LOUISIANA DEPARTMENT OF HEALTH

State Fiscal Year July 1, 2023–June 30, 2024

External Quality Review Technical Report

for
Humana Healthy Horizons

February 2025

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

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Introduction

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states that contract with managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), and prepaid inpatient health plans (PIHPs) (collectively referred to as "managed care entities [MCEs]" in this report) for administering Medicaid and Children's Health Insurance Program (CHIP) programs to contract with a qualified external quality review organization (EQRO) to provide an independent external quality review (EQR) of the quality, timeliness, and accessibility of services provided by the contracted MCEs. Revisions to the regulations originally articulated in the BBA were released in the May 2016 Medicaid and CHIP Managed Care Regulations,[1-1] with further revisions released in November 2020.[1-2] The final rule is provided in Title 42 of the Code of Federal Regulations (42 CFR) Part 438 and cross-referenced in the CHIP regulations at 42 CFR Part 457. To comply with 42 CFR §438.358, the Louisiana Department of Health (LDH) has contracted with Health Services Advisory Group, Inc. (HSAG), a qualified EQRO.

The Louisiana Medicaid Managed Care Program

The day-to-day operations of the Louisiana Medicaid managed care program are the responsibility of the Bureau of Health Services Financing within LDH, with oversight of specialized behavioral health services, 1115 Substance Use Demonstration Waiver, and the Coordinated System of Care Waiver provided by the Office of Behavioral Health (OBH). In addition, the Bureau of Health Services Financing receives support from other LDH "program offices"—Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and Office for Citizens with Developmental Disabilities (OCDD). Louisiana Medicaid managed care provides services to over 1.8 million Louisianans, which is approximately 39 percent of the State's population.

The current MCE contracts are full-risk capitated Louisiana Medicaid managed care contracts. Under the authority of a 1915(b) waiver from the Centers for Medicare & Medicaid Services (CMS), LDH contracts with six Healthy Louisiana MCOs to provide physical and behavioral health care and two dental PAHPs to provide dental services for Louisiana's Medicaid and CHIP members. Additionally, under the authority of a 1915(b)/1915(c) waiver from CMS, OBH contracts with a single behavioral

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[1-1] Centers for Medicare & Medicaid Services. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability, May 6, 2016. Available at: https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered. Accessed on: Dec 16, 2024.

[1-2] Centers for Medicare & Medicaid Services. Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care, November 13, 2020. Available at: https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program-chip-managed-care. Accessed on: Dec 16, 2024.

health PIHP, Coordinated System of Care (CSoC), to help children with behavioral health challenges who are at risk for out-of-home placement. The MCEs contracted during state fiscal year (SFY) 2024 (July 1, 2023–June 30, 2024) are displayed in Table 1-1. Of note, no MCEs are exempt from EQR.

Table 1-1—Louisiana's Medicaid MCEs

MCE Name	Plan Type	Services Provided	Service Region	Acronym or Abbreviated Reference
Aetna Better Health	MCO	Behavioral and physical health	Statewide	ABH
AmeriHealth Caritas Louisiana	MCO	Behavioral and physical health	Statewide	ACLA
Healthy Blue	MCO	Behavioral and physical health	Statewide	HBL
Humana Healthy Horizons	MCO	Behavioral and physical health	Statewide	HUM
Louisiana Healthcare Connections	MCO	Behavioral and physical health	Statewide	LHCC
UnitedHealthcare Community	MCO	Behavioral and physical health	Statewide	UHC
DentaQuest USA Insurance Company (DentaQuest)	PAHP	Dental	Statewide	DQ
Managed Care North America	PAHP	Dental	Statewide	MCNA
Magellan of Louisiana	PIHP	Behavioral health services for children and youth with significant behavioral health challenges	Statewide	Magellan

Scope of External Quality Review

As set forth in 42 CFR §438.358, HSAG conducted all EQR-related activities in compliance with the CMS EQR Protocols released in February 2023.[1-3] For the SFY 2024 assessment, HSAG used findings from the mandatory and optional EQR activities to derive conclusions and make recommendations about the quality, timeliness, and accessibility of healthcare services provided by each MCE. Table 1-2 depicts the EQR activities conducted for each plan type.

Table 1-2—EQR Activities Conducted for Each Plan Type

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
Performance Improvement Project (PIP) Validation	This activity verifies whether a PIP conducted by an MCE used sound methodology in its design, implementation, analysis, and reporting, and whether the PIP demonstrated significant improvement in performance.	Protocol 1. Validation of Performance Improvement Projects	✓	✓	✓
Performance Evaluation and Improvement	This activity assesses whether the performance measures calculated by an MCE are accurate based on the measure specifications and State reporting requirements.	Protocol 2. Validation of Performance Measures	✓	✓	✓
Compliance Reviews (CRs)	This activity determines the extent to which a Medicaid and CHIP MCE is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations	✓	✓	✓
Network Adequacy and Availability Validation (NAV)	The audit activity assesses the accuracy of the state-defined network adequacy indicators reported by the MCEs; evaluates the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used; and determines the overall phases of design, data collection, analysis, and interpretation of the network	Protocol 4. Validation of Network Adequacy	✓	✓	✓

[1-3]   Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 16, 2024.

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
	adequacy indicators, as set forth by the State. Additionally, this activity evaluates the accuracy of provider directory information submitted by the MCOs and determines appointment availability information by conducting telephone surveys among a sample of providers.				
Consumer Surveys: CAHPS-A and CAHPS-C	This activity reports the results of each MCO's CAHPS survey to HSAG for inclusion in this report.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓		
Behavioral Health Member Satisfaction Survey	This activity assesses adult members with a behavioral or mental health diagnosis and child members with a mental health diagnosis who have received behavioral health services and are enrolled in an MCO.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓		
Health Disparities Focus Study	This activity uses data collected from the five MCOs to identify health disparities based on race, ethnicity, and geography, where applicable, at the statewide and MCO levels.	Protocol 9. Conducting Focus Studies of Health Care Quality	✓		
Case Management Performance Evaluation (CMPE)	This activity evaluates case management services to determine the number of individuals, the types of conditions, and the impact that CM services have on members receiving those services.	Protocol 9. Conducting Focus Studies of Health Care Quality	✓		
Quality Rating System (QRS)	This activity evaluates and applies a rating to measure the quality of care and performance of the MCOs to provide information to help eligible members choose an MCO.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP MCOs, PIHPs, and PAHPs	✓		

Report Purpose

To comply with federal healthcare regulations at 42 CFR Part 438, LDH contracts with HSAG to annually provide to CMS an assessment of the performance of the State's Medicaid and CHIP MCEs, as required at 42 CFR §438.364. This annual EQR technical report includes results of all EQR-related activities that the EQRO conducted with Louisiana Medicaid MCEs throughout SFY 2024. This EQR technical report is intended to help the Louisiana Medicaid managed care program:

- Identify areas for quality improvement (QI).
- Ensure alignment among an MCE's Quality Assessment and Performance Improvement (QAPI) requirements, the State's quality strategy, and the annual EQR activities.
- Purchase high-value care.
- Achieve a higher performance healthcare delivery system for Medicaid and CHIP beneficiaries.
- Improve the State's ability to oversee and manage the MCEs with which it contracts for services.
- Help the MCEs improve their performance with respect to the quality, timeliness, and accessibility of care.

Definitions

HSAG used the following definitions to evaluate and draw conclusions about the performance of each Louisiana Medicaid MCE in each of the domains of quality, timeliness, and access.

Quality	Timeliness	Access
as it pertains to the EQR, means the degree to which an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics; the provision of services that are consistent with current professional, evidence-based knowledge; and interventions for performance improvement.[1]	as it pertains to EQR, is described by NCQA to meet the following criteria: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[2] It further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).	as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services). Under §438.206, availability of services means that each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner.[1]

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.
[2] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs.*

Methodologies

Requirement 42 CFR §438.364(a)(1) describes the manner in which (1) the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and (2) conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by each MCO.

Aggregating and Analyzing Statewide Data

HSAG follows a four-step process to aggregate and analyze data collected from all EQR activities and draw conclusions about the quality, timeliness, and accessibility of care furnished by each MCO, as well as the program overall. To produce Healthy Louisiana's MCO aggregate SFY 2024 EQR technical report, HSAG performed the following steps to analyze the data obtained and draw statewide conclusions about the quality, timeliness, and accessibility of care and services provided by the MCOs:

Step 1: HSAG analyzed the quantitative results obtained from each EQR activity for each MCO to identify strengths and opportunities for improvement in each domain of quality, timeliness, and access to services furnished by the MCO for the EQR activity.

Step 2: From the information collected, HSAG identified common themes and the salient patterns that emerged across EQR activities for each domain and drew conclusions about overall quality, timeliness, and access to care and services furnished by the MCO.

Step 3: From the information collected, HSAG identified common themes and the salient patterns that emerged across all EQR activities related to strengths and opportunities for improvement in one or more of the domains of quality, timeliness, and access to care and services furnished by the MCO.

Step 4: HSAG identified any patterns and commonalities that exist across the program to draw conclusions about the quality, timeliness, and accessibility of care for the program.

Louisiana's Medicaid Managed Care Quality Strategy

In accordance with 42 CFR §438.340, LDH implemented a written quality strategy for assessing and improving the quality of healthcare and services furnished by the (MCEs to Louisiana Medicaid members under the Louisiana Medicaid managed care program. Louisiana's Medicaid Managed Care Quality Strategy (quality strategy) dated September 2023 is guided by the Triple Aim of the National Quality Strategy.

LDH's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for citizens of the state of Louisiana. The Medicaid managed care program in Louisiana is responsible for providing high-quality, innovative, and cost-effective healthcare to Medicaid members.

Goals and Objectives

The quality strategy identified goals and objectives that focus on process as well as achieving outcomes. The goals and supporting objectives are measurable and take into consideration the health status of all populations served by the Louisiana Medicaid managed care program.

The quality strategy identifies the following three aims and eight associated goals:

Better Care: Make healthcare more person-centered, coordinated, and accessible so it occurs at the "Right care, right time, right place."

Goal 1: Ensure access to care to meet enrollee needs

Goal 2: Improve coordination and transitions of care

Goal 3: Facilitate patient-centered, whole-person care

Healthier People, Healthier Communities: Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.

Goal 4: Promote wellness and prevention

Goal 5: Improve chronic disease management and control

Goal 6: Partner with communities to improve population health and address health disparities

Smarter Spending: Demonstrate good stewardship of public resources by ensuring high-value, efficient care.

Goal 7: Pay for value and incentivize innovation

Goal 8: Minimize wasteful spending

Quality Strategy Evaluation[1-4]

Strengths

Overall, the quality strategy serves to effectively measure and improve the quality of Louisiana's Medicaid managed care services. LDH's initiatives tie to the quality strategy aims, goals, and objectives. The quality strategy also promotes identification and implementation of initiatives to monitor, assess, and improve access to care, quality of care, and timeliness of service delivery for Louisiana Medicaid

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[1-4] Health Services Advisory Group, Inc. Louisiana Department of Health. Medicaid Managed Care Quality Strategy Evaluation, Review Period: March 20, 2022–March 19, 2023, July 2023. Louisiana Department of Health. Available at: https://ldh.la.gov/assets/docs/MQI/Strategy/MQIStrategyEvaluation.pdf. Accessed on: Dec 16, 2024.

members. LDH plans to incorporate goals from the National Quality Strategy in the quality strategy in the future. LDH oversees the MCEs in coordination with the quality strategy to promote accountability and transparency for improving health outcomes. LDH has an MCO contract requirement that the MCO should be committed to QI. Each MCO is required to be NCQA accredited and to conduct HEDIS performance measure reporting. LDH plans to also include the requirement for a commitment to QI in the PAHP contract.

Recommendations

- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends LDH identify a measure to align with the following objectives:
  - Ensure appropriate hospice onboarding and transitioning from palliative care to hospice.
  - Promote early initiation of palliative care to improve quality of life.
  - Promote health development and wellness in children and adolescents.
  - Advance specific interventions to address social determinants of health.
  - Advance value-based payment arrangements and innovation.
  - Ensure members who are improving or stabilized in hospice are considered for discharge.
- To target improvement in Goal 3, "Facilitate patient-centered, whole-person care," HSAG recommends LDH include performance measures for the PAHPs and PIHP in the quality strategy.
- To target improvement in Goal 3, "Facilitate patient-centered, whole-person care," HSAG recommends LDH continue to implement a PIP collaboration process for the PAHPs to collaborate on current and future PIPs.
- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends that LDH continue to work with the MCEs during PIP and Medicaid Advisory Committee (MAC) meetings to discuss best practices for performance measures. During these discussions, LDH could focus on specific performance measures in the quality strategy that have not met improvement objectives and target objectives.
- To improve MCO performance in Goal 6, "Partner with communities to improve population health and address health disparities," HSAG recommends that LDH dedicate time in established meetings with the MCOs to discuss their health equity plans and the progress being made through quality interventions to reduce health disparities.
- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends that LDH update performance measures in the quality strategy to align with the requirements in the Performance Measure Submission Guide for the MCOs.
- To target improvement in Goal 1, "Ensure access to care to meet enrollee needs," HSAG recommends LDH assess MCO failure to provide non-emergency medical transportation (NEMT) and have the MCOs implement interventions to improve provision of NEMT and ensure it is timely and accessible.
- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends LDH assess areas of noncompliance that resulted in an MCO receiving a notice of

monetary penalty. This assessment should identify root causes for noncompliance and then work to identify appropriate interventions to eliminate noncompliance and improve performance.

- HSAG recommends that LDH report rates for the following measures :
  - Enrollment by Product Line
  - Language Diversity of Membership
- Race/Ethnicity Diversity of Membership

Actions on External Quality Review Recommendations

The EQRO identified the following recommendations for the quality strategy during SFY 2022–2023. These recommendations included how LDH could target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and accessibility of healthcare services furnished to Medicaid managed care members. Table 1-3 includes the recommendations that the EQRO made to LDH to support program improvement and progress in meeting the goals of the quality strategy. The State's responses regarding implemented improvement activities were edited for grammatical and stylistic changes only.

Table 1-3—SFY 2022–2023 EQRO Recommendations and LDH Actions

SFY 2022–2023 EQRO Recommendations	LDH Actions
HSAG recommended LDH consider a change in metric benchmarks so the MCEs can strive toward a consistent performance level. HSAG recommended LDH remove the target objectives and improvement objectives and establish benchmarks for all MCEs that align with nationally recognized quality measures (e.g., NCQA Quality Compass,[1-5] CMS Adult and Child Core Sets) or the State's performance published in the CMS Annual State Measure Trends Snapshot, Chart Packs for the Child Core Set and Adult Core Set, or the State Profile pages on Medicaid.gov.	LDH declined to change the target objectives and improvement objectives.
HSAG recommended LDH consider using the measurement year (MY) 2023 reported rates in the 2024 quality strategy evaluation, which could include MY 2021 through MY 2023 results in order to include the most current data for evaluation.	LDH agreed to use the MY 2023 reported rates in the 2024 quality strategy evaluation.
HSAG recommended LDH remove the duplicate objective, promote healthy development and wellness in children and adolescents.	LDH updated the quality strategy to remove this duplicate objective.
HSAG recommended LDH consider adding the objectives, improve overall health and promote reproductive health objectives, to the quality strategy.	LDH updated the quality strategy to include these two objectives.
HSAG recommended LDH continue to collaborate with the MCOs to support adequate QI capacity, skills, and resources to support current	LDH will continue to meet and collaborate with the MCOs related to

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[1-5] Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

SFY 2022–2023 EQRO Recommendations	LDH Actions
and future PIPs. HSAG recommended LDH continue to meet regularly with the MCOs and share best practices for identifying QI goals, objectives, and interventions. Furthermore, LDH could consider incorporating a similar mechanism for the PAHPs to collaborate on current and future PIPs. HSAG also recommended LDH consider hosting a forum in which the MCEs could discuss programwide solutions to overcome barriers. These QI activities provide opportunities to improve population health by implementing best practices and addressing barriers and challenges.	PIPs. LDH agreed with the EQRO's recommendation to incorporate a similar PIP collaboration process for the PAHPs, and the process is currently being developed. Lastly, LDH considers the monthly PIP meetings to be an avenue for discussing programwide solutions to overcome barriers.
HSAG recommended LDH identify expectations for improvement targets over a three-year period. Current target improvements compare to the previous measurement year and do not consider the baseline measurement year.	LDH declined to change the improvement targets' time period.
HSAG recommended the MCEs consider whether there are disparities within their populations that contributed to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. HSAG recommended the MCEs target QI interventions to reduce the identified disparities.	The MCOs document this process in their annual health equity plans.
HSAG recommended LDH consider working with the MCEs to share performance measure best practices and identify interdependencies across measures.	LDH currently works with the MCEs collaboratively during monthly and quarterly PIP meetings as well as quarterly MAC meetings. The MAC consists of MCE chief medical officers (CMOs). Best practices are discussed frequently. In addition, LDH meets with the MCO chief executive officers(CEOs) and other support staff during quarterly business reviews to discuss recommendations and best practices.
HSAG recommended LDH consider a contract statement for all MCEs that the MCEs' quality initiatives must be designed to help achieve the goals outlined in the quality strategy. Currently only the MCOs have this contract requirement.	LDH plans to add a similar statement to the dental contract. Quality is being revamped and expanded for dental. LA Medicaid will also work with OBH to incorporate in the Coordinated System of Care (CSOC) contracts.
HSAG recommended LDH consider removing Aim statements from the quality strategy. CMS defines "quality strategy goals" as SMART (specific, measurable, attainable, relevant, and time-bound), high-level managed care performance aims that provide direction for the State. CMS defines "quality strategy (SMART) objectives" as measurable steps toward meeting the State's goals that typically include quality measures.	LDH plans to move to incorporate the CMS National Quality Strategy to encompass the four National Quality Strategy priority areas.

Overview of External Quality Review Findings

This annual EQR technical report includes results of all EQR-related activities for Humana Healthy Horizons (HUM) conducted with Louisiana Medicaid managed care throughout SFY 2024.

Validation of Performance Improvement Projects

With the start of HSAG's EQRO contract with LDH in March 2023, HSAG initiated PIP validation training and technical assistance activities to assist LDH, HUM, and other MCOs in transitioning to HSAG's PIP validation process and methodology. HUM actively worked on PIPs throughout SFY 2024, and PIP validation activities were initiated. LDH required HUM to conduct PIPs on the following state-mandated topics during SFY 2024:

- *Behavioral Health Transitions of Care*
- *Ensuring Access to the COVID-19 [coronavirus disease 2019] Vaccine Among Healthy Louisiana Enrollees*
- *Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years*
- *Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees*
- *Screening for HIV [human immunodeficiency virus] Infection*
- *Addressing Congenital Syphilis Through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees*

At the time this report was drafted, HSAG's first validation cycle of HUM's *Addressing Congenital Syphilis Through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees* PIP was in progress and is scheduled to be completed in SFY 2025; therefore, final validation findings, including assessment of indicator results, interventions, strengths and opportunities, and recommendations for this PIP will be reported in next year's annual EQR technical report.

Validation of Performance Measures

HSAG's validation of HUM's performance measures confirmed compliance with the standards of 42 CFR §438.330(a)(1). The results of the validation activity determined that HUM was compliant with the standards of 42 CFR §438.330(c)(2).

Information Systems Capabilities Assessment

Based on a review of the final audit reports (FARs) issued by HUM's certified HEDIS compliance auditor, HSAG found that HUM fully met the standard for all seven of the applicable NCQA HEDIS information systems (IS) standards.

HEDIS—Quality, Timeliness, and Access

HSAG's analysis was based on comparison of HEDIS measures/measure indicators to the MY 2023 NCQA national 50th percentile, which served as the benchmark. A total of 47 measures, comprising 290 measure indicators, were selected for analysis. Of the 290 measure indicators, 12 were not reported in Quality Compass and were therefore excluded from comparisons to NCQA national 50th percentile benchmarks.

