 20: CAHPS Performance – Child Member without Chronic Conditions

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	89.04%	86.25%	84.19%
Getting Care Quickly	90.62%	88.06%	86.74%
How Well Doctors Communicate	93.65%	94.63%	94.16%
Customer Service	84.29% ¹	89.80%	88.06%
Coordination of Care	83.87% ¹	81.18%	84.71%
Rating of All Health Care	91.54%	89.72%	87.28%
Rating of Personal Doctor	91.98%	91.02%	90.16%
Rating of Specialist Seen Most Often	94.44% ¹	85.00%	86.54%
Rating of Health Plan	90.19%	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; UHC: UnitedHealthcare Community Plan of Louisiana; MY: measurement year.

IPRO's review of child members with chronic condition(s) (**Table 21**) found UHC below the 50th percentile for the Coordination of Care measure, as well as at or above the 75th percentile for seven CAHPS PMs: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, and Rating of Health Plan. Of note, the Customer Service and Rating of Specialist Seen Most Often measures were impacted by small sample sizes.

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

CAHPS Measure	UHC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	90.95%	88.15%	86.89%
Getting Care Quickly	94.82%	91.73%	90.15%
How Well Doctors Communicate	96.30%	95.73%	94.79%
Customer Service	86.97% ¹	90.31%	N/A
Coordination of Care	85.35%	79.61%	84.65%
Rating of All Health Care	90.96%	88.72%	85.66%
Rating of Personal Doctor	92.35%	90.75%	89.32%
Rating of Specialist Seen Most Often	93.83% ¹	83.33%	89.32%
Rating of Health Plan	89.47%	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; UHC: UnitedHealthcare Community Plan of Louisiana; MY: measurement year.

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

Table 22: UHC 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	83.05%	86.81%	83.66%	79.29%	< 50th
Getting Care Quickly	82.11%	83.92%	77.95%	Small sample	N/A
How Well Doctors Communicate	90.34%	92.64%	91.28%	Small sample	N/A
Customer Service	87.80%	Small sample	Small sample	Small sample	N/A
Coordination of Care	75.44%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	81.43%	78.19%	78.74%	Small sample	N/A
Rating of Personal Doctor	83.40%	84.73%	85.31%	86.24%	≥ 75th
Rating of Specialist	81.31%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	80.92%	85.90%	84.04%	81.51%	≥ 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.

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

Table 23: UHC 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	92.31%	86.57%	Small sample	89.04%	≥ 75th
Getting Care Quickly	90.84%	95.03%	Small sample	90.62%	≥ 75th
How Well Doctors Communicate	95.84%	94.89%	96.20%	93.65%	< 50th
Customer Service	89.15%	Small sample	Small sample	Small sample	N/A
Coordination of Care	82.76%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	90.48%	93.14%	93.70%	91.54%	≥ 75th
Rating of Personal Doctor	93.26%	93.39%	92.57%	91.98%	≥ 75th
Rating of Specialist	96.34%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	90.84%	87.59%	90.39%	90.19%	≥ 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.

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

Table 24: UHC 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	90.62%	91.80%	90.53%	90.95%	≥ 75th
Getting Care Quickly	93.82%	96.98%	93.71%	94.82%	≥ 75th
How Well Doctors Communicate	95.20%	97.31%	98.38%	96.30%	≥ 75th
Customer Service	88.44%	Small sample	Small sample	Small sample	N/A
Coordination of Care	79.15%	77.37%	74.79%	85.35%	< 50th
Rating of All Health Care	86.97%	90.30%	93.68%	90.96%	≥ 75th
Rating of Personal Doctor	91.06%	92.25%	94.12%	92.35%	≥ 75th
Rating of Specialist	93.83%	90.00%	Small sample	Small sample	N/A
Rating of Health Plan	87.31%	88.52%	88.79%	89.47%	≥ 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.

UHC: UnitedHealthcare Community Plan 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 ≥ 90 th percentile: score = 5.
 - A plan that is ≥ 66.67 th and < 90 th percentiles: score = 4.
 - A plan that is ≥ 33.33 rd and < 66.67 th percentiles: score = 3.
 - A plan that is ≥ 10 th and < 33.33 rd percentiles: score = 2.
 - A plan that is < 10 th percentile: score = 1.
3. IPRO applied the NCQA RY 2022 measure weights to each MCO RY 2022 measure score (i.e., weight X score).
4. IPRO aggregated individual measure rates into QRS categories (e.g., Getting Care, Satisfaction with Plan Physicians, Satisfaction with Plan Services, Children and Adolescent Well-Care, Women's Reproductive Health, Cancer Screening, Other Preventive Services, Treatment, Behavioral Health, Other Treatment Measures, and Overall Rating), as follows: (sum of weighted scores) \div (sum of weights); then, applied the NCQA rounding rules (*NCQA 2022 Health Plan Ratings Methodology*, p. 3). A 0.5 bonus is added to the overall MCO rating for accreditation.
5. IPRO assigned QRS 2022 ratings by assigning the rounded scores (0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0).

Description of Data Obtained

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

Conclusions

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

The 2022 rating results for UHC are displayed in **Table 25**, which shows that UHC scored high in overall Consumer Satisfaction and Satisfaction with Plan Physicians (5 points). UHC scored low on Women's Reproductive Health, Respiratory Treatment with 2 points and Risk-Adjusted Utilization with 1 point.

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.

UHC Response to Previous EQR Recommendations



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

Table 27: UHC Response to Previous EQR Recommendations

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>PIPs</p> <p>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 (FUA)</p> <p>It was not clear how interventions targeted identified susceptible subpopulations.</p> <p>While each of the 6 IET performance indicators demonstrated improvement, the 2 newly added FUA performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.</p>	<p>While the 2020 PIP did not address subpopulations, the 2021 PIP added a review of susceptible subpopulations. The review identified a disparate subpopulation based on geography. Our analysis of susceptible populations included a review of the POD measure as well as rates of overdoses reported by emergency rooms throughout the state. Two geographic regions, the Metropolitan and Florida Parishes, were identified for focus due to having the highest rate of members with diagnoses involving an overdose. In response, several interventions were implemented in the Metropolitan and Florida Parishes. Training, Care Coordination, and provider recruitment efforts were increased in the identified parishes starting in 2021. An on-demand training was developed with ASAM which covers initiation of MAT in emergency department settings. A second training is available through Optum Health Education on the identification, treatment, and referral of substance use disorders in a primary care setting. The trainings became available on 10/31/2021. They are being continuously promoted in quarterly meetings with providers in the identified parishes. The providers who have completed the training are reported monthly.</p> <p>Beginning 1/1/2022, a contract with Eleanor Health, a specialty substance use provider, was implemented. Eleanor Health is providing outreach to individuals with an identified substance use disorder. They provide both Care Coordination and outpatient treatment options for members in the Florida and Metropolitan Parishes. Rates of outreach and engagement of members by Eleanor Health are tracked quarterly.</p> <p>Attempts to recruit additional providers for MAT and facility-based substance use treatment has been ongoing since 2021. Optum's Network team has reached out to the substance use providers and facilities in the Florida and Metropolitan Parishes who are licensed within the state but not currently in-network to attempt to recruit those who provide appropriate services or programs. They have also reached out to in-network providers to confirm their programming and discuss the addition of programs to expand treatment for additional populations or other levels of care. Two new providers in the Metropolitan and Florida Parishes were added in 2022. The most recent attempts at calling and emailing providers and facilities occurred during 9/2022. The Network Department is tracking their outreach attempts and responses.</p> <p>By providing education on identification, treatment, and referral of substance use disorders and increasing outreach and treatment options for members residing in Metropolitan and Florida Parishes, it is expected that rates for FUA, FUI, IET, and POD will increase in the areas.</p>	<p>Addressed</p>

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
	Successful implementation of the interventions should also decrease the rates of overdose seen in emergency departments in the targeted areas.	
<p>PIPs</p> <p>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.</p> <ul style="list-style-type: none"> • It was recommended that the plan use claims/encounter data to identify disparities in screening and treatment among demographic groups. • It was recommended that the plan obtain direct member feedback to identify barriers to HCV screening and treatment. • It was recommended that the plan obtain direct provider feedback to identify barriers to HCV screening and treatment. • Barrier analysis to identify the barriers to HCV screening is merited. • The planned texting intervention to address the lack of successful contact for scheduling of HCV screening appointments is not based upon barrier analysis. • Intervention 2 had no impact, as evidenced by no members with a scheduled PCP appointment for HCV screening among targeted 	<p>The health plan utilized claims and encounter data to identify disparities in screening and treatment. Preliminary data showed that members who were HCV positive and in need of treatment also were in need of the COVID 19 Vaccine. A mutual PIP goal alignment between the HCV PIP and the Covid-19 PIP was Implement with a combined stratified outreach approach to target the members who are immunocompromised and at highest risk for potential disease complication exacerbations.</p> <p>Direct member feedback indicated that members potentially not aware of resources available to them. With this in mind, the health plan sponsored our “United with Pride” community Pride event series and sponsored events in Baton Rouge, Shreveport, and New Orleans where information and member fliers were shared regarding not only HCV but Covid-19 vaccine information and colorectal screening as well. The combined events were attended by 4000 plus attendees this increasing our footprint in the community and member awareness.</p> <p>Direct provider feedback barrier analysis indicates that there is a potential issue noted for noncompliance for some HCV members in adhering to follow up appointments for labs and treatment completion. The health plan continued the HCV treatment initiation incentive and additionally the health plan has also implemented an SDOH incentive for providers to identify at risk members who have issues around housing and food insecurities, etc. as these are risk factors that could potentially and adversely contribute as confounding factors that affect member compliance. The health plan also continues to stress the transportation benefit to all members and providers as transportation benefit awareness is a noted barrier across all PIPs. The multi-disciplinary team will continue to monitor the progress of the PIP and work closely to address any additional recommendations.</p>	Addressed