Of the 278 HEDIS measures/measure indicators with an associated benchmark, HUM had 133 indicators that performed greater than the NCQA national 50th percentile benchmark, 132 indicators that performed lower than the NCQA national 50th percentile benchmark, and 13 indicators that were not compared to the NCQA national 50th percentile benchmark because the reported rates were *Not Applicable (NA)* (i.e., small denominator), *NB* (i.e., no benefit), or *NR* (i.e., not required). Detailed results are shown in Section 3—Validation of Performance Measures.

Assessment of Compliance With Medicaid Managed Care Regulations

HUM was a new MCO to Louisiana Medicaid as of January 1, 2023; therefore, HUM was not included in the CR since the review period covered calendar year (CY) 2021 and CY 2022, and corrective action plan (CAP) review for CY 2023.

HSAG will conduct a comprehensive CR during 2025 to determine the extent to which the MCOs are in compliance with federal standards during the review period CY 2024.

Validation of Network Adequacy

Provider Directory Validation

HSAG's provider directory validation (PDV) indicated that, overall, the provider information maintained and provided by HUM was poor, which impacted access to care due to the inability of members to find a provider that delivered the requested services. Table 1-4 provides a summary of the findings from the study.

Table 1-4—Summary of PDV Findings

Concerns	Findings
Acceptance of the MCO was low.	Overall, 58.1 percent of providers accepted the requested MCO.
Acceptance of Louisiana Medicaid was low	Overall, 58.5 percent of providers accepted Louisiana Medicaid.
Overall acceptance of new patients was low.	Overall, 73.3 percent of providers accepted new patients; however, only providers listed as accepting new patients in the online provider directory were selected for the PDV reviews.

Concerns	Findings
Provider's specialty in the provider directory was incorrect.	Overall, 76.0 percent of providers confirmed the specialty listed in the online provider directory was accurate.
Affiliation with the sampled provider was low.	Overall, 82.5 percent of the locations confirmed affiliation with the sampled provider.
Address information was incorrect.	Overall, 84.5 percent of respondents reported that HUM's provider directory reflected the correct address.

While the overall PDV response rate was relatively high at 89.2 percent, once contacted, the offices reported varying degrees of match rates for the online provider directory information. Accuracy of HUM acceptance, Louisiana Medicaid acceptance, and new patient acceptance exhibited the lowest match rates, with all indicators exhibiting a match rate below 85.0 percent.

Figure 1-1 presents the summary results for all sampled HUM providers.

Figure 1-1—Summary Results for All Sampled HUM Providers
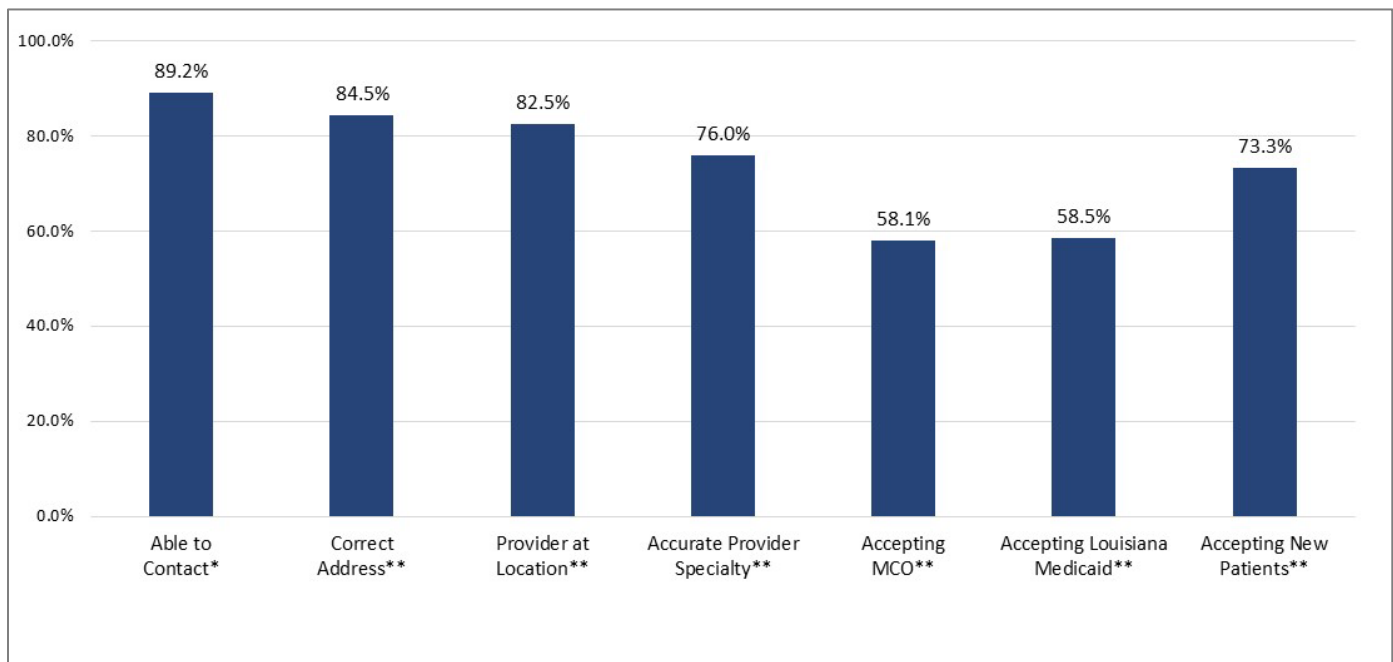
*The denominator includes all sampled providers.
 **The denominator includes cases reached.

HUM's weighted PDV compliance scores by specialty type ranged from 31.0 percent (behavioral health) to 53.7 percent (pediatrics).

Provider Access Survey

HSAG's provider access survey indicated that, overall, the provider information maintained and provided by the plans was poor. Table 1-5 provides a summary of the findings from the study.

Table 1-5—Summary of Provider Access Survey Findings

Concerns	Findings
Affiliation with the sampled provider was low.	Overall, 48.3 percent of the locations confirmed affiliation with the sampled provider.
Acceptance of new patients was low.	Overall, 51.7 percent of providers accepted new patients; however, only providers listed as accepting new patients in the provider data were selected for the survey sample.
Acceptance of Louisiana Medicaid was low.	Overall, 58.3 percent of providers accepted Louisiana Medicaid.
Acceptance of the MCO was low.	Overall, 65.6 percent of providers accepted the requested MCO.
Provider's specialty in the provider data was inaccurate.	Overall, 80.8 percent of providers confirmed the specialty listed in the provider data was accurate.
Address information was inaccurate.	Overall, 85.4 percent of locations confirmed the address listed in the provider data was accurate.

Table 1-6 presents the provider access survey call outcomes.

Table 1-6—Provider Access Survey Call Outcomes

Specialty	Able to Contact[1]	Correct Address[2]	Offering Services[2]	Accepting MCO[2]	Accepting Medicaid[2]	Accepting New Patients[2]	Confirmed Provider[2]
Total	**81.2%**	**85.4%**	**80.8%**	**65.6%**	**58.3%**	**51.7%**	**48.3%**
Primary Care	85.0%	92.2%	88.2%	68.6%	54.9%	45.1%	41.2%
Pediatrics	92.5%	94.6%	94.6%	89.2%	83.8%	75.7%	75.7%
Obstetricians/ Gynecologists (OB/GYNs)	80.0%	75.0%	68.8%	56.3%	56.3%	50.0%	43.8%
Endocrinologists	81.8%	66.7%	55.6%	44.4%	33.3%	33.3%	33.3%
Dermatologists	80.0%	83.3%	83.3%	58.3%	50.0%	50.0%	50.0%
Neurologists	55.0%	72.7%	54.5%	18.2%	18.2%	18.2%	18.2%
Orthopedic Surgeons	75.0%	73.3%	66.7%	60.0%	60.0%	53.3%	40.0%

[1] The denominator includes all sampled providers.
[2] The denominator includes cases reached.

HUM's weighted provider access survey compliance scores by specialty type ranged from 21.7 percent (neurologists) to 71.7 percent (pediatrics). HUM's after-hours weighted provider access survey compliance scores by specialty type ranged from 6.7 percent (neurologists) to 83.3 percent (pediatrics).

NAV Audit

HSAG identified no network adequacy indicators in scope of review received a *No Confidence* or *Low Confidence* validation rating determination.

Table 1-7 contains the provider types, at the statewide level, by urbanicity, for which the 100 percent threshold for 100 percent of members to have access has been achieved.

Table 1-7—HUM Distance Requirements Met by 100 Percent of Members With Access by Provider Type and Urbanicity

Provider Type	Urbanicity
Adult Primary Care Provider (PCP) (Family/General Practice; Internal Medicine and Physician Extenders)	Rural
Pediatrics (Family/General Practice; Internal Medicine and Physician Extenders)	Rural
Pharmacy	Rural
Cardiology	Rural
Gastroenterology	Rural
Nephrology	Rural
Ophthalmology	Rural
Orthopedics (Adult)	Rural
Otorhinolaryngology/Otolaryngology	Rural
Physicians and Licensed Mental Health Professionals (LMHPs) who specialize in pregnancy-related and postpartum depression or related mental health disorders	Rural
Physicians and LMHPs who specialize in pregnancy-related and postpartum substance use disorders	Rural

HSAG assessed HUM's results for statewide provider-to-member ratios by provider type and determined that HUM's statewide results met or exceeded LDH-established requirements.

HSAG assessed HUM's results for behavioral health providers to determine the accessibility and availability of appointments and determined that HUM met one of three LDH-established performance goals for three reported appointment access standards as displayed in Table 1-8.

Table 1-8—HUM Appointment Access Standards Compliance Rate for Behavioral Health

Type of Visit	Access/Timeliness Standard	Performance Goal	Compliance Rate
Emergency Care	24 hours, 7 days/week within 1 hour of request	90%	29.8%
Urgent Non-Emergency Behavioral Health Care	48 hours (2 calendar days)	90%	53.1%
Non-Urgent Routine Behavioral Health Care	14 calendar days	70%	76.4%

Consumer Surveys: CAHPS-A and CAHPS-C

HSAG compared HUM's 2024 achievement scores to the 2024 NCQA national averages to determine whether there were statistically significant differences. Comparisons to the 2023 scores could not be performed since this was the first year that HUM administered the CAHPS Health Plan Survey. Overall, HUM's 2024 adult and general child population scores were not statistically significantly different than the 2024 NCQA national averages on any of the measures. Several measures had less than 100 respondents. HUM should focus on increasing response rates to the CAHPS Health Plan Survey for its adult and general child populations.

Behavioral Health Member Satisfaction Survey

HSAG compared HUM's 2024 achievement scores to the 2024 Healthy Louisiana statewide average (SWA) to determine whether there were statistically significant differences. Comparisons to the 2023 achievement scores could not be performed since this was the first year that HUM administered the behavioral health member satisfaction survey. Overall, HUM's 2024 adult and child scores were not statistically significantly different than the 2024 Healthy Louisiana SWA on any of the measures. Several measures had less than 100 respondents. HUM should focus on increasing response rates to the behavioral health member satisfaction survey for its adult and child populations.

Health Disparities Focus Study

For the 2023 Annual Health Disparities Focus Study, HSAG used MCO-provided CY 2022 stratified HEDIS and non-HEDIS indicator rates and CAHPS data files to identify disparities based on race, ethnicity, and geography, where applicable. However, given that HUM did not start until January 1, 2023, this MCO was not included in this study. HUM will be included in future health disparities focus studies.

Case Management Performance Evaluation

During SFY 2024, HSAG conducted two CMPE reviews. HSAG evaluated the MCOs' compliance with the case management provisions of their contracts with LDH, including the rates of engagement in case management; the specific services offered to enrollees receiving case management; and the effectiveness of case management in terms of increasing the quality of care, increasing the receipt of necessary services, and reducing the receipt of potentially unnecessary services such as acute care.

The reviews identified successes and opportunities for improvement, which were used by LDH to inform guidance and develop CAPs to address performance. The following strengths were identified for HUM:

- The results of both reviews demonstrated that no findings resulted in concerns regarding an enrollee's health, safety, or welfare.
- The results of both reviews demonstrated that the health plan was successful in completing activities during initial engagement with the enrollee, including initial assessments and care plans, and multidisciplinary care team (MCT) development.

HUM demonstrated opportunity for improvement with elements related to ongoing scheduled case management activities. Specific findings and recommended actions were provided to HUM through HSAG's CAP process. HUM successfully completed remediation actions to address the CAP findings, and the CAP was closed in October 2024.

Quality Rating System

Figure 1-2 displays the 2024 Health Plan Report Card, which presents the 2024 rating results for each MCO. The 2024 Health Plan Report Card shows that, for the Overall Rating, HUM was not included in the analysis as the MCO did not start providing coverage until MY 2023. HUM will be included in future health plan report cards.

Figure 1-2—2024 Health Plan Report Card

Issued 08/2024

Healthy Louisiana

2024 HEALTH PLAN REPORT CARD

The ratings below compare the performance of Louisiana's Medicaid health plans. This report card shows the results of care in the areas of Consumer Satisfaction, Prevention and Equity, and Treatment, and can aid you and your family when deciding on a health plan.

PERFORMANCE KEY	Lowest ★	Low ★★	Average ★★★	High ★★★★	Highest ★★★★★	Insufficient Data —

	Aetna Better Health	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	UnitedHealthcare Community Plan
Overall Rating*	★★★½	★★★½	★★★½	**New	★★★½	★★★½
CONSUMER SATISFACTION						
Overall Consumer Satisfaction	★★★½	★★★½	★★★★	**New	★★★★	★★★★★
Getting care: How easily and quickly did members get appointments, preventive care, tests, and treatments?	★★★★½	★★½	★★★½	**New	★★★½	—
Satisfaction with plan physicians: How happy are members with their primary care doctors?	★★★½	★★★½	★★★★½	**New	★★★★★	★★★★★
Satisfaction with plan services: How happy are members with their health plan and their overall care?	★★½	★★★½	★★★★½	**New	★★★★	★★★★★
PREVENTION AND EQUITY						
Overall Prevention and Equity	★★½	★★★	★★★	**New	★★½	★★★
Children/adolescent well-care: Do children and adolescents receive vaccines and weight assessments?	★★	★★½	★★½	**New	★★	★★½
Women's reproductive health: Do women receive care before and after their babies are born?	★★½	★★	★★★	**New	★★½	★★★½

Continued on next page…

Figure 1-2—2024 Health Plan Report Card (cont.)

	Aetna Better Health	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	UnitedHealthcare Community Plan
Cancer screening: Do female members receive cervical cancer screenings?	★★	★★★	★★	**New	★★★	★★★
Equity: Do health plans collect race and ethnicity information from their members?	★★★★★	★★★★★	★★★★★	**New	NC	★★★★★
Other preventive services: Do members receive important preventive services?	★★★½	★★★★	★★★★	**New	★★★½	★★★
TREATMENT						
Overall Treatment	★★★	★★★	★★★	**New	★★★	★★★
Respiratory: Do people with respiratory issues get the services/treatments they need?	★★★½	★★★	★★★½	**New	★★★	★½
Diabetes: Do people with diabetes get the services/ treatments they need?	★★★½	★★★½	★★★★	**New	★★★★	★★★★½
Heart disease: Do people with heart disease get the services/ treatments they need?	★★★½	★★★	★★½	**New	★★★½	★★★
Behavioral health—care coordination: Do people with behavioral health issues get the follow-up care they need?	★★½	★	★★½	**New	★	★★½
Behavioral health—medication adherence: Do people with behavioral health issues stay on prescribed medications?	★★★½	★★★½	★★★½	**New	★★★½	★★
Behavioral health—access, monitoring, and safety: Do people on behavioral health medications receive the services/ monitoring they need?	★★★★	★★★½	★★★★	**New	★★★	★★★★
Risk-adjusted utilization: Do members who are discharged from the hospital have unplanned readmissions within 30 days?	★★★	★★★	★★★	**New	★★★	★★★
Reduce low value care: Do members with low back pain receive unnecessary imaging tests?	★★	★★	★★	**New	★★	★★

*This rating includes all measures in the report card as well as an Accreditation bonus for those MCOs that are NCQA Accredited.

**Due to Humana Healthy Horizons being a new plan in 2023, data are not available yet. Humana Healthy Horizons will be included in future health plan report cards.

Insufficient Data indicates that the plan was missing the majority of data for the composite.

NC indicates that the plan received a rating of 0 for the measure in this composite.

This report card is reflective of data collected between January 2023 and December 2023.

The categories and measures included in this report card are based on the 2024 National Committee for Quality Assurance (NCQA) Health Plan Ratings and LDH required measures lists. When feasible, categories and measures were kept consistent with the prior year's health plan report card, but some measures and categories were removed due to data availability. Any analysis, interpretation, and conclusions based on the data is solely that of the author. Anyone desiring to use or reproduce the materials must obtain approval from LDH.

Results

SFY 2024 (review period) was the second year that HSAG was contracted as the EQRO for LDH. LDH required the MCOs, including HUM, to carry out PIPs to address five state-mandated topics that were validated during SFY 2024. LDH also required the MCOs to initiate a new PIP topic, *Addressing Congenital Syphilis Through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees*, in January 2024 to be validated during SFY 2025. Table 2-1 summarizes the PIP topics carried out by HUM in SFY 2024.

Table 2-1—SFY 2024 MCO PIP Topics and Targeted Age Groups

PIP Topic	Targeted Age Group
Behavioral Health Transitions of Care	• 6 years and older • 13 years and older
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	• 5–11 years • 12–15 years • 16 years and older
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	• 6 months–18 months • 19 months–2 years • 3–5 years
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	• 21–64 years
Screening for HIV Infection	• 13 years and older • 15–65 years
*Addressing Congenital Syphilis Through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees**	• *Not applicable*

*PIP to be validated during SFY 2025.

For each PIP topic, HUM collaborated on improvement strategies, meeting at least monthly with LDH and other MCOs, throughout the year. HUM also submitted updates on improvement strategies and interim indicator results for each PIP topic quarterly that were reviewed by HSAG and LDH. HSAG provided feedback and technical assistance on PIPs to LDH and HUM at group and one-on-one meetings throughout the contract year.

Table 2-2 summarizes key PIP validation milestones that occurred from July 2023 through June 2024, the end of SFY 2024.

Table 2-2—SFY 2024 MCO PIP Activities

PIP Activities and Milestones	Dates
Monthly collaborative PIP meeting with LDH, the MCOs, and HSAG	July 2023–June 2024
The MCOs submitted Quarter 2 2023 PIP updates	July 2023
HSAG provided initial PIP proposal validation findings to the MCOs	September 2023
The MCOs submitted Quarter 3 2023 PIP updates	October 2023
The MCOs submitted draft PIP reports, to HSAG for validation	January 2024
The MCOs submitted Quarter 1 2024 PIP updates	April 2024
HSAG provided draft PIP report validation findings to the MCOs	February 2024
The MCOs submitted final PIP reports to HSAG for validation	March 2024
HSAG provided final PIP validation reports to the MCOs	April 2024

In SFY 2025, HUM will submit draft PIP reports for initial validation in January 2025 and the final PIP reports for final validation in March 2025. HSAG will complete the second annual validation cycle in April 2025.

Validation Results and Confidence Ratings

Table 2-3 summarizes HUM's final PIP validation results and confidence ratings delivered by HSAG in April 2024.