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>members.</p> <p>It was found that results must be interpreted with some caution due to issues with ITMs and incorrectly calculated performance indicators.</p> <p>The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.</p>		
<p>Compliance Review</p> <p>Adequate Capacity and Service</p> <ul style="list-style-type: none"> Finding: Distance and/or time requirements were not met for Dermatology, Endocrinology, and Metabolism. Recommendation: The MCO should improve access to Dermatology and Endocrinology specialties. 	<p>UHC has addressed the Network recommendations for improving access to Dermatology and Endocrinology/Metabolism specialties. This was accomplished through:</p> <ul style="list-style-type: none"> Updating the Member Handbook and Network Provider Development Management Plan that clearly documents provider geographic availability, including measures for identifying gaps. UHC will continue to document efforts with providers whenever possible and will consider negotiating higher reimbursement/incentive for Dermatology and Endocrinology to fill the gaps in access. UHC will continue to monitor Network Adequacy and Accessibility per our Network Development Management Plan and our Network Variance Tracking Standard Operating Procedure. Monthly reviews are done to include continual monitoring processes to evaluate the availability of providers and opportunities to close gaps with additional provider contracts are pursued as they become available. <p>While providers may not be available to resolve some gaps identified in Dermatology and Endocrinology/Metabolism through network contracting, we are committed to supporting enhanced access to care providing non-emergency transportation and utilizing Telemedicine and are working to put an iPad pilot in place.</p>	<p>Addressed</p>
<p>Coordination and Continuity of Care</p> <p>The MCO should deploy quality improvement tools such as process flow diagrams to identify barriers to care plan development and implementation consistent with the policies for the Chronic Illness Program Process, the WPC Model,</p>	<p>The Coordination and Continuity of Care team- will deploy policies and procedures currently in use by programs in WPC and other programs under Case Management. The staff will attend a structured teaching and training session to address areas in clinical documentation, effective communication to facilitate care coordination, continuity and comprehensive care services and management. Leadership team to dialogue with staff and ensure appropriate staffing assignments. The assigned Managers to conduct ongoing random sampling of staff charts through audits to ensure compliance. The manager to discuss chart audits with next level management team member or designee twice monthly and submit report to</p>	<p>Partially Addressed</p>

Recommendation for UHC	UHC Response/Actions Taken	IPRO Assessment of MCO Response ¹
<p>the Intensive Opportunity Program Management policy, and the Case Management Process policy and procedures. Examples of barriers to consider include whether staff assignments are appropriate in terms of clinical knowledge required and whether current systems of communication and documentation are sufficient to ensure continuity and comprehensiveness of care.</p>	<p>Leadership or designee monthly.</p> <p>Examples:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>LA 010.1.9.1 Chart Audit CM Process Jo</p> </div> <div style="text-align: center;">  <p>Specialty Case Manager Chart Audi</p> </div> </div>	
<p>Based upon the discussion at the interview, the MCO should also explore opportunities to integrate the BH Advocate/Medical Director treatment planning process with the Case Management Comprehensive Needs Assessment process to generate a care plan.</p>	<p>POLICY NCM 007. Once a member is engaged in case management the case manager will interact with the physician or provider.</p> <ol style="list-style-type: none"> 1. Notification of enrollment in case management, as appropriate 2. Requesting additional, relevant information regarding the member's needs 3. Facilitating referrals orders for specialty care and/or ancillary services to meet member's needs, such as behavioral health, home health and/or DME 4. Collaborating in the development of the member's plan of care (POC) 5. Inviting and participating in the member's interdisciplinary case conferences 6. Discussing safety and/or adherence issues 7. Notifying of case closure, as required 	<p>Addressed</p>

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

EQR: external quality review; UHC: UnitedHealthcare Community Plan of Louisiana; MCO: managed care organization; PIP: performance improvement project; POD: Pharmacotherapy for Opioid Use Disorder; ASAM: American Society of Addiction Medicine; ITM: intervention tracking measure; COVID-19: 2019 novel coronavirus; FUI: Follow-Up After High-Intensity Care for Substance Use Disorder; PCP: primary care provider; SDoH: social determinants of health; MAT: medication-assisted treatment; WPC: whole person care; BH: behavioral health; DME: durable medical equipment.

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

Title 42 CFR §438.364(a)(4) states that EQR technical reports must include an assessment of strengths and weaknesses, as well as recommendations for each managed care entity. **Table 28** highlights UHC's performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year's recommendations based on the aggregated results of SFY 2021 EQR activities as they relate to **quality, timeliness, and access**.

UHC Strengths, Opportunities for Improvement, and EQR Recommendations

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

UHC EQR Activity	Description	Quality	Timeliness	Access
Strengths				
PIP 1: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse (AOD) or Dependence Treatment (IET), (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)	<p>Performance indicators:</p> <ul style="list-style-type: none"> Indicator 1. Initiation of treatment for alcohol abuse/dependence increased by 12.45 percentage points from 43.29% in CY 2018 to 55.74% in CY 2020. Indicator 2. Initiation of treatment for opioid abuse/dependence increased by 8.62 percentage points from 58.23% in CY 2018 to 66.85% in CY 2020. Indicator 3. Initiation of AOD treatment total increased by 8.21 percentage points from 45.67% in CY 2018 to 53.88% in CY 2020. Indicator 5. Engagement in treatment for opioid abuse/dependence increased by 7.68 percentage points from 24.45% in CY 2018 to 32.13% in CY 2020. <p>Intervention Tracking Measures (ITMs):</p> <ul style="list-style-type: none"> ITM 2. In Q2 2021, 68.23% of total in-network providers were distributed electronic ATLAS, the free online SUD treatment locator. ITM 4. The proportion of members prescribed buprenorphine and who had a therapy encounter increased from 21.45% in Q1 2020 to 25.65% in Q3 2021. ITM 5a. The proportion of members with an SUD ED visit and who had a follow-up visit within 30 days via telehealth increased from 7.64% in Q1 2020 to 27.78% in Q3 2021. 	--	X	X
PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>Performance indicators:</p> <ul style="list-style-type: none"> Indicator 1a. Universal Screening increased by 10 percentage points from 14% in CY 2019 to 24% in CY 2021, meeting the target rate. Indicator 1b. (Birth Cohort Screening increased by 10 percentage points from 18% in CY 2019 to 28% in CY 2021, meeting the target rate. Indicator 2a. (Risk Factor Cohort – Ever Screened) increased by 11 percentage points from 22% in CY 2019 to 33% in CY 2021, exceeding the target rate of 32%. Indicator 2b. (Risk Factor Cohort – Annual Screening increased by 25 percentage points from 4% in CY 2019 to 29% in CY 2021. 	--	--	X

UHC EQR Activity	Description	Quality	Timeliness	Access
	<ul style="list-style-type: none"> Indicator 3a. (HCV Treatment Initiation – Overall increased by 24 percentage points from 15% in CY 2019 to 39% in CY 2021. <p>ITMs:</p> <ul style="list-style-type: none"> ITM 4a. Provider education regarding their patients on the OPH listing increased from 0.2% (2/1,082) in Q1 2020 to 47% (509/1,082) in Q4 2021. ITM5a. Providers with member on the OPH listing who were educated about the HCV program and benefits showed a rate of 100% (1,082/1,082) in 2020 and 2021. ITM 6a. ED facilities and outpatient substance abuse providers who were educated about the HCV program increased from 21% (25/119) in Q2 2021 to 100% (121/121) in Q4 2021. 			
PIP 3: Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<p>Annual performance indicators with an average monthly percentage point increase of at least three percentage points:</p> <ul style="list-style-type: none"> Indicator 1a. Persons aged 16+ years who received at least one vaccine dose: Increased monthly an average of 3.09 percentage points from 16.45% to 41.14% (April 2021 to December 2021). Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.16 percentage points from 10.02% to 35.31% (April 2021 to December 2021). <p>Approved Incentive Arrangement (AIA) Progress:</p> <ul style="list-style-type: none"> Metric 1A (Persons aged 16+ years who received at least one vaccine dose) – MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members aged 16+ years who received at least one vaccine dose increased 9.39 percentage points from 19.16% to 28.55%. Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.59 percentage points from 23.37% to 32.96%. Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.33 percentage points from 14.74% to 27.07%. <p>ITMs that showed improvement:</p> <ul style="list-style-type: none"> ITM 1a. The percentage of enrollees aged 16+ years engaged in CM and had an appointment made for COVID-19 vaccination increased month over month throughout the measurement period. ITM 1b. The percentage of enrollees aged 16+ years who are not engaged in CM and had an appointment made for COVID-19 vaccination increased from 0.21% in April 2021 to 41.1% in December 2021. ITM 4b. The percentage of vaccinated UHC members associated 	--	--	X