Table 2-3—SFY 2024 PIP Validation Results for HUM

PIP Topic	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements Met[1]	Percentage Score of Critical Elements Met[2]	Confidence Level[3]	Percentage Score of Evaluation Elements Met[1]	Percentage Score of Critical Elements Met[2]	Confidence Level[3]
Behavioral Health Transitions of Care	100%	100%	*High Confidence*	*Not Assessed*		
Ensuring Access to the COVID-19 Vaccine	100%	100%	*High Confidence*	*Not Assessed*		

| PIP Topic | Validation Rating 1 | | | Validation Rating 2 | | |
| | Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP | | | Overall Confidence That the PIP Achieved Significant Improvement | | |
	Percentage Score of Evaluation Elements Met[1]	Percentage Score of Critical Elements Met[2]	Confidence Level[3]	Percentage Score of Evaluation Elements Met[1]	Percentage Score of Critical Elements Met[2]	Confidence Level[3]
Among Healthy Louisiana Enrollees						
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	*Not Assessed*		
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		

[1] **Percentage Score of Evaluation Elements *Met*—**The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

[2] **Percentage Score of Critical Elements *Met*—**The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[3] **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

Performance Indicator Results

Table 2-4 displays data for HUM's *Behavioral Health Transitions of Care* PIP. For HUM, CY 2023 was the baseline measurement period for this PIP topic because the MCO began operations for the Louisiana Medicaid Program on January 1, 2023.

Table 2-4—Performance Indicator Results for the *Behavioral Health Transitions of Care* PIP

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Remeasurement 1 (01/01/2024 to 12/31/2024)		Remeasurement 2 (01/01/2025 to 12/31/2025)		Sustained Improvement
Follow-Up After Hospitalization for Mental Illness (FUH)—Total, 7 Days	N: 183	12.91%					*Not Assessed*
	D: 1,417						
Follow-Up After Hospitalization for Mental Illness (FUH)—Total, 30 Days	N: 406	28.65%					*Not Assessed*
	D: 1,417						
Follow-Up After Emergency Department Visit for Mental Illness (FUM)—Total, 7 Days	N: 39	14.23%					*Not Assessed*
	D: 274						
Follow-Up After Emergency Department Visit for Mental Illness (FUM)—Total, 30 Days	N: 57	20.80%					*Not Assessed*
	D: 274						
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)—Total, 7 Days	N: 79	12.89%					*Not Assessed*
	D: 613						
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)—Total, 30 Days	N: 122	19.90%					*Not Assessed*
	D: 613						

N–Numerator   D–Denominator

Gray shaded cells represent future data that will be updated for Remeasurement 2.

Note: Performance indicator results for each measurement period are based on data reported by the MCO for the PIP validation reporting deadline, which is January 31 of the following calendar year. Performance indicator rates reported for PIP validation may differ from final rates calculated by the MCO for other purposes.

Table 2-5 displays data for HUM's *Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees* PIP. For HUM, CY 2023 was the baseline measurement period for this PIP topic because the MCO began operations for the Louisiana Medicaid Program on January 1, 2023.

Table 2-5—Performance Indicator Results for the *Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees* PIP

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Sustained Improvement
Receipt of COVID-19 vaccine, persons who received at least one vaccine dose	N: 32,865	36.85%	*Not Assessed*
	D: 89,181		
Receipt of COVID-19 vaccine, persons who received a complete vaccine course	N: 32,107	36.00%	*Not Assessed*
	D: 89,181		
Receipt of at least one dose of COVID-19 vaccine among White enrollees	N: 8,762	32.30%	*Not Assessed*
	D: 27,125		
Receipt of at least one dose of COVID-19 vaccine among Black enrollees	N: 14,191	43.29%	*Not Assessed*
	D: 32,780		
Receipt of at least one dose of COVID-19 vaccine among Hispanic/Latino enrollees	N: 3,459	35.52%	*Not Assessed*
	D: 9,737		
Receipt of at least one dose of COVID-19 vaccine among enrollees of other, missing, or unknown race/ethnicity	N: 6,453	33.03%	*Not Assessed*
	D: 19,539		
Receipt of a complete COVID-19 vaccine course among White enrollees	N: 8,600	31.71%	*Not Assessed*
	D: 27,125		
Receipt of a complete COVID-19 vaccine course among Black enrollees	N: 13,858	42.28%	*Not Assessed*
	D: 32,780		
Receipt of a complete COVID-19 vaccine course among Hispanic/Latino enrollees	N: 3,321	34.11%	*Not Assessed*
	D: 9,737		
Receipt of a complete COVID-19 vaccine course among enrollees of other, missing, or unknown race/ethnicity	N: 6,328	32.39%	*Not Assessed*
	D: 19,539		
Receipt of at least one COVID-19 vaccine, ages 12–15 years	N: 2,865	21.70%	*Not Assessed*
	D: 13,200		
Receipt of complete COVID-19 vaccine series, ages 12–15 years	N: 2,751	20.84%	*Not Assessed*
	D: 13,200		

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Sustained Improvement
Receipt of at least one COVID-19 vaccine, ages 5–11 years	N: 2,289	9.38%	*Not Assessed*
	D: 24,390		
Receipt of complete COVID-19 vaccine series, ages 5–11 years	N: 2,103	8.62%	*Not Assessed*
	D: 24,390		

N–Numerator   D–Denominator
Note: Performance indicator results for each measurement period are based on data reported by the MCO for the PIP validation reporting deadline, which is January 31 of the following calendar year. Performance indicator rates reported for PIP validation may differ from final rates calculated by the MCO for other purposes.

Table 2-6 displays data for HUM's *Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years* PIP. For HUM, CY 2023 was the baseline measurement period for this PIP topic because the MCO began operations for the Louisiana Medicaid Program on January 1, 2023.

Table 2-6—Performance Indicator Results for the *Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years* PIP

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Remeasurement 1 (01/01/2024 to 12/31/2024)		Remeasurement 2 (01/01/2025 to 12/31/2025)		Sustained Improvement
Fluoride varnish application by primary care provider (PCP) for children aged 6–18 months	N: 137	4.47%					*Not Assessed*
	D: 3,064						
Fluoride varnish application by PCP for children aged 19 months–2 years	N: 335	7.27%					*Not Assessed*
	D: 4,611						
Fluoride varnish application by PCP for children aged 3–5 years	N: 403	3.84%					*Not Assessed*
	D: 10,506						
Fluoride varnish application by PCP for all children aged 6 months–5 years	N: 875	4.81%					*Not Assessed*
	D: 18,181						

N–Numerator   D–Denominator
Gray shaded cells represent future data that will be updated for Remeasurement 2.
Note: Performance indicator results for each measurement period are based on data reported by the MCO for the PIP validation reporting deadline, which is January 31 of the following calendar year. Performance indicator rates reported for PIP validation may differ from final rates calculated by the MCO for other purposes.

Table 2-7 displays data for HUM's *Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees* PIP. For HUM, CY 2023 was the baseline measurement period for this PIP topic because the MCO began operations for the Louisiana Medicaid Program on January 1, 2023.

Table 2-7—Performance Indicator Results for the *Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees* PIP

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Remeasurement 1 (01/01/2024 to 12/31/2024)		Remeasurement 2 (01/01/2025 to 12/31/2025)		Sustained Improvement
The percentage of women aged 21–64 years who were screened for cervical cancer	N: 3,647	19.72%					*Not Assessed*
	D: 18,497						

N–Numerator   D–Denominator

Gray shaded cells represent future data that will be updated for Remeasurement 1 and Remeasurement 2.

Note: Performance indicator results for each measurement period are based on data reported by the MCO for the PIP validation reporting deadline, which is January 31 of the following calendar year. Performance indicator rates reported for PIP validation may differ from final rates calculated by the MCO for other purposes.

Table 2-8 displays data for HUM's *Screening for HIV Infection* PIP. For HUM, CY 2023 was the baseline measurement period for this PIP topic because the MCO began operations for the Louisiana Medicaid Program on January 1, 2023.

Table 2-8—Performance Indicator Results for the *Screening for HIV Infection* PIP

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Remeasurement 1 (01/01/2024 to 12/31/2024)		Remeasurement 2 (01/01/2025 to 12/31/2025)		Sustained Improvement
Persons screened for HIV during the measurement year among pregnant persons or persons with encounters for labor and delivery	N: 2,700	55.17%					*Not Assessed*
	D: 4,894						
Persons screened for HIV during the measurement year among persons with past or present (injection) drug use	N: 1,077	38.33%					*Not Assessed*
	D: 2,810						
Persons screened for HIV during the measurement year among persons with risk factors related to sexual mode of transmission	N: 2,408	59.12%					*Not Assessed*
	D: 4,073						

Performance Indicator	Baseline (01/01/2023 to 12/31/2023)		Remeasurement 1 (01/01/2024 to 12/31/2024)		Remeasurement 2 (01/01/2025 to 12/31/2025)		Sustained Improvement
Persons ever screened for HIV among all others aged 15 to 65 years without a diagnosis of HIV infection	N: 5,395	7.08%					*Not Assessed*
	D: 76,165						

N–Numerator   D–Denominator

Gray shaded cells represent future data that will be updated for Remeasurement 1 and Remeasurement 2.

Note: Performance indicator results for each measurement period are based on data reported by the MCO for the PIP validation reporting deadline, which is January 31 of the following calendar year. Performance indicator rates reported for PIP validation may differ from final rates calculated by the MCO for other purposes.

Interventions

Table 2-9 summarizes HUM's final CY 2023 barriers and interventions.

Table 2-9—Barriers and Interventions Reported by PIP Topic

PIP Topic	Barriers	Interventions
Behavioral Health Transitions of Care	• Case management team is only alerted on members that have a certain risk level • Lack of means to track scheduled visits	• Enhance hospital-to-MCO workflow for notification of hospital and emergency department (ED) admissions, discharges, and transfers.
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	• Lack of access to the COVID-19 vaccine • Challenges with reaching a large volume of eligible members via case management outreach alone	• COVID-19 vaccinations offered at all community events and referrals to pharmacies for vaccinations were offered to enrollees. • Incentivized enrollees for COVID-19 vaccination by promoting the Shots Per 100,000 program.
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	• Lack of enrollee knowledge on fluoride varnish education and access to screening	• Developed HUM-branded oral health/fluoride varnish application educational collateral to be distributed at community events. • Partnered with a community health organization that focuses on oral health to train HUM health workers to apply fluoride varnish. • Uploaded provider education links, including the Smiles for Life training, to the provider portal.

PIP Topic	Barriers	Interventions
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	• Lack of provider awareness of Centers for Disease Control and Prevention (CDC) screening guidelines and recommendations	• *Cervical Cancer Screening* text message campaign to outreach all eligible enrollees 21–64 years of age who were identified on the *Cervical Cancer Screening* care gap report. • Quarterly provider visits by Quality and Provider Relations teams to offer provider education on using Compass, a centralized reporting platform, to view enrollee care gaps as well as the process for gap closure through attestation or upload of medical records.
Screening for HIV Infection	• Lack of enrollee knowledge on importance of HIV screening and on resources for obtaining screening	• Developed HUM-branded educational material about the importance of HIV screening for distribution at relevant HUM-sponsored events. • Quality/Provider Relations representatives met with provider groups to provide education on HIV screening recommendations for each group of eligible enrollees.

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

• The MCO developed and carried out a methodologically sound design for all five PIPs that facilitated valid and reliable measurement of objective indicator performance over time. **[Quality]**
• The MCO conducted and reported accurate analyses and interpretation of performance indicator results for all five PIPs. **[Quality]**
• The MCO carried out interventions for all five PIPs that had the potential to address identified barriers and improve performance indicator results. **[Quality]**
• The MCO collected, analyzed, and reported intervention-specific effectiveness data to monitor the progress and impact of interventions throughout the most recent measurement period for all five PIPs. **[Quality]**

HUM received *Met* scores for 100 percent of applicable evaluation elements for all five PIPs validated in SFY 2024; therefore, HSAG did not identify any opportunities for improvement or recommendations.

Methodology

Objectives

The purpose of conducting PIPs is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical or nonclinical areas. This structured method of assessing and improving MCO processes was designed to have favorable effects on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine each MCO's compliance with requirements set forth in 42 CFR §438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in performance.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

The goal of HSAG's PIP validation is to ensure that LDH and key stakeholders can have confidence that any reported improvement is related and can be reasonably linked to the QI strategies and activities the MCO conducted during the PIP. HSAG's scoring methodology evaluated whether the MCO executed a methodologically sound PIP.

Technical Methods of Data Collection

HSAG, as the State's EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used the CMS EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 1).[2-1]

HSAG's evaluation of each PIP includes two key components of the QI process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MCO designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling techniques, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 16, 2024.

2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MCO improves indicator results through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

Description of Data Obtained

HSAG's methodology for PIP validation provided a consistent, structured process and a mechanism for providing the MCOs with specific feedback and recommendations. The MCOs used a standardized PIP Submission Form to document information on the PIP design, completed PIP activities, and performance indicator results. HSAG evaluated the documentation provided in the PIP Submission Form to conduct the annual validation.

How Data Were Aggregated and Analyzed

Using the PIP Validation Tool and standardized scoring, HSAG scored each PIP on a series of evaluation elements and scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable (NA)*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements needed to achieve a *Met* score. HSAG assigned each PIP an overall percentage score for all evaluation elements (including critical elements), calculated by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

In alignment with the CMS EQR Protocol 1, HSAG assigned two PIP validation ratings, summarizing overall PIP performance. One validation rating reflected HSAG's confidence that the MCO adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. HSAG based this validation rating on the scores for applicable evaluation elements in steps 1 through 8 of the PIP Validation Tool. The second validation rating was only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflected HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP Validation Tool. For each applicable validation rating, HSAG reported the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. **Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)**
   - *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.

- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
- *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. **Overall Confidence That the PIP Achieved Significant Improvement (Step 9)**

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: One of the three scenarios below occurred:
  – All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
  – All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
  – Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators or none of the performance indicators demonstrated improvement over the baseline.

HSAG analyzed the quantitative results obtained from the above PIP validation activities to identify strengths and opportunities for improvement in each domain of quality, timeliness, and accessibility of services furnished by each MCO. HSAG then identified common themes and the salient patterns that emerged across the MCOs related to PIP validation or performance on the PIPs conducted.

How Conclusions Were Drawn

PIPs that accurately addressed the CMS EQR Protocol 1 requirements were determined to have high validity and reliability. Validity refers to the extent to which the data collected for a PIP measured its intent. Reliability refers to the extent to which an individual could reproduce the project results. For each completed PIP, HSAG assessed threats to the validity and reliability of PIP findings and determined whether a PIP was credible.

To draw conclusions about the quality, timeliness, and accessibility of care and services provided by the MCOs, HSAG assigned each PIP topic to one or more of these three domains. While the focus of an MCO's PIP may have been to improve performance related to healthcare quality, timeliness, or accessibility, PIP validation activities were designed to evaluate the validity and quality of the MCO's process for conducting valid PIPs. Therefore, HSAG assigned all PIPs to the quality domain. In addition, all PIP topics were assigned to other domains as appropriate. This assignment to domains is shown in Table 2-10.

Table 2-10—Assignment of PIPs to the Quality, Timeliness, and Access Domains

PIP Topic	Quality	Timeliness	Access
Behavioral Health Transitions of Care	✓	✓	✓
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	✓	✓	✓
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	✓		✓
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	✓	✓	✓
Screening for HIV Infection	✓	✓	✓
Addressing Congenital Syphilis Through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees	✓	✓	✓

Results

Information Systems Standards Review

The MCO's independent certified HEDIS compliance 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.

Based on a review of the FARs issued by HUM's independent certified HEDIS compliance auditor, HSAG found that HUM fully met the standard for all four of the applicable NCQA IS standards. HUM's compliance with each of the IS standards is outlined in Table 3-1.

Table 3-1—HUM Compliance With IS Standards—MY 2023 Results

IS Standard	MY 2022*	MY 2023*
IS R—Data Management and Reporting (formerly IS 6.0, IS 7.0)	NA	Met
IS C—Clinical and Care Delivery Data (formerly IS 5.0)	NA	Met
IS M—Medical Record Review Processes (formerly IS 4.0)	NA	Met
IS A—Administrative Data (formerly IS 1.0, IS 2.0, IS 3.0)	NA	Met

*HUM's compliance with IS standards was not evaluated for MY 2022.

Performance Measures

In SFY 2024 (review period), LDH required each contracted MCO to collect and report on 47 HEDIS measures, which includes 290 total measure indicators for HEDIS MY 2023 specified in the provider agreement. The measurement set includes 11 incentive measures. Table 3-2 displays the 290 measure indicators required by LDH. **Red** cells indicate that the measure fell below the NCQA national 50th percentile, **green** cells indicate that the measure was at or above the NCQA national 50th percentile. Table 3-2 through Table 3-5 display a summary of HUM's HEDIS measure performance.

Table 3-2—HUM HEDIS Effectiveness of Care Performance Measures—MY 2022 and MY 2023 Comparison

HEDIS Measure	MY 2022	MY 2023	SWA
Follow-Up After Hospitalization for Mental Illness			
Within 7 Days of Discharge	—	15.12%	**20.67%**
Within 30 Days of Discharge[1]	—	32.48%	**39.62%**
Follow-Up After Emergency Department Visit for Mental Illness			
Within 7 Days of Discharge	—	15.15%	**22.26%**
Within 30 Days of Discharge[1]	—	22.35%	**36.83%**

HEDIS Measure	MY 2022	MY 2023	SWA
Follow-Up After Emergency Department Visit for Substance Use[B]			
Within 7 Days of Discharge	—	8.95%	**13.46%**
Within 30 Days of Discharge[1]	—	14.86%	**21.75%**
Plan All-Cause Readmissions*			
Observed Readmissions (Numerator/Denominator)	—	NA	**10.13%**
Expected Readmissions Rate	—	NA	**9.77%**
Observed-to-Expected (O/E) Ratio (Observed Readmissions/Expected Readmissions)	—	NA	**1.0368**
Depression Screening and Follow-Up for Adolescents and Adults			
Depression Screening (Total)	—	0.08%	**1.06%**
Follow-Up on Positive Screen (Total)	—	NA	**62.50%**
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	—	92.86%	**84.36%**
Diabetes Monitoring for People With Diabetes and Schizophrenia	—	70.69%	**72.29%**
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	—	NA	**81.53%**
Metabolic Monitoring for Children and Adolescents on Antipsychotics			
Blood Glucose Testing	—	NA	**54.92%**
Cholesterol Testing	—	NA	**28.09%**
Blood Glucose and Cholesterol Testing	—	NA	**27.21%**
Lead Screening in Children	—	43.59%	**66.40%**
Childhood Immunization Status			
Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	—	57.69%	**71.31%**
Polio Vaccine, Inactivated (IPV)	—	79.17%	**87.17%**
Measles, Mumps, and Rubella (MMR)	—	75.64%	**86.06%**
Haemophilus Influenzae Type B (HiB)	—	77.24%	**85.66%**
Hepatitis B	—	81.41%	**89.20%**
Varicella-Zoster Virus (VZV)	—	77.24%	**86.30%**
Pneumococcal Conjugate	—	58.65%	**70.65%**
Hepatitis A	—	77.56%	**83.82%**
Rotavirus	—	62.18%	**63.96%**
Influenza	—	14.74%	**21.26%**
Combination 3[1]	—	51.60%	**64.96%**
Combination 7	—	45.51%	**53.34%**
Combination 10	—	8.65%	**16.16%**