UHC EQR Activity	Description	Quality	Timeliness	Access
	<p>with FQHC increased from 0.76% in April 2021 to 64.73% in December 2021.</p> <ul style="list-style-type: none"> ITM 5. The percentage of members taken for vaccination administration who were enrolled with UHC's transportation services increased from 3.54% in April 2021 to 36.92% in December 2021. 			
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	<p>Performance indicator improvement:</p> <ul style="list-style-type: none"> Indicator 1 increased by 6.02 percentage points to 24.63% in CY 2021 from 18.63% during the interim 6-month period from 1/1/21–6/27/21. Indicator 2 increased by 4.03 percentage points to 23.24% in CY 2021 from 19.21% during the interim 6-month period from 1/1/21–6/27/21. Indicator 3 increased by 2.07 percentage points to 17.00% in CY 2021 from 14.93% during the interim 6-month period from 1/1/21–6/27/21. <p>ITM performance:</p> <ul style="list-style-type: none"> By the fourth quarter of 2021, 100% of PCPs received global developmental screening guideline, coding, and referral education. By the fourth quarter of 2021, 100% of members with a developmental screening care gap had their providers notified via the distribution of the care gap report. Among the review sample of 30 charts with CPT Code 96110, 63% documented developmental screening was conducted using a validated and approved instrument. The proportion of the susceptible subpopulation identified as residing in Region 7 who received outreach for developmental screening increased from 46.3% in Q3 2021 to 74.2% in Q4 2021. 	--	X	X
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	<ul style="list-style-type: none"> Barrier Analysis: Footnote 1, Table 4 indicated plans for CM outreach to obtain direct member feedback on barriers to HCV treatment, including persons with HIV and persons who use drugs. Barrier Analysis: Footnote 2, Table 4 documented that direct provider feedback was obtained and informed the provider-based incentive implemented in 2021, to continue this year. Barrier Analysis: Footnote 3, Table 4 analyzed pharmacy claims to identify HCV high volume prescribers and used findings to develop a regional based referral system to assist with complex cases. Barrier Analysis: Footnote 4, Table 4 included provider feedback that informed the need for PCP education about resources/support services for patients with HIV and informed the AIDS-certified registered nurse's development of an HIV provider toolkit. The MCO has deployed an AIDS-certified registered nurse to develop and implement a comprehensive HIV strategy with a corresponding ITM. Barrier Analysis: Footnote 5, Table 4 included provider feedback that informed the need for a BH integration strategy. The MCO 	X	X	--

UHC EQR Activity	Description	Quality	Timeliness	Access
	<p>collaborated with the IET PIP leads to develop and implement a behavioral health intervention strategy with a corresponding ITM.</p> <ul style="list-style-type: none"> • QM leads for the HCV PIP will collaborate with QM leads for the COVID-19 vaccine PIP for enhanced and coordinated member education. 			
PIP 6: Behavioral Health Transitions in Care	<ul style="list-style-type: none"> • UHC calculated the Index of Disproportionate Under-representation of FUH for both member characteristics and hospitals. • The following QI tools were applied: fishbone diagram, Priority Matrix, SWOT analysis, and driver diagram. • First quarter ITMs are reported. • Interventions with corresponding ITMs were added to address disparity subgroups 	X	X	X
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	<ul style="list-style-type: none"> • UHC completed the following QI tools: fishbone diagram, Priority Matrix, SWOT analysis, driver diagram, and preliminary PDSA. • PDSA findings based upon UHC's experience with the Developmental Screening PIP informed the MCO to develop an incentive for FQHC/RHC providers to apply fluoride varnish. • Work is underway to develop educational materials to increase member awareness of oral health, with corresponding dental varnish outreach scripting via interactive voice response(IVR). 	X	X	X
Performance Measures	In MY 2021, UHC had 24 of 81 HEDIS measures equal or greater than 50th NCQA national benchmark.	X	X	X
Compliance with Medicaid and CHIP Managed Care Regulations	<p>UHC demonstrated full compliance in 8 of the 12 domains reviewed:</p> <ul style="list-style-type: none"> • Assurances of Adequate Capacity and Services; • Coverage and Authorization of Services; • Grievance and Appeal Systems; • Subcontractual Relationships; • Practice Guidelines; • Health Information Services; • Quality Assessment and Performance Improvement; and • Fraud, Waste and Abuse. 	X	X	X
Network Adequacy	UHC met 21% of the provider network distance standards, its pediatric PCP-to-member ratio increased from 1.38% to 1.50% from MY 2019 to MY 2021.	--	--	X
Quality of Care Surveys – Member	<p>In 2022, UHC performed better than the national Medicaid average for all LOBs (excluding PPOs):</p> <ul style="list-style-type: none"> • Adult CAHPS: <ul style="list-style-type: none"> ○ Getting Care Quickly ○ Customer Service ○ Coordination of Care ○ Rating of Personal Doctor ○ Rating of Health Plan • Children with Chronic Condition(s) (CCC) CAHPS: <ul style="list-style-type: none"> ○ Getting Needed Care ○ Getting Care Quickly ○ How Well Doctors Communicate ○ Coordination of Care ○ Rating of All Health Care 	X	X	X