HEDIS Measure	MY 2022	MY 2023	SWA
Immunizations for Adolescents			
Meningococcal	—	81.31%	**85.85%**
Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)	—	81.31%	**86.29%**
Human Papillomavirus (HPV)	—	34.42%	**41.77%**
Combination 1	—	80.71%	**85.64%**
Combination 2[I]	—	34.12%	**41.53%**
Colorectal Cancer Screening[I]	—	67.18%	**43.44%**
Flu Vaccinations for Adults Ages 18 to 64	—	—	—
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents			
Body Mass Index (BMI) Percentile Documentation	—	77.37%	**80.09%**
Counseling for Nutrition	—	63.02%	**64.97%**
Counseling for Physical Activity	—	60.34%	**57.89%**
HIV Viral Load Suppression[B, I]	—	73.46%	**82.26%**
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)[*,I]	—	23.54%	**26.35%**
Chlamydia Screening in Women			
Total	—	66.75%	**65.84%**
Breast Cancer Screening	—	—	—
Controlling High Blood Pressure[I]	—	69.10%	**60.47%**
Statin Therapy for Patients With Cardiovascular Disease			
Received Statin Therapy—Total	—	83.02%	**82.74%**
Statin Adherence 80%—Total	—	67.42%	**66.40%**
Hemoglobin A1c (HbA1c) Control for Patients With Diabetes			
Poor HbA1c Control (>9.0%)[*,I]	—	27.25%	**29.55%**
HbA1c Control (<8.0%)	—	66.91%	**63.65%**
Eye Exam for Patients With Diabetes	—	54.74%	**55.06%**
Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)	—	71.78%	**65.25%**
Pharmacotherapy for Opioid Use Disorder	—	61.18%	**29.53%**
Initiation and Engagement of Substance Use Disorder (SUD) Treatment			
Initiation of SUD Treatment	—	59.40%	**57.95%**
Engagement of SUD Treatment	—	26.91%	**24.37%**
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	—	67.65%	**63.06%**

HEDIS Measure	MY 2022	MY 2023	SWA
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	—	64.55%	**55.72%**
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication			
Initiation Phase	—	NA	**45.52%**
Continuation and Maintenance Phase	—	NA	**54.23%**
Antidepressant Medication Management			
Effective Acute Phase Treatment	—	72.53%	**57.61%**
Effective Continuation Phase Treatment	—	61.54%	**39.77%**
Appropriate Treatment for Children With Upper Respiratory Infection	—	99.68%	**80.50%**
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	—	98.14%	**51.81%**
Use of Imaging Studies for Low Back Pain[B]	—	70.31%	**69.31%**
Non-Recommended Cervical Screening in Adolescent Females[*]	—	1.33%	**1.85%**
Cervical Cancer Screening[I]	—	30.17%	**53.47%**
Asthma Medication Ratio			
5–11 Years	—	NA	**76.33%**
12–18 Years	—	NA	**69.59%**
19–50 Years	—	NA	**68.05%**
51–64 Years	—	NA	**67.00%**
Total	—	NA	**70.18%**
Topical Fluoride for Children			
1–2 Years	—	2.27%	**4.76%**
3–4 Years	—	0.88%	**6.32%**
Total	—	1.50%	**5.56%**
Oral Evaluation, Dental Services			
0–2 Years	—	NA	**NA**
3–5 Years	—	NA	**NA**
6–14 Years	—	NA	**NA**
15–20 Years	—	NA	**NA**
Total	—	NA	**NA**

[*] Indicates a lower rate is desirable.
[B] Indicates a break in trending between the most recent year and the prior year.
[I] Incentive Measure.
Green: ≥ NCQA national 50th percentile benchmark, Red: < NCQA national 50th percentile benchmark.
For HEDIS measures: *NA* indicates that the denominator was too small (i.e., less than 30) to report a valid rate, *NR* indicates that the MCO did not report the measure, and *NQ* indicates that the MCO was not required to report the measure.
— is presented for measures that were not reported by the MCOs in MY 2022 and indicates that MY 2022 rates are not available for those measures.
Caution is recommended when reviewing HUM's MY 2023 rates due to HUM's limited period as an MCO in Louisiana.

Table 3-3—HUM HEDIS Access to/Availability of Care Performance Measures—MY 2022 and MY 2023 Comparison

HEDIS Measure	MY 2022	MY 2023	SWA
Adults' Access to Preventive/Ambulatory Health Services			
20–44 Years	—	53.57%	**71.25%**
45–64 Years	—	57.41%	**80.87%**
65 Years and Older	—	88.09%	**79.46%**
Total	—	55.59%	**74.25%**
Prenatal and Postpartum Care			
Timeliness of Prenatal Care	—	80.05%	**82.12%**
Postpartum Care	—	76.64%	**77.27%**

Green: ≥ NCQA national 50th percentile benchmark, Red: < NCQA national 50th percentile benchmark.

For HEDIS measures: *NA* indicates that the denominator was too small (i.e., less than 30) to report a valid rate, *NR* indicates that the MCO did not report the measure, and *NQ* indicates that the MCO was not required to report the measure.

— is presented for measures that were not reported by the MCOs in MY 2022 and indicates that MY 2022 rates are not available for those measures.

Caution is recommended when reviewing HUM's MY 2023 rates due to HUM's limited period as an MCO in Louisiana.

Table 3-4—HUM HEDIS Use of Services and Health Plan Descriptive Information Performance Measures— MY 2022 and MY 2023 Comparison

HEDIS Measure	MY 2022	MY 2023	SWA
Well-Child Visits in the First 30 Months of Life			
First 15 Months	—	NA	**64.44%**
15 Months–30 Months	—	NA	**70.10%**
Child and Adolescent Well-Care Visits			
3–11 Years	—	50.03%	**57.47%**
12–17 Years	—	46.88%	**54.10%**
18–21 Years	—	22.23%	**29.30%**
Total	—	44.11%	**51.39%**
Ambulatory Care			
Outpatient Visits/1,000 Member Years	—	3,422.64	**4,958.45**
Emergency Department Visits/1,000 Member Years[*]	—	559.12	**735.72**
Inpatient Utilization—General Hospital/Acute Care			
Maternity—Days/1,000 Member Years—10–19 Years	—	27.64	**28.03**
Maternity—Days/1,000 Member Years—20–44 Years	—	133.39	**149.64**
Maternity—Days/1,000 Member Years—45–64 Years	—	2.27	**1.85**

HEDIS Measure	MY 2022	MY 2023	SWA
Maternity—Days/1,000 Member Years—Total	—	76.06	82.50
Maternity—Discharges/1,000 Member Years—10–19 Years	—	9.37	9.72
Maternity—Discharges/1,000 Member Years—20–44 Years	—	50.04	54.81
Maternity—Discharges/1,000 Member Years—45–64 Years	—	0.71	0.56
Maternity—Discharges/1,000 Member Years—Total	—	28.18	30.03
Maternity—Average Length of Stay—10–19 Years	—	2.95	2.88
Maternity—Average Length of Stay—20–44 Years	—	2.67	2.73
Maternity—Average Length of Stay—45–64 Years	—	3.18	3.29
Maternity—Average Length of Stay—Total	—	2.70	2.75
Surgery—Days/1,000 Member Years—Less than 1 Year	—	283.82	463.70
Surgery—Days/1,000 Member Years—1–9 Years	—	13.53	33.47
Surgery—Days/1,000 Member Years—10–19 Years	—	18.52	32.49
Surgery—Days/1,000 Member Years—20–44 Years	—	82.79	106.78
Surgery—Days/1,000 Member Years—45–64 Years	—	344.01	356.86
Surgery—Days/1,000 Member Years—65–74 Years	—	622.78	393.71
Surgery—Days/1,000 Member Years—75–84 Years	—	1,050.05	944.71
Surgery—Days/1,000 Member Years—86 Years and Older	—	548.66	584.92
Surgery—Days/1,000 Member Years—Total	—	95.80	123.56
Surgery—Discharges/1,000 Member Years—Less than 1 Year	—	13.58	19.95
Surgery - Discharges/1,000 Member Years—1–9 Years	—	2.16	3.54
Surgery - Discharges/1,000 Member Years—10–19 Years	—	3.01	4.35
Surgery - Discharges/1,000 Member Years—20–44 Years	—	10.82	14.26
Surgery - Discharges/1,000 Member Years—45–64 Years	—	41.26	42.97
Surgery - Discharges/1,000 Member Years—65–74 Years	—	65.75	42.16
Surgery - Discharges/1,000 Member Years—75–84 Years	—	107.42	87.74
Surgery - Discharges/1,000 Member Years—85 Years and Older	—	50.34	51.79
Surgery - Discharges/1,000 Member Years—Total	—	11.42	14.43
Surgery—Average Length of Stay—Less than 1 Year	—	20.89	23.24
Surgery—Average Length of Stay—1–9 Years	—	6.26	9.44
Surgery—Average Length of Stay—10–19 Years	—	6.16	7.46
Surgery—Average Length of Stay—20–44 Years	—	7.65	7.49

HEDIS Measure	MY 2022	MY 2023	SWA
Surgery—Average Length of Stay—45–64 Years	—	8.34	**8.31**
Surgery—Average Length of Stay—65–74 Years	—	9.47	**9.34**
Surgery—Average Length of Stay—75–84 Years	—	9.78	**10.77**
Surgery—Average Length of Stay—85 Years and Older	—	10.90	**11.29**
Surgery—Average Length of Stay—Total	—	8.39	**8.56**
Medicine—Days/1,000 Member Years—Less than 1 Year	—	405.50	**414.29**
Medicine—Days/1,000 Member Years—1–9 Years	—	21.95	**40.91**
Medicine—Days/1,000 Member Years—10–19 Years	—	15.86	**27.72**
Medicine—Days/1,000 Member Years—20–44 Years	—	73.77	**108.57**
Medicine—Days/1,000 Member Years—45–64 Years	—	315.29	**393.48**
Medicine—Days/1,000 Member Years—65–74 Years	—	1,000.39	**550.81**
Medicine—Days/1,000 Member Years—75–84 Years	—	1,302.16	**921.88**
Medicine—Days/1,000 Member Years—85 Years and Older	—	2,008.39	**1,617.67**
Medicine—Days/1,000 Member Years—Total	—	99.99	**129.96**
Medicine—Discharges/1,000 Member Years—Less than 1 Year	—	60.70	**75.93**
Medicine—Discharges/1,000 Member Years—1–9 Years	—	7.37	**11.75**
Medicine—Discharges/1,000 Member Years—10–19 Years	—	4.24	**7.45**
Medicine—Discharges/1,000 Member Years—20–44 Years	—	15.51	**23.27**
Medicine—Discharges/1,000 Member Years—45–64 Years	—	61.02	**73.88**
Medicine—Discharges/1,000 Member Years—65–74 Years	—	174.72	**99.37**
Medicine—Discharges/1,000 Member Years—75–84 Years	—	208.26	**158.65**
Medicine—Discharges/1,000 Member Years—85 Years and Older	—	186.24	**164.51**
Medicine—Discharges/1,000 Member Years—Total	—	19.72	**26.76**
Medicine—Average Length of Stay—Less than 1 Year	—	6.68	**5.46**
Medicine—Average Length of Stay—1–9 Years	—	2.98	**3.48**
Medicine—Average Length of Stay—10–19 Years	—	3.74	**3.72**
Medicine—Average Length of Stay—20–44 Years	—	4.76	**4.67**
Medicine—Average Length of Stay—45–64 Years	—	5.17	**5.33**
Medicine—Average Length of Stay—65–74 Years	—	5.73	**5.54**
Medicine—Average Length of Stay—75–84 Years	—	6.25	**5.81**
Medicine—Average Length of Stay—85 Years and Older	—	10.78	**9.83**
Medicine—Average Length of Stay—Total	—	5.07	**4.86**

HEDIS Measure	MY 2022	MY 2023	SWA
Total Inpatient—Days/1,000 Member Years—Less than 1 Year	—	689.32	**877.99**
Total Inpatient—Days/1,000 Member Years—1–9 Years	—	35.49	**74.37**
Total Inpatient—Days/1,000 Member Years—10–19 Years	—	62.03	**88.24**
Total Inpatient—Days/1,000 Member Years—20–44 Years	—	289.95	**364.98**
Total Inpatient—Days/1,000 Member Years—45–64 Years	—	661.57	**752.20**
Total Inpatient—Days/1,000 Member Years—65–74 Years	—	1,623.17	**944.52**
Total Inpatient—Days/1,000 Member Years—75–84 Years	—	2,352.21	**1,866.59**
Total Inpatient—Days/1,000 Member Years—85 Years and Older	—	2,557.05	**2,202.59**
Total Inpatient—Days/1,000 Member Years—Total	—	250.83	**315.49**
Total Inpatient—Discharges/1,000 Member Years—Less than 1 Year	—	74.28	**95.88**
Total Inpatient—Discharges/1,000 Member Years—1–9 Years	—	9.53	**15.29**
Total Inpatient—Discharges/1,000 Member Years—10–19 Years	—	16.62	**21.53**
Total Inpatient—Discharges/1,000 Member Years—20–44 Years	—	76.38	**92.34**
Total Inpatient—Discharges/1,000 Member Years—45–64 Years	—	102.99	**117.41**
Total Inpatient—Discharges/1,000 Member Years—65–74 Years	—	240.47	**141.53**
Total Inpatient—Discharges/1,000 Member Years—75–84 Years	—	315.67	**246.39**
Total Inpatient—Discharges/1,000 Member Years—85 Years and Older	—	236.58	**216.30**
Total Inpatient—Discharges/1,000 Member Years—Total	—	51.53	**63.75**
Total Inpatient—Average Length of Stay—Less than 1 Year	—	9.28	**9.16**
Total Inpatient—Average Length of Stay—1–9 Years	—	3.73	**4.10**
Total Inpatient—Average Length of Stay—10–19 Years	—	3.72	**4.86**
Total Inpatient—Average Length of Stay—20–44 Years	—	3.80	**3.95**
Total Inpatient—Average Length of Stay—45–64 Years	—	6.42	**6.41**
Total Inpatient—Average Length of Stay—65–74 Years	—	6.75	**6.67**
Total Inpatient—Average Length of Stay—75–84 Years	—	7.45	**7.58**
Total Inpatient—Average Length of Stay—85 Years and Older	—	10.81	**10.18**
Total Inpatient—Average Length of Stay—Total	—	4.87	**4.95**
Enrollment by Product Line			
Less than 1 year	—	3,460	**39,430**
1–4 Years	—	13,205	**154,688**
5–9 Years	—	17,315	**194,614**

HEDIS Measure	MY 2022	MY 2023	SWA
10–14 Years	—	16,022	**187,448**
15–17 Years	—	9,640	**113,890**
18–19 Years	—	5,918	**67,190**
20–24 Years	—	12,564	**144,726**
25–29 Years	—	10,160	**119,861**
30–34 Years	—	9,487	**117,909**
35–39 Years	—	7,835	**102,144**
40–44 Years	—	6,440	**90,116**
45–49 Years	—	4,579	**68,991**
50–54 Years	—	3,824	**61,320**
55–59 Years	—	3,629	**60,505**
60–64 Years	—	3,392	**57,221**
65–69 Years	—	692	**3,396**
70–74 Years	—	392	**1,046**
75–79 Years	—	277	**592**
80–84 Years	—	212	**421**
85–89 Years	—	120	**224**
90 Years and Older	—	105	**173**
Unknown	—	NA	**NA**
Total	—	129,267	**1,585,904**
Language Diversity of Membership			
Spoken Language Preferred for Health Care—Health Plan	—	0.00%	**23.84%**
Spoken Language Preferred for Health Care—CMS/State	—	98.73%	**76.01%**
Spoken Language Preferred for Health Care—Other Third-Party	—	1.27%	**0.15%**
Preferred Language for Written Materials—Health Plan	—	0.00%	**23.78%**
Preferred Language for Written Materials—CMS/State	—	98.73%	**52.79%**
Preferred Language for Written Materials—Other Third-Party	—	1.27%	**23.43%**
Other Language Needs—Health Plan	—	0.00%	**19.20%**
Other Language Needs—CMS/State	—	0.00%	**47.96%**
Other Language Needs—Other Third-Party	—	100.00%	**32.83%**
Spoken Language Preferred for Health Care—Percent English	—	96.07%	**89.10%**
Spoken Language Preferred for Health Care—Percent Non-English	—	2.66%	**1.78%**

HEDIS Measure	MY 2022	MY 2023	SWA
Spoken Language Preferred for Health Care—Percent Declined	—	0.00%	0.00%
Spoken Language Preferred for Health Care—Percent Unknown	—	1.27%	9.12%
Language Preferred for Written Materials—Percent English	—	96.07%	66.23%
Language Preferred for Written Materials—Percent Non-English	—	2.66%	1.37%
Language Preferred for Written Materials—Percent Declined	—	0.00%	0.00%
Language Preferred for Written Materials—Percent Unknown	—	1.27%	32.40%
Other Language Needs—Percent English	—	0.00%	47.18%
Other Language Needs—Percent Non-English	—	0.00%	0.80%
Other Language Needs—Percent Declined	—	0.00%	0.00%
Other Language Needs—Percent Unknown	—	100.00%	52.02%
Race/Ethnicity Diversity of Membership			
Race—Health Plan	—	0.00%	22.17%
Race—CMS/State	—	35.56%	56.65%
Race—Other Direct	—	0.01%	0.43%
Race—Direct Total	—	35.57%	79.25%
Race—Indirect Total	—	0.00%	0.61%
Race—Unknown Total	—	64.43%	20.14%
Ethnicity—Health Plan	—	0.00%	22.63%
Ethnicity—CMS/State	—	50.03%	35.49%
Ethnicity—Other Direct	—	0.00%	2.20%
Ethnicity—Direct Total	—	50.03%	60.32%
Ethnicity—Indirect Total	—	0.00%	8.74%
Ethnicity—Unknown Total	—	49.97%	30.93%
Race: White—Ethnicity: Hispanic or Latino	—	0.00%	0.81%
Race: White—Ethnicity: Not Hispanic or Latino	—	32.62%	28.15%
Race: White—Ethnicity: Asked but No Answer	—	0.00%	0.02%
Race: White—Ethnicity: Unknown	—	0.45%	7.88%
Race: White—Ethnicity: Total	—	33.07%	36.87%
Race: Black or African American—Ethnicity: Hispanic or Latino	—	0.00%	0.67%
Race: Black or African American—Ethnicity: Not Hispanic or Latino	—	0.01%	25.38%

HEDIS Measure	MY 2022	MY 2023	SWA
Race: Black or African American—Ethnicity: Asked but No Answer	—	0.00%	0.03%
Race: Black or African American—Ethnicity: Unknown	—	0.71%	11.17%
Race: Black or African American—Ethnicity: Total	—	0.72%	37.26%
Race: American Indian or Alaska Native—Ethnicity: Hispanic or Latino	—	0.00%	0.03%
Race: American Indian or Alaska Native—Ethnicity: Not Hispanic or Latino	—	0.00%	0.48%
Race: American Indian or Alaska Native—Ethnicity: Asked but No Answer	—	0.00%	0.00%
Race: American Indian or Alaska Native—Ethnicity: Unknown	—	0.63%	0.21%
Race: American Indian or Alaska Native—Ethnicity: Total	—	0.63%	0.72%
Race: Asian—Ethnicity: Hispanic or Latino	—	0.00%	0.04%
Race: Asian—Ethnicity: Not Hispanic or Latino	—	0.00%	1.58%
Race: Asian—Ethnicity: Asked but No Answer	—	0.00%	0.00%
Race: Asian—Ethnicity: Unknown	—	1.14%	1.02%
Race: Asian—Ethnicity: Total	—	1.14%	2.64%
Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Hispanic or Latino	—	0.00%	0.00%
Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Not Hispanic or Latino	—	0.00%	0.01%
Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Asked but No Answer	—	0.00%	0.00%
Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Unknown	—	0.01%	0.01%
Race: Native Hawaiian or Other Pacific Islander—Ethnicity: Total	—	0.01%	0.02%
Race: Some Other Race—Ethnicity: Hispanic or Latino	—	0.00%	0.15%
Race: Some Other Race—Ethnicity: Not Hispanic or Latino	—	0.00%	0.68%
Race: Some Other Race—Ethnicity: Asked but No Answer	—	0.00%	0.00%
Race: Some Other Race—Ethnicity: Unknown	—	0.00%	1.19%
Race: Some Other Race—Ethnicity: Total	—	0.00%	2.02%
Race: Two or More Races—Ethnicity: Hispanic or Latino	—	0.00%	0.14%
Race: Two or More Races—Ethnicity: Not Hispanic or Latino	—	0.00%	0.02%
Race: Two or More Races—Ethnicity: Asked but No Answer	—	0.00%	0.00%
Race: Two or More Races—Ethnicity: Unknown	—	0.00%	0.16%
Race: Two or More Races—Ethnicity: Total	—	0.00%	0.33%

HEDIS Measure	MY 2022	MY 2023	SWA
Race: Unknown—Ethnicity: Hispanic or Latino	—	0.02%	**0.83%**
Race: Unknown—Ethnicity: Not Hispanic or Latino	—	0.00%	**7.38%**
Race: Unknown—Ethnicity: Asked but No Answer	—	17.39%	**2.65%**
Race: Unknown—Ethnicity: Unknown	—	47.02%	**9.27%**
Race: Unknown—Ethnicity: Total	—	64.43%	**20.14%**
Race: Total—Ethnicity: Hispanic or Latino	—	0.02%	**2.67%**
Race: Total—Ethnicity: Not Hispanic or Latino	—	32.63%	**63.68%**
Race: Total—Ethnicity: Asked but No Answer	—	17.39%	**2.71%**
Race: Total—Ethnicity: Unknown	—	49.97%	**30.93%**
Race: Total—Ethnicity: Total	—	100.00%	**100.00%**
Race: Asked but No Answer—Ethnicity: Hispanic or Latino	—	0.00%	**0.00%**
Race: Asked but No Answer—Ethnicity: Not Hispanic or Latino	—	0.00%	**0.00%**
Race: Asked but No Answer—Ethnicity: Asked but No Answer	—	0.00%	**0.00%**
Race: Asked but No Answer—Ethnicity: Unknown	—	0.00%	**0.00%**
Race: Asked but No Answer—Ethnicity: Total	—	0.00%	**0.00%**

* Indicates a lower rate is desirable.
Green: ≥ NCQA national 50th percentile benchmark, Red: < NCQA national 50th percentile benchmark.
For HEDIS measures: *NA* indicates that the denominator was too small (i.e., less than 30) to report a valid rate, *NR* indicates that the MCO did not report the measure, and *NQ* indicates that the MCO was not required to report the measure.
— is presented for measures that were not reported by the MCOs in MY 2022 and indicates that MY 2022 rates are not available for those measures.
Caution is recommended when reviewing HUM's MY 2023 rates due to HUM's limited period as an MCO in Louisiana.

Table 3-5—HUM HEDIS Performance Measure Summary—MY 2022 and MY 2023 Comparison

Measure Status	MY 2022	MY 2023*
≥ NCQA National 50th Percentile Benchmark	—	133
< NCQA National 50th Percentile Benchmark	—	132
NCQA National Benchmark Unavailable	—	12
Total	—	277

*The "Total" row presents the count of all HEDIS measure indicators that could be reported by MCOs for MY 2023, excluding indicators with a rate of *NA* (i.e., denominator too small for a valid rate), *NB* (i.e., MCO did not provide the health benefit), *NR* (i.e., MCO did not report on the indicator), or *NQ* (i.e., MCO was not required to report the indicator). The "≥ NCQA National 50th Percentile Benchmark", "< NCQA National 50th Percentile Benchmark", and "NCQA National Benchmark Unavailable" rows present the count of indicators with reportable rates, for each MCO, that met the comparison criteria. For MY 2023, measure indicators with a rate of *NA* (i.e., denominator too small for a valid rate), *NR* (i.e., MCO did not report on the indicator), or *NQ* (i.e., MCO was not required to report the indicator) are excluded from the comparison rows because their results are not comparable to NCQA benchmarks.
— is presented for measures that were not reported by the MCOs in MY 2022 and indicates that MY 2022 rates are not available for those measures.

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

- HUM's rate on the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM was effective in ensuring that adult members on antipsychotics were screened for diabetes to facilitate monitoring and promote positive health outcomes. **[Quality]**

- HUM's rate on the *Colorectal Cancer Screening* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM was effective in ensuring that members 45 to 75 years of age had appropriate screening for colorectal cancer. **[Quality]**

- HUM's rate on the *Chlamydia Screening in Women—Total* measure indicator was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to facilitate annual follow-ups with and screening of sexually active members. **[Quality]**

- HUM's rate on the *Controlling High Blood Pressure* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to help members manage their blood pressure, reducing their risk for heart disease and stroke. **[Quality]**

- HUM's rate on the *Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total* measure indicator was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to ensure that members with clinical atherosclerotic cardiovascular disease (ASCVD) received statin therapy to manage their condition, reducing the risk of adverse outcomes. **[Quality]**

- HUM's rates on the *HbA1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%)* and *HbA1c Control (<8.0%)* measure indicators were above the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM effectively coordinated with providers to help members control their blood sugar levels, reducing the risk of complications. **[Quality]**

- HUM's rate on the *Eye Exam for Patients With Diabetes* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to ensure that adult members with diabetes received a retinal eye exam to screen for diabetic retinal disease. **[Quality]**

- HUM's rate on the *Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to help adult members with diabetes adequately control their blood pressure. **[Quality]**

- HUM's rate on the *Adherence to Antipsychotic Medications for Individuals With Schizophrenia* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to ensure that members with

schizophrenia or schizoaffective disorder were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. **[Quality]**

- HUM's rate on the *Pharmacotherapy for Opioid Use Disorder* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to engage members with opioid use disorder in continuous treatment with pharmacotherapy, increasing the chance for positive outcomes. **[Quality]**

- HUM's rates on the *Initiation and Engagement of SUD Treatment—Initiation of SUD Treatment* and *Engagement of SUD Treatment* measure indicators were above the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM effectively coordinated with providers to initiate treatment for members with a new SUD episode and engaged these members in subsequent SUD services or medications within 34 days of their visit to initiate SUD treatment. **[Quality, Timeliness, and Access]**

- HUM's rate on the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM effectively coordinated with providers to ensure the use of psychosocial care as first-line treatment for children and adolescents recently started on antipsychotic medications. **[Quality]**

- HUM's rates on the *Antidepressant Medication Management—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment* measure indicators were above the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM effectively coordinated with providers to treat adult members diagnosed with major depression with antidepressant medication and help members remain on antidepressant medication for at least 84 days (Acute Phase) and through 180 days (Continuation Phase). **[Quality]**

- HUM's rate on the *Appropriate Treatment for Children With Upper Respiratory Infection* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM worked with providers to ensure that a diagnosis of upper respiratory infection (URI) did not result in an antibiotic dispensing event for members. **[Quality]**

- HUM's rate on the *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis* measure was above the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM ensured that providers effectively prevented or minimized the prescribing of antibiotics for members with a diagnosis of bronchitis or bronchiolitis. **[Quality]**

For HUM, the following opportunities for improvement were identified:

- HUM's rates on the *Follow-Up After Hospitalization for Mental Illness—Within 7 Days of Discharge* and *Within 30 Days of Discharge* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement in its coordination with providers to ensure that members hospitalized for mental health issues receive adequate follow-up care after hospital discharge to reduce the risk of re-hospitalization. **[Quality, Timeliness, and Access]**

- HUM's rates on the *Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days of Discharge* and *Within 30 Days of Discharge* measure indicators were below the NCQA

national 50th percentile benchmark for MY 2023. Additionally, HUM's rates on the *Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days of Discharge* and *Within 30 Days of Discharge* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement with properly managing the care of patients discharged after an ED visit for mental illness and for substance use, as they are vulnerable after release. **[Quality, Timeliness, and Access]**

- HUM's rate on the *Plan All-Cause Readmissions—O/E Ratio* measure indicator was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement with facilitating appropriate post-discharge planning and care coordination. **[Quality]**

- HUM's rate on the *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening (Total)* measure indicator was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement in coordinating with providers to ensure adolescent and adult Medicaid members were properly screened for depression, enabling timely follow-up care. **[Quality]**

- HUM's rate on the *Diabetes Monitoring for People With Diabetes and Schizophrenia* measure was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement in ensuring that adult members on antipsychotics have their diabetes monitored to promote positive health outcomes for this population. **[Quality]**

- HUM's rate on the *Lead Screening in Children* measure was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement in ensuring that children under 2 years of age were adequately receiving lead blood testing to ensure they maintained limited exposure to lead. **[Quality]**

- HUM's rates on all *Childhood Immunization Status* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement in coordinating with providers to ensure children under 2 years of age are receiving all appropriate vaccinations to protect them against potential life-threatening diseases. **[Quality and Access]**

- HUM's rates on all *Immunizations for Adolescents* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement in coordinating with providers to ensure that adolescent members receive immunizations to help protect them against potential life-threatening diseases. **[Quality]**

- HUM's rates on the following *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023: *BMI Percentile Documentation*, *Counseling for Nutrition*, and *Counseling for Physical Activity*. These results suggest that HUM has room for improvement in coordinating with providers to ensure that child and adolescent members are having their weight and BMI monitored, and are receiving appropriate counseling to reduce the risk for obesity and prevent adverse health outcomes. **[Quality]**

- HUM's rate on the *Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total* measure indicator was below the NCQA national 50th percentile benchmark for

MY 2023. This result suggests that HUM has room for improvement in coordinating with providers to ensure that members with ASCVD adhere to statin therapy to effectively manage their condition. **[Quality]**

- HUM's rates on all *Child and Adolescent Well-Care Visits* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement in coordinating with providers to ensure that adolescent members receive appropriate well-care visits to provide screening and counseling. **[Quality and Access]**

- HUM's rate on the *Use of Imaging Studies for Low Back Pain* measure was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement with ensuring that providers properly order imaging studies. **[Quality]**

- HUM's rate on the *Non-Recommended Cervical Screening in Adolescent Females* measure was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement with ensuring that providers avoid unnecessary cervical cancer screenings for adolescent females. **[Quality]**

- HUM's rate on the *Cervical Cancer Screening* measure was below the NCQA national 50th percentile benchmark for MY 2023. This result suggests that HUM has room for improvement in coordinating with providers to ensure that women ages 21 to 64 years receive appropriate, early detection cancer screening. **[Quality]**

- HUM's rates on the following *Adults' Access to Preventive/Ambulatory Health Services* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023: *20–44 Years*, *45–64 Years*, and *Total*. These results suggest that HUM has room for improvement in coordinating with PCPs to ensure that adult members are engaging in preventive or ambulatory visits to manage their health and avoid adverse outcomes. **[Quality and Access]**

- HUM's rates on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators were below the NCQA national 50th percentile benchmark for MY 2023. These results suggest that HUM has room for improvement in coordinating with providers to ensure that members receive timely and adequate prenatal and postpartum care, in alignment with guidance provided by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. **[Quality, Timeliness, and Access]**

For HUM, the following recommendations were identified:

- To improve performance on the *Follow-Up After Hospitalization for Mental Illness—Within 7 Days of Discharge* and *Within 30 Days of Discharge*, *Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days of Discharge* and *Within 30 Days of Discharge*, and *Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days of Discharge* and *Within 30 Days of Discharge* measure indicators, HSAG recommends that HUM work with providers to identify barriers to timely follow-up care and trial solutions to improve coordination of care following discharge among providers and between providers and HUM. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as providing patient and provider education or improving upon coordination of care following discharge. **[Quality, Timeliness, and Access]**

- To improve performance on the *Plan All-Cause Readmissions—O/E Ratio* measure, HSAG recommends that HUM work with providers to improve post-discharge planning and care coordination. **[Quality]**

- To improve performance on the *Depression Screening and Follow-Up for Adolescents and Adults—Depression Screening (Total)* measure indicator, HSAG recommends that HUM engage with providers to encourage depression screening for adolescents and adults. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions to increase depression screenings. **[Quality]**

- To improve performance on the *Diabetes Monitoring for People With Diabetes and Schizophrenia* measure, HSAG recommends that HUM work with providers to identify and address barriers to diabetes monitoring for adult members on antipsychotics. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions to improve diabetes monitoring for this population. **[Quality]**

- To improve performance on the *Lead Screening in Children* measure, HSAG recommends that HUM engage with providers to encourage lead blood testing for child members. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions to increase lead screening in children. **[Quality]**

- To improve performance on the *Childhood Immunization Status* measure indicators, HSAG recommends that HUM focus its efforts on increasing immunizations for children. HUM should also consider conducting a root cause analysis and implementing appropriate interventions to improve performance that are evidence-based and address barriers such as parent dissatisfaction, provider capacity, or appointment accessibility. Additionally, HUM should consider inclusion of parent/guardian and provider participation when evaluating root causes of measure performance. **[Quality and Access]**

- To improve performance on *Immunizations for Adolescents* measure indicators, HSAG recommends that HUM focus its efforts on increasing immunizations for adolescents. HUM should also consider conducting a root cause analysis and implementing appropriate interventions to improve performance that are evidence-based and address barriers such as parent dissatisfaction, provider capacity, or appointment accessibility. Additionally, HUM should consider inclusion of parent/guardian and provider participation when evaluating root causes of measure performance. **[Quality]**

- To improve performance on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* measure indicators, HSAG recommends that HUM work with PCPs to identify and address barriers to primary care visits for children and adolescents in need of weight assessment and education on healthy habits. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as patient and provider education, outreach campaigns, and sending reminders. **[Quality]**

- To improve performance on the *Statin Therapy for Patients With Cardiovascular Disease—Statin Adherence 80%—Total* measure indicator, HSAG recommends HUM work with providers to identify and address barriers to statin therapy adherence among members with ASCVD. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as provider and member education on the importance of medication adherence. **[Quality]**

- To improve performance on *Child and Adolescent Well-Care Visits* measure indicators, HSAG recommends that HUM work with providers to identify and address barriers to well-care visits for child and adolescent members. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as patient and provider education, outreach campaigns, sending reminders, and incentives for members upon completion of the well-care visits. **[Quality and Access]**

- To improve performance on the *Use of Imaging Studies for Low Back Pain* measure, HSAG recommends that HUM focus its efforts on decreasing unnecessary imaging for low back pain. HSAG also recommends that HUM work with providers to trial solutions to reduce the inappropriate ordering of imaging studies. Appropriate interventions to improve performance may include addressing provider behaviors, provider incentives, and addressing member expectation with education. **[Quality]**

- To improve performance on the *Non-Recommended Cervical Screening in Adolescent Females* measure, HSAG recommends that HUM work with providers to trial solutions to reduce or avoid unnecessary cervical cancer screenings for adolescent females. **[Quality]**

- To improve performance on the *Cervical Cancer Screening* measure, HSAG recommends that HUM work with providers to identify and address barriers to cervical cancer screening for women ages 21 to 64 years old. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as offering screenings at more locations or expanding clinic and screening hours. **[Quality]**

- To improve performance on the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators, HSAG recommends that HUM work with PCPs to identify and address barriers to preventive or ambulatory visits for adult members. HUM could also consider data analysis and stratification across key demographics such as race, ethnicity, age, and ZIP Code to identify disparities and implement targeted interventions, such as patient and provider education, outreach campaigns, and sending reminders. **[Quality and Access]**

- To improve performance on the *Prenatal and Postpartum Care—Timeliness of Prenatal Care* and *Postpartum Care* measure indicators, HSAG recommends that HUM work with providers to identify and address barriers to timely and adequate prenatal and postpartum care. HSAG recommends HUM consider implementing interventions such as offering provider education and engagement opportunities, including educational webinars and newsletters on prenatal and postpartum health services, and piloting a member incentives program designed to encourage engagement in timely prenatal and postpartum care services. **[Quality, Timeliness, and Access]**

Methodology

Objectives

In accordance with 42 CFR §438.330(c), states must require MCOs to submit performance measurement data as part of their QAPI programs. The validation of performance measures is one of the mandatory EQR activities that the state Medicaid agencies are required to perform according to the Medicaid managed care regulations.

The primary objectives of the performance measure validation (PMV) process were to:

1. Evaluate the accuracy of performance measure data collected by the MCO.
2. Determine the extent to which the specific performance measures calculated by the MCO (or on behalf of the MCO) followed the specifications established for each performance measure.
3. Identify overall strengths and areas for improvement in the performance measure calculation process.

Technical Methods of Data Collection

The CMS EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity,* February 2023,[3-1] specifies that, in lieu of conducting a full on-site Information Systems Capabilities Assessment (ISCA), the EQRO may review an assessment of the MCO's IS conducted by another party. If an MCO is accredited by NCQA, the MCO will have received a full IS assessment as part of its annual HEDIS Compliance Audit by an NCQA HEDIS Compliance Audit licensed organization (LO). In this case, HSAG would request and review the MCO's NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap), FAR, and the data submission tool in lieu of conducting an on-site assessment.

The validation process is described separately for the HEDIS and non-HEDIS measures that the MCOs report.

HEDIS Measure Validation

The MCOs that report HEDIS measures to NCQA must undergo an audit of their data conducted by an NCQA HEDIS Compliance Audit LO. For these HEDIS measures, HSAG reviews the rates submitted on the NCQA reporting tool (Interactive Data Submission System [IDSS]), which is audited prior to submission, and the FAR, which is completed by the LO and describes the process used to produce the

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3-1 Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 16, 2024.

measure rates and any problems that the MCOs experienced in the HEDIS process. Included in the FAR are the measures deemed *Not Reportable* due to biases in the calculation process.

HSAG used the results of the audit to report the results of each measure reported to LDH. Using information provided in the FAR and, if necessary, additional documentation (i.e., NCQA HEDIS Roadmap), HSAG prepared a report indicating the measure results for each of the MCOs that are required to report to LDH. Measures deemed *Not Reportable* were flagged. SWAs were computed, and NCQA Quality Compass benchmarks were provided as well. Results for the prior two years were provided for trending, when appropriate. Any issues in reporting any measure (e.g., medical record abstraction issues) were noted and, if LDH requested any other statistical analyses, the results were included in the report.

Non-HEDIS Measure Validation

For state-specific measures and standardized non-HEDIS measures (e.g., the Prevention Quality Indicators), University of Louisiana Monroe (ULM), contracted by LDH, conducted the audit. Measures that did not pass validation were deemed *Not Reportable*, and the reasons for this designation (e.g., unresolved source code issues) were noted. If LDH requested any other statistical analyses, the results were included in the report. ULM conducted the validation for non-HEDIS measures, and HSAG provided assistance when needed.

Description of Data Obtained

HSAG used the FAR and the MCO rates provided on the IDSS file as the primary data sources. The FAR included information on the MCOs' IS capabilities, findings for each measure, supplemental data validation results, medical record review validation results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. The FAR included final determinations of validity made by the auditor for each performance measure. 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.

How Data Were Aggregated and Analyzed

In accordance with the MY 2023 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 its rate compared to the NCQA Quality Compass MY 2023 national 50th percentile Medicaid HMO benchmark.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care and services that each MCO provided to members, HSAG evaluated the results for each performance measure and the MY 2023 performance levels based on comparison to the NCQA national 50th percentile benchmark percentile to identify strengths and opportunities for improvement and determine whether each strength and opportunity for improvement impacted one or more of the domains of quality, timeliness, or access. Additionally, for each opportunity for improvement, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to the MCO's Medicaid members.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid MCOs, HSAG assigned each of the components reviewed for PMV to one or more of three domains of care. This assignment to domains of care is depicted in Table 3-6. The measures marked *NA* are related to utilization of services.