UHC EQR Activity	Description	Quality	Timeliness	Access
	<ul style="list-style-type: none"> ○ Rating of Personal Doctor ○ Rating of Health Plan • Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> ○ Getting Needed Care ○ Getting Care Quickly ○ Rating of All Health Care ○ Rating of Personal Doctor ○ Rating of Specialist Seen Most Often ○ Rating of Health Plan 			
Quality Ratings	<ul style="list-style-type: none"> • Overall Consumer Satisfaction (5 points) <ul style="list-style-type: none"> ○ Satisfaction with Plan Physicians (5 points) ○ Satisfaction with Plan Services (4.5 points) 	X	X	X
NCQA Accreditation	Accredited	X	--	--
Opportunities for Improvement				
PIP 1: Improving Rates for IET, FUA, and POD	<ul style="list-style-type: none"> • Indicator 4. Engagement in treatment for alcohol abuse/dependence increased by less than five percentage points from CY 2018 to CY 2020. • Indicator 6. Engagement in AOD treatment (total diagnosis cohort) increased by less than five percentage points from CY 2018 to CY 2020. • Indicators 7 and 8. Follow-up after ED visits for AOD showed the lowest rates and percentage point gains. 	--	X	X
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> • Less than half of the eligible population received screening for HCV. • Less than half of the eligible population on the OPH Health listing received treatment for HCV. • The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only four percentage points from 11% in CY 2019 to 15% in CY 2021 and did not meet the target rate. • The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only three percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate. • ITM 1. CM outreach to schedule HCV treatment appointment decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 Q2-Q4. 	--	--	X
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<ul style="list-style-type: none"> • As of December 2021, UHC's cumulative COVID-19 vaccination rate of 41.14% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021. • The non-cumulative number of UHC enrollees who received at least one COVID-19 vaccine declined from 20,741 in September 2021 to 5,442 in December 2021. • The non-cumulative number of UHC enrollees who received the full COVID-19 vaccine course declined from 15,021 in September 2021 to 5,163 in December 2021. 	--	--	X
PIP 4: Improving Receipt of Global Developmental Screening in the	For all three performance indicators, there is an opportunity to improve by reaching the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.	--	X	X

UHC EQR Activity	Description	Quality	Timeliness	Access
First Three Years of Life				
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	<ul style="list-style-type: none"> The rate of receipt of HCV treatment by persons who use drugs showed a relatively small increase of only four percentage points from 11% in CY 2019 to 15% in CY 2021 and did not meet the target rate. The rate of receipt of HCV treatment by persons with HIV showed the smallest increase of only three percentage points from 14% in CY 2019 to 17% in CY 21 and did not meet the target rate. ITM 1. CM outreach to schedule HCV treatment appointment decreased from 6% (340/6,155) in Q4 2020 to 2% across 2021 Q2–Q4. There is an opportunity to obtain direct member feedback and use to inform improvements to the member outreach intervention(s). 	X	X	--
PIP 6: Behavioral Health Transitions in Care	None identified.	--	--	--
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	None identified.	--	--	--
Performance Measures	In MY 2020, UHC had 53 of 81 HEDIS measures lower than 50th NCQA national benchmark.	X	X	X
Compliance with Medicaid and CHIP Managed Care Regulations	<p>UHC demonstrated less than full compliance in 4 of the 12 domains reviewed:</p> <ul style="list-style-type: none"> Availability of Services; Coordination and Continuity of Care; Provider Selection; and Enrollee Rights and Protection. 	X	--	X
Network Adequacy	UHC did not meet 79% of the provider network distance standards, its adult PCP-to-member ratio dropped from 1.10% to 1.04% from MY 2019 to MY 2021.	--	--	X
Quality of Care Surveys – Member	<p>In 2022, UHC performed below the national Medicaid average for all LOBs (excluding PPOs):</p> <ul style="list-style-type: none"> Adult CAHPS: <ul style="list-style-type: none"> Getting Needed Care How Well Doctors Communicate Rating of All Health Care Rating of Specialist Seen Most Often Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> How Well Doctors Communicate Customer Service Coordination of Care 	X	X	X