Table 3-6—Assignment of Performance Measures to the Quality, Timeliness, and Access Domains

Performance Measure	Quality	Timeliness	Access
Childhood Immunization Status—DTaP, IPV, MMR, HiB, Hepatitis B, VZV, Pneumococcal Conjugate, Hepatitis A, Rotavirus, Influenza, Combination 3, Combination 7, and *Combination 10*	✓		✓
Immunizations for Adolescents—Meningococcal, Tdap/Td, HPV, Combination 1, and *Combination 2*	✓		
Colorectal Cancer Screening	✓		
Cervical Cancer Screening	✓		
Follow-Up After Hospitalization for Mental Illness—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
HbA1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%) and *HbA1c Control (<8.0%)*	✓		
Controlling High Blood Pressure	✓		
HIV Viral Load Suppression	✓		
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)	✓		
Child and Adolescent Well-Care Visits—3–11 Years, 12–17 Years, 18–21 Years, and *Total*	✓		✓
Well-Child Visits in the First 30 Months of Life—First 15 Months and *15 Months–30 Months*	✓		✓

Performance Measure	Quality	Timeliness	Access
Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, *45–64 Years*, *65 Years and Older*, and *Total*	✓		✓
Ambulatory Care—Outpatient Visits/1,000 Member Years and *Emergency Department Visits/1,000 Member Years*	NA	NA	NA
Plan All-Cause Readmissions—Observed Readmissions, *Expected Readmissions*, and *O/E Ratio*	✓		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	✓		
Diabetes Monitoring for People With Diabetes and Schizophrenia	✓		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	✓		
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing, Cholesterol Testing, and *Blood Glucose and Cholesterol Testing*	✓		
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	✓	✓	✓
Lead Screening in Children	✓		
Flu Vaccinations for Adults Ages 18 to 64	✓		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, Counseling for Nutrition, and *Counseling for Physical Activity*	✓		
Chlamydia Screening in Women—Total	✓		
Breast Cancer Screening	✓		
Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total and *Statin Adherence 80%—Total*	✓		
Blood Pressure Control for Patients With Diabetes	✓		
Eye Exam for Patients With Diabetes	✓		
Pharmacotherapy for Opioid Use Disorder	✓		
Initiation and Engagement of SUD Treatment—Initiation of SUD and *Engagement of SUD*	✓	✓	✓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	✓		
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	✓		
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and *Continuation and Maintenance Phase*	✓	✓	✓
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	✓		

Performance Measure	Quality	Timeliness	Access
Appropriate Treatment for Children With Upper Respiratory Infection	✓		
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓		
Non-Recommended Cervical Screening in Adolescent Females	✓		
Depression Screening and Follow-Up for Adolescents and Adults	✓		
Asthma Medication Ratio—5–11 Years, 12–18 Years, 19–50 Years, 51–64 Years, and *Total*	✓		
Topical Fluoride for Children—1–2 Years, 3–4 Years, and *Total*	✓		
Oral Evaluation, Dental Services—0–2 Years, 3–5 Years, 6–14 Years, 15–20 Years, and *Total*	✓		
Use of Imaging Studies for Low Back Pain	✓		
Inpatient Utilization—General Hospital/Acute Care—Maternity, Surgery, Medicine, and *Total Inpatient*	NA	NA	NA
Enrollment by Product Line	NA	NA	NA
Language Diversity of Membership	NA	NA	NA
Race/Ethnicity Diversity of Membership	NA	NA	NA

4. Assessment of Compliance With Medicaid Managed Care Regulations

Results

Federal regulations require the MCOs to undergo a CR at least once every three years to determine compliance with federal standards. However, HUM was a new MCO to Louisiana Medicaid as of January 1, 2023; therefore, HUM was not included in the CR since the review period covered CY 2021 and CY 2022, and CAPs were reviewed in CY 2023.

HSAG will conduct a comprehensive CR during 2025 to determine the extent to which the MCOs are in compliance with federal standards.

MCO Strengths, Opportunities for Improvement, and Recommendations

HSAG will report strengths, opportunities for improvement, and recommendations for HUM's CRs in next year's annual EQR technical report, when HSAG has conducted the comprehensive CR in 2025 for CY 2024.

Methodology

Standards

Table 4-1 delineates the CR activities as well as the standards that were reviewed during the first two years of the three-year CR cycle. In year three (CY 2023), HSAG conducted a follow-up review of each MCO's CAPs from the previous CR. HSAG will conduct a comprehensive CR during CY 2025 to determine the extent to which the MCOs are in compliance with federal standards during the review period CY 2024.

Table 4-1—Summary of CR Standards

Standard	Year One (CY 2021)			Year Two (CY 2022)			Year Three (CY 2023)		
	MCO	PAHP	PIHP	MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment				✓	✓	✓			
Standard II—Member Rights and Confidentiality	✓	✓	✓						
Standard III—Member Information	✓	✓	✓						
Standard IV—Emergency and Poststabilization Services	✓	NA				✓			
Standard V—Adequate Capacity and Availability of Services	✓	✓	✓						
Standard VI—Coordination and Continuity of Care	✓	✓	✓						
Standard VII—Coverage and Authorization of Services	✓	✓	✓						
Standard VIII—Provider Selection	✓	✓	✓						
Standard IX—Subcontractual Relationships and Delegation	✓		✓		✓				

Standard	Year One (CY 2021)			Year Two (CY 2022)			Year Three (CY 2023)		
	MCO	PAHP	PIHP	MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard X—Practice Guidelines	✓	✓	✓						
Standard XI—Health Information Systems	✓	✓	✓						
Standard XII—Quality Assessment and Performance Improvement Program	✓	✓	✓						
Standard XIII—Grievance and Appeal Systems	✓	✓	✓						
Standard XIV—Program Integrity	✓	✓	✓						
CAP Review							✓	✓	✓

NA=not applicable for the PAHPs

HSAG divided the federal regulations into 14 standards consisting of related regulations and contract requirements. Table 4-2 describes the standards and associated regulations and requirements reviewed for each standard.

Table 4-2—Summary of CR Standards and Associated Regulations

Standard	Federal Requirements Included[1]	Standard	Federal Requirements Included
Standard I—Enrollment and Disenrollment	42 CFR §438.3(d) 42 CFR §438.56	Standard VIII—Provider Selection	42 CFR §438.12 42 CFR §438.102 42 CFR §438.106 42 CFR §438.214 42 CFR §438.602(b) 42 CFR §438.608 42 CFR §438.610
Standard II—Member Rights and Confidentiality	42 CFR §438.100 42 CFR §438.224 42 CFR §422.128	Standard IX—Subcontractual Relationships and Delegation	42 CFR §438.230
Standard III—Member Information	42 CFR §438.10	Standard X—Practice Guidelines	42 CFR §438.236
Standard IV—Emergency and Poststabilization Services	42 CFR §438.114	Standard XI—Health Information Systems	42 CFR §438.242

Standard	Federal Requirements Included[1]	Standard	Federal Requirements Included
Standard V—Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207	Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330
Standard VI—Coordination and Continuity of Care	42 CFR §438.208	Standard XIII—Grievance and Appeal Systems	42 CFR §438.228 42 CFR §438.400– 42 CFR §438.424
Standard VII—Coverage and Authorization of Services	42 CFR §438.210 42 CFR §438.404	Standard XIV—Program Integrity	42 CFR §438.608

[1] The CR standards comprise a review of all requirements, known as "elements," under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

Objectives

Private accreditation organizations, state licensing agencies, and state Medicaid agencies all recognize that having standards is only the first step in promoting safe and effective healthcare. Making sure that the standards are followed is the second step. The objective of each virtual review was to provide meaningful information to LDH and the MCOs regarding:

- The MCOs' compliance with federal managed care regulations and contract requirements in the standard areas reviewed.
- Strengths, opportunities for improvement, recommendations, or required actions to bring the MCOs into compliance with federal managed care regulations and contract requirements with the standard areas reviewed.
- The quality, timeliness, and access to care furnished by the MCOs, as addressed within the specific areas reviewed.
- Possible additional interventions recommended to improve the quality of the MCOs' care provided and services offered related to the areas reviewed.

Technical Methods of Data Collection

To assess the MCOs' compliance with regulations, HSAG conducted the five activities described in the CMS EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity,* February 2023.[4-1] Table 4-3 describes the five protocol activities and the specific tasks that HSAG performed to complete each activity.

[4-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 16, 2024.

Table 4-3—Protocol Activities Performed for Assessment of Compliance With Regulations

For this protocol activity,	HSAG completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	Conducted before the review to assess compliance with federal managed care regulations and LDH contract requirements:
	• HSAG and LDH collaborated to determine the timing and scope of the reviews, as well as scoring strategies.
	• HSAG developed and submitted CR tools, report templates, and agendas, and sent review dates to LDH for review and approval.
	• HSAG forwarded the CR tools and agendas to the MCOs.
	• HSAG scheduled the virtual reviews to facilitate preparation for the reviews.
Activity 2:	**Perform Preliminary Review**
	• HSAG conducted an MCO pre-virtual review preparation session to describe HSAG's processes and allow the MCOs the opportunity to ask questions about the review process and MCO expectations.
	• HSAG confirmed a primary MCO contact person for the review and assigned HSAG reviewers to participate.
	• During the MCO pre-virtual review preparation session, HSAG notified the MCOs of the request for desk review documents. HSAG delivered a desk review form, the CR tool, CAP implementation review tool, and a webinar review agenda via HSAG's Secure Access File Exchange (SAFE) site. The desk review request included instructions for organizing and preparing the documents to be submitted. The MCO provided documentation for the desk review, as requested.
	• Examples of documents submitted for the desk review and CR consisted of the completed desk review form, the CR tool with the MCO's section completed, policies and procedures, staff training materials, reports, minutes of key committee meetings, and member and provider informational materials.
	• The HSAG review team reviewed all documentation submitted prior to the scheduled webinar and prepared a request for further documentation and an interview guide to use during the webinar.
Activity 3:	**Conduct MCO Virtual Review**
	• HSAG conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's virtual review activities.
	• During the review, HSAG met with groups of the MCO's key staff members to obtain a complete picture of the MCO's compliance with Medicaid and CHIP managed care regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the MCO's performance.
	• HSAG requested, collected, and reviewed additional documents, as needed.
	• HSAG conducted a closing conference during which HSAG reviewers summarized preliminary findings, as appropriate.

For this protocol activity,	HSAG completed the following activities:
Activity 4:	**Compile and Analyze Findings**
	• HSAG used the 2023 LDH-approved CR Report Template to compile the findings and incorporate information from the CR activities.
	• HSAG analyzed the findings and calculated final scores based on LDH-approved scoring strategies.
	• HSAG determined opportunities for improvement, recommendations, and required actions based on the review findings.
Activity 5:	**Report Results to LDH**
	• HSAG populated and submitted the draft reports to LDH and the MCOs for review and comments.
	• HSAG incorporated the feedback, as applicable, and finalized the reports.
	• HSAG included a pre-populated CAP template in the final report for all requirements determined to be out of compliance with managed care regulations (i.e., received a score of *Not Met*).
	• HSAG distributed the final reports to the MCOs and LDH.

Description of Data Obtained

The following are examples of documents reviewed and sources of the data obtained:

- Committee meeting agendas, minutes, and reports
- Written policies and procedures
- Management/monitoring reports and audits
- Narrative and/or data reports across a broad range of performance and content areas
- Records for delegation
- Member and provider materials

How Data Were Aggregated and Analyzed

HSAG aggregated and analyzed the data resulting from the desk review, virtual interviews conducted with key MCO personnel, and any additional documents submitted as a result of the interviews. The data that HSAG aggregated and analyzed included the following:

- Documented findings describing the MCO's performance in complying with each standard requirement.
- Scores assigned to the MCO's performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.

- Documentation of the actions required to bring performance into compliance with the requirements for which HSAG assigned scores of *Not Met*.
- Recommendations for program enhancements.

Based on the results of the data aggregation and analysis, HSAG prepared and forwarded draft reports to LDH and to each MCO's staff members for their review and comment prior to issuing final reports.

HSAG analyzed the quantitative results obtained from the above compliance activity to identify strengths and opportunities for improvement in each domain of quality, timeliness, and access to care furnished by each MCO. HSAG then identified common themes and the salient patterns that emerged across MCOs related to the compliance activity conducted.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and access to care provided by the MCOs, HSAG assigned each of the components reviewed for assessment of compliance with regulations to one or more of those domains of care. Each standard may involve assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw conclusions and make recommendations, the individual requirements within each standard that assessed the quality, timeliness, or access to care and services provided by the MCOs. Table 4-4 depicts assignment of the standards to the domains of care.

Table 4-4—Assignment of CR Standards to the Quality, Timeliness, and Access Domains

CR Standard	Quality	Timeliness	Access
Standard I—Enrollment and Disenrollment	✓		✓
Standard II—Member Rights and Confidentiality			✓
Standard III—Member Information			✓
Standard IV—Emergency and Poststabilization Services		✓	✓
Standard V—Adequate Capacity and Availability of Services		✓	✓
Standard VI—Coordination and Continuity of Care	✓	✓	✓
Standard VII—Coverage and Authorization of Services		✓	✓
Standard VIII—Provider Selection	✓	✓	✓
Standard IX—Subcontractual Relationships and Delegation	✓		
Standard X—Practice Guidelines	✓		
Standard XI—Health Information Systems	✓		✓
Standard XII—Quality Assessment and Performance Improvement Program	✓		
Standard XIII—Grievance and Appeal Systems	✓	✓	✓
Standard XIV—Program Integrity	✓	✓	✓

Results

Provider Directory Accuracy

HSAG conducted PDV reviews from July 2023 through November 2023 (review period). This section presents the results from the CY 2023 PDV for all sampled HUM providers by specialty type across all four quarters.

Table 5-1 illustrates the response rate and indicator match rates for HUM by specialty type.

Table 5-1—Response Rate and Indicator Match Rates for HUM by Specialty Type

Specialty Type	Response Rate		Correct Address		Provider at Location		Confirmed Specialty		Accepted MCO		Accepted Louisiana Medicaid		Accepted New Patients	
	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)
Total	**446**	**89.2%**	**377**	**84.5%**	**368**	**82.5%**	**339**	**76.0%**	**259**	**58.1%**	**261**	**58.5%**	**327**	**73.3%**
Internal Medicine/ Family Medicine	96	96.0%	81	84.4%	85	88.5%	77	80.2%	45	46.9%	45	46.9%	70	72.9%
Pediatrics	89	89.0%	77	86.5%	76	85.4%	75	84.3%	64	71.9%	64	71.9%	72	80.9%
OB/GYN	84	84.0%	67	79.8%	74	88.1%	65	77.4%	60	71.4%	58	69.0%	68	81.0%
Specialists (any)	92	92.0%	77	83.7%	80	87.0%	75	81.5%	51	55.4%	54	58.7%	71	77.2%
Behavioral Health (any)	85	85.0%	75	88.2%	53	62.4%	47	55.3%	39	45.9%	40	47.1%	46	54.1%

Table 5-2 presents HUM's PDV weighted compliance scores by specialty type. Please see the NAV methodology for the weighted compliance score calculation criteria.

Table 5-2—PDV Weighted Compliance Scores by Specialty Type

Specialty Type	Total	Compliant[1]	Weighted Compliance Score
Total	**500**	**185**	**42.9%**
Internal Medicine/Family Medicine	100	33	37.7%
Pediatrics	100	49	53.7%

Specialty Type	Total	Compliant[1]	Weighted Compliance Score
OB/GYN	100	42	51.0%
Specialists (any)	100	35	41.0%
Behavioral Health (any)	100	26	31.0%

[1] Compliant providers include providers in which all indicators match between the online provider directory and the information obtained during the survey call to the sampled location.

Table 5-3 presents HUM's reasons for noncompliance.

Table 5-3—Reasons for Noncompliance

Reason	Count	Rate (%)
Noncompliant providers	**315**	**63.0%**
Total reasons for noncompliance[1]	**378**	**NA**
Provider does not participate with MCO or Louisiana Medicaid	121	24.2%
Provider is not at site	67	13.4%
Provider not accepting new patients	41	8.2%
Wrong telephone number	2	0.4%
No response/busy signal/disconnected telephone number (after three calls)	49	9.8%
Representative does not know	0	0.0%
Incorrect address reported	58	11.6%
Address (suite number) needs to be updated	11	2.2%
Wrong specialty reported	29	5.8%

[1] The total reasons for noncompliance may not equal the number of noncompliant providers because providers may have multiple reasons for noncompliance.
NA = a rate was not calculated for this element.

Provider Access Surveys

HSAG conducted provider access surveys in September 2023 and November to December 2023 (review period). This section presents the results from the CY 2023 provider access surveys for all sampled providers by MCO and specialty type.

Table 5-4 illustrates the response rate and indicator match rates for HUM by specialty type.

Table 5-4—Response Rate and Indicator Match Rates for HUM by Specialty Type

Specialty Type	Response Rate		Correct Address		Offered Requested Services		Accepted MCO		Accepted Louisiana Medicaid		Accepted New Patients		Provider at Location	
	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)
Total	**151**	**81.2%**	**129**	**85.4%**	**122**	**80.8%**	**99**	**65.6%**	**88**	**58.3%**	**78**	**51.7%**	**73**	**48.3%**
Primary Care	51	85.0%	47	92.2%	45	88.2%	35	68.6%	28	54.9%	23	45.1%	21	41.2%
Pediatrics	37	92.5%	35	94.6%	35	94.6%	33	89.2%	31	83.8%	28	75.7%	28	75.7%
OB/GYNs	16	80.0%	12	75.0%	11	68.8%	9	56.3%	9	56.3%	8	50.0%	7	43.8%
Endocrinologists	9	81.8%	6	66.7%	5	55.6%	4	44.4%	3	33.3%	3	33.3%	3	33.3%
Dermatologists	12	80.0%	10	83.3%	10	83.3%	7	58.3%	6	50.0%	6	50.0%	6	50.0%
Neurologists	11	55.0%	8	72.7%	6	54.5%	2	18.2%	2	18.2%	2	18.2%	2	18.2%
Orthopedic Surgeons	15	75.0%	11	73.3%	10	66.7%	9	60.0%	9	60.0%	8	53.3%	6	40.0%

Table 5-5 illustrates the average new patient wait times and appointments meeting compliance standards for HUM by appointment type.

Table 5-5—Average New Patient Wait Times and Appointments Meeting Compliance Standards for HUM by Appointment Type

Appointment Type	Wait Time (in Days)	Percentage of Appointments Meeting Compliance Standard
Routine Primary Care Visit	5	100%
Routine Pediatric Visit	11	87.5%
Non-Urgent Sick Primary Care Visit	2	75.0%
Non-Urgent Sick Pediatric Visit	1	100%
OB/GYN Visit	12	50.0%
Endocrinologist Visit	93	0.0%

Appointment Type	Wait Time (in Days)	Percentage of Appointments Meeting Compliance Standard
Dermatologist Visit	13	100%
Neurologist Visit	NA	NA
Orthopedic Surgeon Visit	61	0.0%

NA indicates that cases responding to the survey did not offer a new patient appointment date.

Table 5-6 presents HUM's provider access survey weighted compliance scores by specialty type. Please see the network adequacy validation (NAV) methodology for the weighted compliance score calculation criteria.

Table 5-6—Provider Access Survey Weighted Compliance Scores by Specialty Type

Specialty Type	Total	Compliant[1]	Weighted Compliance Score
Total	**186**	**73**	**45.7%**
Primary Care	60	21	39.4%
Pediatrics	40	28	71.7%
OB/GYNs	20	7	45.0%
Endocrinologists	11	3	42.4%
Dermatologists	15	6	44.4%
Neurologists	20	2	21.7%
Orthopedic Surgeons	20	6	40.0%

[1] Compliant providers include providers for which all indicators match between the online provider directory and the information obtained during the survey call to the sampled location.

Table 5-7 presents HUM's provider access survey reasons for noncompliance.

Table 5-7—Provider Access Survey Reasons for Noncompliance

Reason	Count	Rate (%)
Noncompliant providers	**113**	**60.8%**
Total reasons for noncompliance[1]	**114**	**NA**
Provider does not participate with MCO or Louisiana Medicaid	34	18.3%
Provider is not at site	5	2.7%
Provider not accepting new patients	10	5.4%
Wrong telephone number	1	0.5%

Reason	Count	Rate (%)
No response/busy signal/disconnected telephone number (after three calls)	34	18.3%
Incorrect address reported	22	11.8%
Address (suite number) needs to be updated	1	0.5%
Wrong specialty reported	7	3.8%

[1] The total reasons for noncompliance may not equal the number of noncompliant providers because providers may have multiple reasons for noncompliance.
NA = a rate was not calculated for this element.

Table 5-8 presents HUM's provider access survey after-hours weighted compliance scores by specialty type.

Table 5-8—Provider Access Survey After-Hours Weighted Compliance Scores by Specialty Type

Specialty Type	Total	Compliant[1]	Weighted Compliance Score
Total	**45**	**25**	**58.5%**
Primary Care	15	12	80.0%
Pediatrics	10	8	83.3%
OB/GYNs	5	1	26.7%
Endocrinologists	2	1	50.0%
Dermatologists	3	0	11.1%
Neurologists	5	0	6.7%
Orthopedic Surgeons	5	3	60.0%

[1] Compliant providers include providers for which all indicators match between the online provider directory and the information obtained during the survey call to the sampled location.

NAV Audit

This section presents the results from the CY 2023 (review period) NAV audit.

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG determined that HUM achieved a *High Confidence* validation rating for all indicators, with the exception of indicators resulting in an *Unable to Validate* designation, which refers to HSAG's overall confidence that HUM used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Table 5-9 contains the percentage of members HUM reported with access at the statewide level, by provider type and by urbanicity. LDH established a 100 percent threshold for MCOs when determining

requirements met with distance standards. Results that achieved the 100 percent threshold are shaded green. Items marked "NA" indicate provider types for which results were unavailable due to misalignment between instructions within the LDH-provided reporting template, which did not include a requirement to provide results for the applicable indicator.

Table 5-9—HUM Distance Requirements Met by Percentage of Members With Access by Provider Type and Urbanicity

Provider Type	Urbanicity	Percentage of Members With Access
Adult PCP (Family/General Practice; Internal Medicine and Physician Extenders*)	Urban	98.6%
	Rural	100%
Pediatrics (Family/General Practice; Internal Medicine and Physician Extenders*)	Urban	99.0%
	Rural	100%
Federally Qualified Health Centers (FQHCs)	Urban	86.1%
	Rural	94.4%
Rural Health Centers (RHCs)	Urban	12.7%
	Rural	99.8%
Acute Inpatient Hospitals	Urban	87.8%
	Rural	98.7%
Laboratory	Urban	96.4%
	Rural	86.3%
Radiology	Urban	99.0%
	Rural	98.6%
Pharmacy	Urban	98.2%
	Rural	100%
Hemodialysis Centers	Urban	99.0%
	Rural	99.2%
Home Health	Urban	NA
	Rural	NA
OB/GYNs (access only for adult female members)	Urban	95.9%
	Rural	95.3%
Allergy/Immunology	Urban	99.9%
	Rural	97.5%
Cardiology	Urban	99.9%
	Rural	97.5%

Provider Type	Urbanicity	Percentage of Members With Access
Dermatology	Urban	99.9%
	Rural	98.1%
Endocrinology and Metabolism (Adult)	Urban	93.7%
	Rural	87.0%
Endocrinology and Metabolism (Pediatric)	Urban	NA
	Rural	NA
Gastroenterology	Urban	99.9%
	Rural	100%
Hematology/Oncology	Urban	99.9%
	Rural	99.8%
Nephrology	Urban	99.9%
	Rural	100%
Neurology (Adult)	Urban	99.9%
	Rural	98.8%
Neurology (Pediatric)	Urban	NA
	Rural	NA
Ophthalmology	Urban	99.9%
	Rural	100%
Orthopedics (Adult)	Urban	99.9%
	Rural	100%
Orthopedics (Pediatric)	Urban	NA
	Rural	NA
Otorhinolaryngology/Otolaryngology	Urban	99.9%
	Rural	100%
Urology	Urban	99.9%
	Rural	99.0%
Other Specialty Care	Urban	NA
	Rural	NA
Psychiatrists	Urban	96.2%
	Rural	97.8%
Physicians and LMHPs who specialize in pregnancy-related and postpartum depression or related mental health disorders	Urban	99.9%
	Rural	100%

Provider Type	Urbanicity	Percentage of Members With Access
Physicians and LMHPs who specialize in pregnancy-related and postpartum substance use disorders	Urban	99.9%
	Rural	100%
Behavioral Health Specialist (Other Specialty Care: Advanced Practice Registered Nurse [APRN-BH] specialty, Licensed Psychologist or Licensed Clinical Social Worker [LCSW])	Urban	98.6%
	Rural	99.8%
Psychiatric Residential Treatment Facilities (PRTFs), PRTF (Level 3.7 Withdrawal Management [WM]) and Other Specialization (Pediatric Under Age 21)	Urban	0%
	Rural	NA**
American Society of Addiction Medicine (ASAM) Level 1	Urban	76.7%
	Rural	17.8%
ASAM Level 2.1	Urban	76.6%
	Rural	18.3%
ASAM Level 2 WM	Urban	42.6%
	Rural	0.0%
ASAM Level 3.1 (Adult over age 21)	Urban	79.0%
	Rural	3.3%
ASAM Level 3.1 (Pediatric under age 21)	Urban	93.9%
	Rural	NA
ASAM Level 3.2 WM (Adult over age 21)	Urban	85.3%
	Rural	0.0%
ASAM Level 3.2 WM (Pediatric under age 21)	Urban	0.0%
	Rural	NA
ASAM Level 3.3 (Adult over age 21)	Urban	77.5%
	Rural	3.3%
ASAM Level 3.5 (Adult over age 21)	Urban	83.9%
	Rural	23.6%
ASAM Level 3.5 (Pediatric under age 21)	Urban	95.6%
	Rural	NA
ASAM Level 3.7 (Adult over age 21)	Urban	83.2%
	Rural	28.2%

Provider Type	Urbanicity	Percentage of Members With Access
ASAM Level 3.7 WM	Urban	94.0%
	Rural	51.9%
Inpatient Psychiatric Hospital (Free Standing Psychiatric Hospital; Distinct Part Psychiatric Unit)	Urban	99.9%
	Rural	99.8%
Mental Health Rehabilitation Agency (Community Psychiatric Support and Treatment; Psychosocial Rehabilitation; and Crisis Intervention—Mental Health Rehabilitation Agency [Legacy MHR], Behavioral Health Rehab Provider Agency [Non-Legacy MHR]; Mental Health Clinics)	Urban	99.1%
	Rural	99.8%

* Physician Extenders: Nurse practitioners, certified nurse mid-wives, and physician assistants linked to a physician group who provide primary care services to adults.

HSAG assessed HUM's results for combined adult PCP and combined pediatrics provider-to-member ratios at the statewide level. The statewide level consists of nine LDH regions, which indicated HUM's statewide results exceeded LDH-established requirements. Table 5-10 displays the statewide combined adult PCP and combined pediatrics provider-to-member ratios.

Table 5-10—HUM Statewide Combined Adult PCP and Combined Pediatrics Provider-to-Member Ratios

Provider Type	Indicator
Adult PCPs—Physicians Full-Time Employees (FTE)	Adult PCPs—Physicians (FTEs) (1:1,000 members)
Family/General Practice (that agree to full PCP responsibility)	
Internal Medicine (that agree to full PCP responsibility)	
FQHCs	
RHCs	
Adult PCP Physician Extenders (Equivalent to 0.5 PCP FTE)	Adult PCP Physician Extenders (FTEs) (1:1,000 members equivalent to 0.5 PCP FTE)
Nurse practitioners (that agree to full PCP responsibility)	
Certified nurse mid-wives (that agree to full PCP responsibility)	
Physician assistants linked to a physician group (that agree to full PCP responsibility)	

Provider Type	Indicator
Pediatric PCPs—Physicians (FTEs)	Pediatric PCPs—Physicians (FTEs) (1:1,000 members)
Family/General Practice (that agree to full PCP responsibility)	
Internal Medicine (that agree to full PCP responsibility)	
FQHCs	
RHCs	
Pediatric PCP Physician Extenders (Equivalent to 0.5 PCP FTE)	Pediatric PCP Physician Extenders (FTEs) (1:1,000 members equivalent to 0.5 PCP FTE)
Nurse practitioners (that agree to full PCP responsibility)	
Certified nurse mid-wives (that agree to full PCP responsibility)	
Physician assistants linked to a physician group (that agree to full PCP responsibility)	
Statewide Combined Ratio	
Combined Adult PCP FTEs (1:1,000 adult members)	6.88%
Combined Pediatrics (1:1,000 adult members)	4.99%

HSAG assessed HUM's results for statewide provider-to-member ratios by specialty provider type and determined that HUM's statewide results met or exceeded LDH-established requirements. Table 5-11 displays the statewide provider-to-member ratios by provider type and indicator.

Table 5-11—HUM Statewide Provider-to-Member Ratio by Specialty Provider Type

Specialty Care	Indicator	Statewide Ratio
OB/GYN	1:10,000 (0.01%)	0.46%
Allergy/Immunology	1:100,000 (0.001%)	0.05%
Cardiology	1:20,000 (0.005%)	0.34%
Dermatology	1:40,000 (0.003%)	0.10%
Endocrinology and Metabolism	1:25,000 (0.004%)	0.02%
Gastroenterology	1:30,000 (0.003%)	0.19%
Hematology/Oncology	1:80,000 (0.001%)	0.24%

Specialty Care	Indicator	Statewide Ratio
Nephrology	1:50,000 (0.002%)	0.17%
Neurology	1:35,000 (0.003%)	0.23%
Ophthalmology	1:20,000 (0.005%)	0.20%
Orthopedics	1:15,000 (0.007%)	0.23%
Otorhinolaryngology/Otolaryngology	1:30,000 (0.003%)	0.16%
Urology	1:30,000 (0.003%)	0.13%

HSAG assessed HUM's results for behavioral health providers to determine the accessibility and availability of appointments and determined that HUM met one of three LDH-established performance goals for three reported appointment access standards. Table 5-12 displays the performance measure, threshold, LDH-established performance goal, and achieved compliance rate.

Table 5-12—HUM Appointment Access Standards Compliance Rate for Behavioral Health

Type of Visit	Access/Timeliness Standard	Performance Goal	Compliance Rate
Emergency Care	24 hours, 7 days/week within 1 hour of request	90%	29.80%
Urgent Non-Emergency Behavioral Health Care	48 hours (2 calendar days)	90%	53.10%
Non-Urgent Routine Behavioral Health Care	14 calendar days	70%	76.40%

During the NAV review period, HSAG determined the access/timeliness standards in Table 5-13 were not included in the LDH-required reporting templates, resulting in an *Unable to Validate* validation rating for each associated indicator.

Table 5-13—HUM Access and Timeliness Standards Unable to Validate

Type of Visit/Admission/Appointment	Access/Timeliness Standard
Urgent Non-Emergency Care	24 hours, 7 days/week within 24 hours of request
Non-Urgent Sick Primary Care	72 hours
Non-Urgent Routine Primary Care	6 weeks
After Hours, by Phone	Answer by live person or call back from a designated medical practitioner within 30 minutes
OB/GYN Care for Pregnant Women	
1st Trimester	14 days
2nd Trimester	7 days

Type of Visit/Admission/Appointment	Access/Timeliness Standard
3rd Trimester	3 days
High-Risk Pregnancy, Any Trimester	3 days
Family Planning Appointments	1 week
Specialist Appointments	1 month
Scheduled Appointments	Less than a 45-minute wait in office
Psychiatric Inpatient Hospital (Emergency Involuntary)	4 hours
Psychiatric Inpatient Hospital (Involuntary)	24 hours
Psychiatric Inpatient Hospital (Voluntary)	24 hours
ASAM Levels 3.3, 3.5, and 3.7	10 business days
Residential WM	24 hours when medically necessary
PRTF	20 calendar days

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

- HUM successfully added around 100 new Urgent Care facilities to its network starting in late 2023 through the middle of 2024, indicating steps taken to reduce gaps in its provider network. **[Quality, Timeliness, and Access]**
- No strengths were identified in the PDV activity, as all indicators had match rates below 90 percent.
- Of the cases that offered an appointment date in the provider access survey, 100 percent of routine primary care, non-urgent sick pediatric, and dermatologist cases offered an appointment within the compliance standard. **[Timeliness and Access]**

For HUM, the following opportunities for improvement were identified:

- No specific opportunities were identified related to the systems, management processes, or data integration HUM had in place to inform network adequacy standard and indicator calculation and reporting. **[Quality, Timeliness, and Access]**
- Acceptance of Louisiana Medicaid was inaccurate with 58.5 percent of providers in the PDV and 58.3 percent of locations in the provider access survey accepting Louisiana Medicaid. **[Quality and Access]**
- Acceptance of HUM was inaccurate with 58.1 percent of providers in the PDV and 65.6 percent of locations in the provider access survey accepting HUM. **[Quality and Access]**
- Overall, only 76.0 percent of providers in the PDV and 80.8 percent of locations in the provider access survey confirmed the specialty was accurate. **[Quality and Access]**

- Overall, acceptance of new patients was relatively low with 73.3 percent of providers in the PDV and 51.7 percent of locations in the provider access survey accepting new patients. **[Quality and Access]**

- Provider affiliation varied by survey type with 82.5 percent of PDV locations and 48.3 percent of provider access survey locations confirming the sampled provider was at the location. **[Quality and Access]**

- Of the cases that offered an appointment, 87.5 percent of routine pediatric cases, 75.0 percent of non-urgent sick primary care cases, 50.0 percent of OB/GYN cases, and 0.0 percent of endocrinologist and orthopedic surgeon cases were within the wait time compliance standards. Additionally, neurology cases did not offer any new patient appointment dates. **[Timeliness and Access]**

- Compliance scores varied by survey type with an overall compliance score of 42.9 percent for the PDV, 45.7 percent for the provider access survey, and 58.5 percent for the after-hours provider access survey. **[Quality and Access]**

- Compliance scores also varied by provider type with behavioral health having the lowest compliance score at 31.0 percent and pediatrics having the highest compliance score at 53.7 percent for the PDV. For the provider access survey, neurologists exhibited the lowest compliance score at 21.7 percent and pediatrics exhibited the highest compliance score at 71.7 percent. While neurologists exhibited the lowest compliance score at 6.7 percent, pediatrics exhibited the highest compliance score at 83.3 percent for the after-hours provider access survey. **[Quality and Access]**

For HUM, the following recommendations were identified:

- LDH should provide HUM with the case-level PDV and provider access survey data files (i.e., flat files) and a defined timeline by which HUM will address provider data deficiencies identified during the PDV reviews and/or provider access survey (e.g., provider specialty, MCO acceptance, and Louisiana Medicaid acceptance). **[Quality and Access]**

- In addition to updating provider information, HUM should conduct a root cause analysis to identify the nature of the data mismatches for PDV and provider access survey study indicators that scored below 90 percent. **[Quality and Access]**

- HUM should consider conducting a review of the offices' eligibility verification requirements to ensure these barriers do not unduly burden members' ability to access care. **[Timeliness and Access]**

Methodology

Objectives

The purpose of NAV activities is to evaluate the sufficiency of the provider network as reported by the MCO, ensure the sufficiency of the network to provide adequate access to all services covered under the contract for all members, and provide recommendations to address network deficiencies. In accordance with 42 CFR §438.350(a), states that contract with MCOs, PIHPs, and PAHPs, collectively referred to as "MCEs," are required to have a qualified EQRO perform an annual EQR that includes validation of network adequacy to ensure provider networks are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services.

The objectives of the validation of network adequacy are to:

- Assess the accuracy of the LDH-defined network adequacy indicators reported by the MCOs.
- Evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, and systems and processes used.
- Determine an indicator-level validation rating, which refers to the overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as set forth by LDH.

Technical Methods of Data Collection

In February 2023, CMS released updates to the CMS EQR protocols, including the newly developed NAV protocol. As established in the 2016 final rule, states must begin conducting the NAV activity at 42 CFR §438.358(b)(1)(iv) no later than one year from the issuance of the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023 (CMS EQR Protocol 4).[5-1] Therefore, in February 2024, HSAG began conducting NAV activities in accordance with the CMS EQR Protocol 4 and will report results in the EQR technical report due April 30, 2025.

Provider Directory Validation

HSAG conducted PDV reviews from July 2023 through November 2023. To conduct the NAV analysis, HSAG utilized the MCOs' online provider directories to locate and extract provider data elements. Trained interviewers collected survey responses using a standardized script to validate survey indicators pertaining to provider data accuracy, such as telephone number, address, provider specialty, provider

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[5-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 17, 2024.

affiliation with the requested MCO, provider's acceptance of Medicaid, and accuracy of new patient acceptance.

Provider Access Survey

HSAG conducted provider access surveys in September 2023 and November to December 2023. To conduct the NAV analysis, each MCO used the data request document prepared by HSAG to identify providers potentially eligible for survey inclusion, and to submit provider data files used to populate its online provider directory to HSAG. At a minimum, the data elements requested for each provider included: provider name, Medicaid identification (ID), National Provider Identification (NPI) number, provider specialty, physical (practice) address, telephone number, provider taxonomy code, and whether the provider accepted new patients.

Upon receipt of the data files, HSAG assessed the data to ensure alignment with the requested data file format, data field contents, and logical consistency between data elements. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine which data values attributed to each provider domain.

NAV Audit

HSAG collected network adequacy data from the MCOs via a secure file transfer protocol (SFTP) site and via virtual NAV audits. HSAG used the collected data to conduct the validation of network adequacy in accordance with the CMS EQR Protocol 4.

HSAG conducted a virtual review with the MCOs that included team members from the EQRO, MCO staff, and staff from vendors, if applicable. HSAG collected information using several methods, including interviews, system demonstrations, review of source data output files, primary source verification (PSV), observation of data processing, and review of final network adequacy indicator-level reports. The virtual review activities performed for each MCO included the following:

- Opening meeting
- Review of the Information Systems Capabilities Assessment Tool (ISCAT) and supporting documentation
- Evaluation of underlying systems and processes
- Overview of data collection, integration, methods, and control procedures
- Network adequacy source data PSV and results
- Closing conference

HSAG conducted interviews with key MCO staff members who were involved with the calculation and reporting of network adequacy indicators.

Description of Data Obtained

HSAG, with approval from LDH, conducted the following network adequacy monitoring tasks during CY 2023:

1. PDV, to validate the MCOs' online provider directories to ensure members have appropriate access to provider information. HSAG utilized the MCOs' online provider directories to locate and extract provider data elements required to conduct the survey component of the PDV activity.
2. Provider access survey, to determine the accuracy of the managed care network information supplied to Healthy Louisiana members using the MCOs' provider data files and to ensure that Louisiana provider networks are following the established LDH standard for office-hour appointments. HSAG utilized the MCOs' provider data files used to populate their online provider directories to conduct the survey component of the provider access survey activity.
3. HSAG prepared a document request packet that was submitted to each MCO outlining the activities conducted during the validation process. The document request packet included a request for documentation to support HSAG's ability to assess each MCO's IS and processes, network adequacy indicator methodology, and accuracy of network adequacy reporting at the indicator level. Documents requested included an ISCAT, a timetable for completion, and instructions for submission. HSAG worked with the MCOs to identify all data sources informing calculation and reporting at the network adequacy indicator level. HSAG obtained the following data and documentation from the MCOs to conduct the NAV audits:
   - IS data from the ISCAT
   - Network adequacy logic for calculation of network adequacy indicators
   - Network adequacy data files
   - Network adequacy monitoring data
   - Supporting documentation, including policies and procedures, data dictionaries, system flow diagrams, system log files, and data collection process descriptions

How Data Were Aggregated and Analyzed

Provider Directory Validation

For each sampled case, HSAG compared the MCOs' provider directory values to the information obtained via the survey call for the following list of indicators. All items must match exactly, except for common United States Postal Service (USPS) standard abbreviations and naming conventions (e.g., E and East or 1st and First).