UHC EQR Activity	Description	Quality	Timeliness	Access
Quality Ratings	<ul style="list-style-type: none"> Overall Prevention (2.5 points) Overall Prevention – Women’s Reproductive Health (2 points) Overall Prevention – Children and Adolescent Well-care (2.5 points) Overall Treatment (2.5 stars) 	X	X	X
Recommendations to MCO to Address Quality, Timeliness, and Access				
PIP 1: Improving Rates for IET, FUA, and POD	None identified.	--	--	--
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	None identified.	--	--	--
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	None identified.	--	--	--
PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life	None identified.	--	--	--
PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	None identified.	--	--	--
PIP 6: Behavioral Health Transitions in Care	None identified.	--	--	--
PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	None identified.	--	--	--
Performance Measures	UHC 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	--	--

UHC EQR Activity	Description	Quality	Timeliness	Access
Network Adequacy	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Quality Ratings	None identified.	--	--	--

UHC: UnitedHealthcare Community Plan of Louisiana; EQR: external quality review; PIP: performance improvement project; CY: contract year; Q: quarter; SUD: substance use disorder; ED: emergency department; OPH: Office of Public Health; CM: care management; FQHC: federally qualified health center; HIV: human immunodeficiency virus; AIDS: acquired immunodeficiency syndrome; PCP: primary care provider; BH: behavioral health; QM: quality management; FUH: Follow-up After Hospitalization of Mental Illness; QI: quality improvement; SWOT: strengths, weaknesses, opportunities, threats; PDSA: Plan-Do-Study-Act; MY: measurement year; HEDIS: Healthcare Effectiveness Data and Information Set; RHC: regional health centers; NCQA: National Committee for Quality Assurance; CAHPS: Consumer Assessment of Healthcare Providers and Systems; MCO: managed care organization; CHIP: Children's Health Insurance Program; MY: measurement year; LOBs: lines of business; PPO: preferred provider organization.

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]

UHC Verbatim Response

UnitedHealthcare Community Plan of Louisiana (UHC) conducted studies, initiatives, and interventions to identify and/or reduce differences in health outcomes, health status, or quality of care in the Medicaid population and within targeted subgroups and areas. Some interventions however, particularly those involving COVID-19 initiatives, reached Louisiana individuals without regard to insurance enrollment or residence. For example, as Orleans parish was identified as an area with one of the highest COVID rates in 2020, the S.T.O.P. COVID Testing initiative was conducted to reduce COVID-19 infection and mortality rates in the parish. Input from UHC data analysis and the city's public health department, identified 2 zip codes with large racial and ethnic minority populations subject to social and economic disparities. The initiative included free testing for anyone at the designated locations. Participants included neighborhood residents and individuals from the surrounding parishes, driving up to 2 hours to access the services. Testing participants received a box of nonperishable food, a health and safety kit (included: hand sanitizer, toilet paper, paper towels, face mask, no-touch tool, and COVID educational information), and access to onsite wraparound services from community partners for rental and utility assistance, education, employment opportunities, food, medical and behavioral health services.

A second initiative was conducted in North Baton Rouge, another underserved area with high COVID rates. UHC partnered with, Uber Ride Share, EBR Council District 5, and Bordelon's Super Save Pharmacy to administer vaccines. Each partner contributed financially and/or in-kind to provide marketing & communications, outreach in the community, administer vaccines, promotional items, volunteers, etc. During the month of April, the project partnered with HHS/Office of Minority Health to promote vaccine readiness using its theme of #VaccineReady for National Minority Health Month. A third initiative was the collaboration between UHC and Crescent Care for a vaccination site to reach the Hispanic population that couldn't take the time off work, and/ or had literacy issues impacting their ability to fill out forms. UHC bilingual outreach staff held conversations in Spanish with community members considering vaccination, both in person and in tandem with medical professionals at CrescentCare over social media, such as Facebook Live videos where viewers asked questions in real time.

Covid-19 vaccinations were also a focus along with maternal health in UHC's pursuit of the Multicultural Healthcare Distinction, awarded by NCQA to organizations that are aware of and sensitive to their populations' racial, cultural and language differences. Prenatal and Postpartum care was addressed in UHC EQR Annual Technical Report: Reporting Year July 1, 2021–June 30, 2022

collaboration with the top OB/GYNs of the Caddo area. To address COVID vaccination misinformation and hesitancy, collaboration was formed with DePaul Community Health, Crescent Care, Mercy Medical, Sunnyside Pediatrics, LSU Strike team, Shreveport HUD, and Mt. Canaan Baptist Church. UHC also provide Mom's Meals to postpartum women as food scarcity can reduce the ability for a mother to heal from delivery and care for her child.

Additional interventions for maternal health included \$275,000 in Maternal Health Grants awarded to improve maternal health outcomes, reducing disparities, and expanding access to care. The 7 recipients were: Birthmark Doula Collective, Common Ground Community, Inc., Family Road of Greater B. R., Foundation for LA/National Birth Equity Collaborative, Healthy Start N.O., LA Center for Health Equity, and Saul's Light. Beyond financial support, one of UHC's medical directors partnered directly with Common Ground, which serves the Shreveport area. Every 2 months, Dr. Glenda Johnson, an OB/GYN, meets with a teen girls' group to cover topics such as basic anatomy and physiology of the reproductive system, consent, preparedness, future planning, contraceptive options, and hygiene. Participants also receive transportation and a hot meal during the events.

Other interventions include the November 2020 UHC partnership with Open Health Care Clinic, Top Box Food, One Stop, and BET-R Grocer in Baton Rouge, for the UHC community catalyst initiative to address the disparities of individuals who are dually diagnosed (physical / behavioral health issues) and not able to access care due to SDOH barriers (transportation, food, housing, utilities). UHC's Community Catalyst convenes community partners to address health disparities and inequities, align and expand community capacity, and improve health outcomes. The initiative provides a platform for input from collaborative members to identify and address health challenges, and then catalyzes the development of a coordinated, community-based strategy to address the disparities.

UnitedHealthcare begin the process of creating a Health Equity and SDOH Collaborative Council in the first quarter of 2021, to address the disparaging environmental and social inequities on the health of enrollees that had been heightened from the effects of natural disasters and the pandemic. The focus was to provide a platform to better understand, address, and align to the needs of enrollees and communities while implementing strategies and initiatives that supported diversity, equity, inclusion, and a healthier Louisiana.

XII. Appendix B

IPRO's Assessment of the Louisiana Medicaid Quality Strategy

Evaluation Methodology

To evaluate Louisiana's 2021 *Medicaid Managed Care Quality Strategy*, a review of federal regulations was initially conducted to clearly define the requirements of the quality strategy and guide the evaluation methodology.

First, IPRO evaluated the core Healthy Louisiana performance results. This evaluation consisted of data analysis of measures identified in the quality strategy from the Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), Agency for Healthcare Research and Quality (AHRQ)'s Preventive Quality Indicators (PQIs), Louisiana vital records, and CMS-developed measures. This analysis included comparisons of Louisiana HEDIS performance to national benchmarks using the Medicaid National Committee for Quality Assurance (NCQA) Quality Compass Medicaid®.

Second, IPRO evaluated Louisiana Medicaid's quality monitoring activities. This evaluation consisted of a review of LDH monitoring reports regarding enrollment, network adequacy, quality dashboard, program transparency, medical loss ratio (MLR) and diabetes and obesity reviews. LDH's approach to addressing health disparities and the use of sanctions were also reviewed. Further evaluation of the quality strategy consisted of a review of external quality review (EQR) report documents, including a guide to choosing a Medicaid plan, performance measure (PM) results, annual EQR technical reports, access and availability survey findings and a BH member satisfaction survey.

Third, IPRO evaluated state-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and EQR monitoring reports, other website examples of data transparency such as MCO executed contracts, Medical Care Advisory Committee meeting reports and informational bulletins were reviewed.

Fourth, IPRO evaluated Louisiana Medicaid's strategies and interventions to promote quality improvement by reviewing MCO performance improvement project (PIP) reports, MCO withhold of capitation payments to increase the use of value-based payment (VBP) and improve health outcomes, and the *Louisiana Health Information Technology Roadmap*. Other LDH department-wide quality initiatives, such as Taking Aim at Cancer in Louisiana, Louisiana Perinatal Quality Collaborative, Opioid Strategy and Hepatitis C Elimination Strategy were also reviewed.

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

XIII. Appendix C

UHC Not Met Compliance Review Elements

CFR	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments	Final Recommendations
Coordination and Continuity of Care	6.36.9.1.5	Develop capacity for enhanced rates or incentives to behavioral health clinics to employ a primary care provider (physician, physician's assistant, nurse practitioner, or nurse) part- or full-time in a psychiatric specialty setting to monitor the physical health of patients.	Not Met	<p>This requirement is not addressed in any policy or procedure. During the review, UHC acknowledged that this is a requirement to develop and needs additional work.</p> <p><u>Recommendation</u> UHC should address this requirement in a policy and a process.</p>	Plan agrees with recommendation. We will address with a policy and a process.	