- Telephone number
- Address
- Office affiliation with the sampled provider
- Accuracy of provider specialty

- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid
- Accuracy of new patient acceptance

HSAG used the following validation responses to assess each indicator:

- Yes, the information matched between the online provider directory and the survey call.
- No, the information did not match between the online provider directory and the survey call.

Using the results of the PDV, HSAG calculated a compliance score for each MCO. The criteria in Table 5-14 were used to calculate the weight of each noncompliance survey outcome.

Table 5-14—Noncompliance Reasons and Weighting

Noncompliance Reason	Weight
Provider does not participate with MCO or Louisiana Medicaid	3
Provider is not at site	3
Provider not accepting new patients	3
Wrong telephone number	3
No response/busy signal/disconnected telephone number (after three calls)	3
Representative does not know	3
Incorrect address reported	2
Address (suite number) needs to be updated	1
Wrong specialty reported	1
Refused to participate in survey	0

Table 5-15—Weighted Noncompliance Criteria

Weighted Noncompliance Scores	
Numerator	The numerator is the sum of all provider noncompliance scores for the MCO. Each provider record received a noncompliance score based upon the reasons for noncompliance in Table 5-14. If multiple noncompliance criteria are met, the noncompliance criterion with the largest weight was used.
Denominator	The denominator is the number of provider records multiplied by 3.

Weighted compliance score equation:

MCO's weighted compliance score = 1 – the weighted noncompliance score

Compliance: The MCOs were compliant if their weighted compliance score was ≥ 75.

Provider Access Survey

Using a survey script approved by LDH, HSAG validated the following information pertaining to provider data accuracy:

- Telephone number
- Address
- Accuracy of provider specialty
- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid
- Accuracy of new patient acceptance
- Sampled provider at location
- Appointment availability

Using the results of the survey, HSAG calculated a compliance score for each MCO. The criteria in Table 5-16 were used to calculate the weight of each noncompliance survey outcome.

Table 5-16—Noncompliance Reasons and Weighting

Noncompliance Reason	Weight
Provider does not participate with MCO or Louisiana Medicaid	3
Provider is not at site	3
Provider not accepting new patients	3
Wrong telephone number	3
No response/busy signal/disconnected telephone number (after three calls)	3
Representative does not know	3
Incorrect address reported	2
Address (suite number) needs to be updated	1
Wrong specialty reported	1
Refused to participate in survey	0

Table 5-17—Weighted Noncompliance Criteria

Weighted Noncompliance Scores	
Numerator	The numerator is the sum of all provider noncompliance scores for the MCO. Each provider record received a noncompliance score based upon the reasons for noncompliance in Table 5-16. If multiple noncompliance criteria are met, the noncompliance criterion with the largest weight was used.
Denominator	The denominator is the number of provider records multiplied by 3.

Weighted compliance score equation:

MCO's weighted compliance score = 1 – the weighted noncompliance score

Compliance: The MCOs were compliant if their weighted compliance score was ≥ 75 percent.

NAV Audit

HSAG assessed each MCO's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support the MCO's and State's network adequacy monitoring efforts.

HSAG used the CMS EQR Protocol 4 indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that the MCO used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators.

How Conclusions Were Drawn

Provider Directory Validation/Provider Access Survey

HSAG determined that results of network adequacy activities could provide information about MCO performance related to the quality, timeliness, and access domains of care. HSAG used analysis of the network data obtained to draw conclusions about Healthy Louisiana member access to particular provider networks (e.g., primary, specialty, or behavioral health care) in specified geographic regions. The data also allowed HSAG to draw conclusions regarding the quality of the MCOs' ability to track and monitor their respective provider networks.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid MCOs, HSAG assigned each of the components reviewed for NAV activities to one or more of three domains of care. This assignment to domains of care is depicted in Table 5-18.

Table 5-18—Assignment of NAV Activities to the Quality, Timeliness, and Access Domains

NAV Activity	Quality	Timeliness	Access
PDV	✓		✓
Provider Access Survey	✓	✓	✓

NAV Audit

HSAG calculated each network adequacy indicator's validation score by identifying the number of *Met* and *Not Met* elements recorded in the HSAG CMS EQR Protocol 4 Worksheet 4.6, noted in Table 5-19.

Table 5-19—Validation Score Calculation

Worksheet 4.6 Summary
A. Total number of *Met* elements
B. Total number of *Not Met* elements
Validation Score = A / (A + B) x 100
Number of *Not Met* elements determined to have significant bias on the results.

Based on the results of the ISCA combined with the detailed validation of each indicator, HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable, and if the MCO's interpretation of data was accurate. HSAG determined validation ratings for each reported network adequacy indicator. The overall validation rating refers to HSAG's overall confidence that acceptable methodology was used for all phases of data collection, analysis, and interpretation of the network adequacy indicators. The CMS EQR Protocol 4 defines validation rating designations at the indicator level, which are defined in Table 5-20 and assigned by HSAG once HSAG has calculated the validation score for each indicator.

Table 5-20—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

Significant bias was determined based on the magnitude of errors detected and not solely based on the number of elements *Met* or *Not Met*. HSAG determined that a *Not Met* element had significant bias on the results by:

• Requesting that the MCO provide a root cause analysis of the finding.

• Working with the MCE to quantify the estimated impact of an error, omission, or other finding on the indicator calculation.

• Reviewing the root cause, proposed corrective action, timeline for corrections, and estimated impact, within HSAG's NAV Oversight Review Committee, to determine the degree of bias.

• Finalizing a bias determination within HSAG's NAV Oversight Review Committee based on the following threshold:

– The impact biased the reported network adequacy indicator result by more than 5 percentage points, the impact resulted in a change in network adequacy compliance (i.e., the indicator result changed from compliant to noncompliant or changed from noncompliant to compliant), or the impact was unable to be quantified and therefore was determined to have the potential for significant bias.

By assessing each MCO's performance and NAV reporting process, HSAG identified areas of strength and opportunities for improvement. Along with each area of opportunity, HSAG also provided a recommendation to help target improvement.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid MCOs, HSAG assigned each of the standards reviewed for NAV activities to one or more of three domains of care. This assignment to domains of care is depicted in Table 5-21.

Table 5-21—Assignment of NAV Audit Activities to the Quality, Timeliness, and Access Domains

NAV Standard	Quality	Timeliness	Access
Provider: Enrollee Ratio	✓	✓	✓
Distance	✓	✓	✓
Access and Timeliness Standards	✓	✓	✓

Results

Table 6-1 presents HUM's 2024 (review period) adult achievement scores. Trending for HUM could not be performed since this was the first year that this MCO administered the CAHPS Health Plan Survey.

Table 6-1—Adult Achievement Scores

Measure	2022	2023	2024
Rating of Health Plan	—	—	73.50%
Rating of All Health Care	—	—	NA
Rating of Personal Doctor	—	—	NA
Rating of Specialist Seen Most Often	—	—	NA
Getting Needed Care	—	—	NA
Getting Care Quickly	—	—	NA
How Well Doctors Communicate	—	—	NA
Customer Service	—	—	NA

A minimum of 100 respondents is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of respondents are denoted as NA (Not Applicable).

↑ *Indicates the 2024 score is statistically significantly higher than the 2024 NCQA national average.*
↓ *Indicates the 2024 score is statistically significantly lower than the 2024 NCQA national average.*
▲ *Indicates the 2024 score is statistically significantly higher than the 2023 score.*
▼ *Indicates the 2024 score is statistically significantly lower than the 2023 score.*
— *Indicates that data are not available.*

Table 6-2 presents HUM's 2024 (review period) general child achievement scores. Trending for HUM could not be performed since this was the first year that this MCO administered the CAHPS Health Plan Survey.

Table 6-2—General Child Achievement Scores

Measure	2022	2023	2024
Rating of Health Plan	—	—	NA
Rating of All Health Care	—	—	NA
Rating of Personal Doctor	—	—	NA
Rating of Specialist Seen Most Often	—	—	NA
Getting Needed Care	—	—	NA
Getting Care Quickly	—	—	NA
How Well Doctors Communicate	—	—	NA
Customer Service	—	—	NA

A minimum of 100 respondents is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of respondents are denoted as NA (Not Applicable).

↑ *Indicates the 2024 score is statistically significantly higher than the 2024 NCQA national average.*

↓ *Indicates the 2024 score is statistically significantly lower than the 2024 NCQA national average.*

▲ *Indicates the 2024 score is statistically significantly higher than the 2023 score.*

▼ *Indicates the 2024 score is statistically significantly lower than the 2023 score.*

— *Indicates that data are not available.*

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

- For the adult and general child populations, HUM's scores were not statistically significantly higher than the 2024 NCQA national averages on any of the measures; therefore, no strengths were identified.

For HUM, the following opportunities for improvement were identified:

- For the adult and general child populations, HUM's scores were not statistically significantly lower than the 2024 NCQA national averages on any of the measures; therefore, no opportunities for improvement were identified.

For HUM, the following recommendation was identified:

- HSAG recommends that HUM focus on increasing response rates to the CAHPS survey for all populations so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of CAHPS, using customer service techniques, oversampling, and providing awareness to members and providers during the survey period. **[Quality, Timeliness, and Access]**

Methodology

Objectives

The CAHPS activity assesses adult members' and parents'/caretakers' of child members experiences with an MCO and the quality of care that they/their children receive. The goal of the CAHPS surveys is to provide feedback that is actionable and will aid in improving members' overall experiences.

Technical Methods of Data Collection and Analysis

The MCOs accomplished the technical method of data collection by administering the CAHPS 5.1H Adult Medicaid Health Plan Survey to the adult Medicaid population, and the CAHPS 5.1H Child Medicaid Health Plan Survey (with the Children with Chronic Conditions [CCC] measurement set) to the child Medicaid population. The MCOs employed various methods of data collection used for the CAHPS surveys, such as mixed-mode (i.e., mailed surveys followed by telephone interviews of non-respondents) and mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents). In addition, some MCOs had an option for members to complete the survey in Spanish and Chinese. Adult members and parents/caretakers of child members completed the surveys from February through May 2024, following NCQA's data collection protocol.

The CAHPS 5.1H Medicaid Health Plan Surveys included a set of standardized items (39 items for the CAHPS 5.1H Adult Medicaid Health Plan Survey and 76 items for the CAHPS 5.1H Child Medicaid Health Plan Survey with CCC measurement set) that assessed members' experiences with care. The survey categorized questions into eight measures of experience. These measures included four global ratings and four composite measures.[6-1] The global ratings reflected patients' overall experiences with their personal doctor, specialist, MCO, and all healthcare. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*).

For each of the four global ratings, HSAG calculated the percentage of respondents who chose a positive experience rating (a response value of 8, 9, or 10 on a scale of 0 to 10). For each of the four composite measures, HSAG calculated the percentage of respondents who chose a positive response. CAHPS composite measure response choices were "Never," "Sometimes," "Usually," or "Always." A positive response for the composite measures was a response of "Usually" or "Always."

[6-1] For this report, the 2024 Child Medicaid CAHPS results presented are based on the CAHPS survey results of the general child population only (i.e., results for children selected as part of the general child CAHPS sample). Therefore, results for the CAHPS survey measures evaluated through the CCC measurement set of questions (i.e., five CCC composite scores and items) and CCC population are not presented in this report.

For this report, HSAG did not include results for a CAHPS measure if the NCQA minimum reporting threshold of 100 respondents was not met. Additionally, for this report, HSAG compared the adult and general child Medicaid populations' survey findings to the 2024 NCQA CAHPS adult and general child Medicaid national averages.[6-2]

Description of Data Obtained

The CAHPS survey asks adult members or parents/caretakers of child members to report on and to evaluate their/their child's experiences with healthcare. The survey covers topics important to members, such as the communication skills of providers and the accessibility of services. The MCOs contracted with a CAHPS vendor to administer the survey to adult members and parents/caretakers of child members. The CAHPS survey asks about members' experiences with their MCO during the last six months of the measurement period (i.e., July through December 2023).

The MCOs' CAHPS vendors administered the surveys from February to May 2024. The CAHPS survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey received a disposition code of "completed" if at least three of the designated five questions were completed.[6-3] Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, did not meet the eligible population criteria, had a language barrier, or were mentally or physically incapacitated (adult Medicaid only). The survey also identified ineligible members during the process. The survey vendor recorded this information and provided it to HSAG in the data received.

How Data Were Aggregated and Analyzed

HSAG performed a trend analysis of the results in which the 2024 achievement scores were compared to their corresponding 2023 achievement scores to determine whether there were statistically significant differences. Statistically significant differences between the 2024 achievement scores and the 2023 achievement scores are noted with directional triangles. An MCO's score that performed statistically significantly higher in 2024 than 2023 is noted with a black upward triangle (▲). An MCO's score that performed statistically significantly lower in 2024 than 2023 is noted with a black downward triangle (▼). An MCO that did not perform statistically significantly higher or lower between years was not denoted with a triangle.

Additionally, HSAG compared MCO scores to the NCQA national averages to determine if there were any statistically significant differences. An MCO that performed statistically significantly higher than the 2024 NCQA national average was denoted with a green upward arrow (↑).[6-4] Conversely, an MCO

[6-2] National data were obtained from NCQA's 2024 Quality Compass.

[6-3] A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for adult Medicaid: questions 3, 10, 19, 23, and 28. A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for child Medicaid: questions 3, 25, 40, 44, and 49.

[6-4] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

that performed statistically significantly lower than the 2024 NCQA national average was denoted with a red downward arrow ($\downarrow$). An MCO that did not perform statistically significantly higher or lower than the 2024 NCQA national average was not denoted with an arrow.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care and services that each MCO provided to members, HSAG compared each MCO's 2024 survey results to the 2024 NCQA national averages to determine if there were any statistically significant differences. HSAG drew conclusions concerning quality of care, timeliness of care, and/or access to care by evaluating the questions included in each of the global ratings and composite measures presented in this report and relating the questions to the definitions of the three domains. This assignment to the domains is depicted in Table 6-3.

Table 6-3—Assignment of CAHPS Survey Measure Activities to the Quality, Timeliness, and Access Domains

CAHPS Survey Measure	Quality	Timeliness	Access
Rating of Health Plan	✓		
Rating of All Health Care	✓		
Rating of Personal Doctor	✓		
Rating of Specialist Seen Most Often	✓		
Getting Needed Care	✓		✓
Getting Care Quickly	✓	✓	
How Well Doctors Communicate	✓		
Customer Service	✓		

7. Behavioral Health Member Satisfaction Survey

Results

Table 7-1 presents the 2024 (review period) adult achievement scores for HUM and the Healthy Louisiana SWA. Trending for HUM could not be performed since this was the first year that this MCO was included in the Louisiana Behavioral Health Member Satisfaction Survey.

Table 7-1—Adult Achievement Scores for HUM

Measure	2023	2024	Healthy Louisiana SWA
Rating of Health Plan	NA	53.13%[+]	56.43%
How Well People Communicate	NA	95.36%[+]	92.65%
Cultural Competency	NA	50.00%[+]	82.85%[+]
Helped by Counseling or Treatment	NA	59.38%[+]	69.38%
Treatment or Counseling Convenience	NA	81.82%[+]	88.46%
Getting Needed Treatment	NA	70.97%[+]	81.83%
Help Finding Counseling or Treatment	NA	50.00%[+]	52.90%
Customer Service	NA	66.67%[+]	71.32%
Helped by Crisis Response Services	NA	58.33%[+]	75.17%

Scores with fewer than 100 respondents are denoted with a cross (+). In cases of fewer than 100 respondents for a measure, caution should be exercised when interpreting results.
↑ *Indicates the 2024 score is statistically significantly higher than the 2024 Healthy Louisiana SWA.*
↓ *Indicates the 2024 score is statistically significantly lower than the 2024 Healthy Louisiana SWA.*
▲ *Indicates the 2024 score is statistically significantly higher than the 2023 score.*
▼ *Indicates the 2024 score is statistically significantly lower than the 2023 score.*
NA *Indicates that data are not available.*

Table 7-2 presents the 2024 (review period) child achievement scores for HUM and the Healthy Louisiana SWA. Trending for HUM could not be performed since this was the first year that this MCO was included in the Louisiana Behavioral Health Member Satisfaction Survey.

Table 7-2—Child Achievement Scores

Measure	2023	2024	Healthy Louisiana SWA
Rating of Health Plan	NA	66.67%[+]	65.18%
How Well People Communicate	NA	95.37%[+]	90.74%
Cultural Competency	NA	—	90.17%[+]
Helped by Counseling or Treatment	NA	66.67%[+]	56.92%
Treatment or Counseling Convenience	NA	88.89%[+]	86.12%
Getting Needed Treatment	NA	88.89%[+]	77.13%

Measure	2023	2024	Healthy Louisiana SWA
Help Finding Counseling or Treatment	NA	—	46.93%+
Customer Service	NA	75.00%+	59.54%+
Getting Professional Help	NA	77.78%+	85.72%
Help to Manage Condition	NA	88.89%+	83.70%

Scores with fewer than 100 respondents are denoted with a cross (+). In cases of fewer than 100 respondents for a measure, caution should be exercised when interpreting results.

↑ *Indicates the 2024 score is statistically significantly higher than the 2024 Healthy Louisiana SWA.*

↓ *Indicates the 2024 score is statistically significantly lower than the 2024 Healthy Louisiana SWA.*

▲ *Indicates the 2024 score is statistically significantly higher than the 2023 score.*

▼ *Indicates the 2024 score is statistically significantly lower than the 2023 score.*

— *Indicates the MCO's score was not reported due to insufficient data.*

NA *Indicates that data are not available.*

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

- For the adult and child populations, HUM's scores were not statistically significantly higher than the 2024 Healthy Louisiana SWA on any of the measures; therefore, no strengths were identified.

For HUM, the following opportunities for improvement were identified:

- For the adult and child populations, HUM's scores were not statistically significantly lower than the 2024 Healthy Louisiana SWA on any of the measures; therefore, no opportunities for improvement were identified.

For HUM, the following recommendations were identified:

- HSAG recommends that HUM focus on increasing response rates to the behavioral health member satisfaction survey for all populations so there are greater than 100 respondents for each measure by educating and engaging all employees to increase their knowledge of the survey, using customer service techniques, oversampling, and providing awareness to members and providers during the survey period. **[Quality, Timeliness, and Access]**

Methodology

Objectives

The primary objective of this activity is to gather direct feedback from Healthy Louisiana adult members and parents/caretakers of child members who received behavioral health services regarding their experiences and the quality of the services they received. The survey covers topics that are important to members, such as the communication skills of people they saw for counseling or treatment and the accessibility of behavioral health services. This feedback will aid in improving overall experiences of adults and parents/caretakers of child members who receive behavioral health services.

Technical Methods of Data Collection and Analysis

To conduct the activity, HSAG, with support from LDH, developed and administered a custom behavioral health member satisfaction survey to the Healthy Louisiana MCO members. The survey was administered to adult members and parents/caretakers of child members identified as having three or more specified outpatient behavioral health encounters during the measurement period. All adult members and parents/caretakers of sampled child members completed the survey from June to August 2024.

The adult and child behavioral health member satisfaction survey included one global measure question, one composite measure, and 11 individual item measures. The global measure (also referred to as global rating) reflects overall member experience with the MCO. The composite measure is a set of questions grouped together to address a specific aspect of care (i.e., *How Well People Communicate)*. The individual item measures are individual questions that look at different areas of care (e.g., *Cultural Competency* or *Helped by Counseling or Treatment*).

For the global rating, HSAG calculated the percentage of respondents who chose a positive experience rating (i.e., a response of 9 or 10 on a scale of 0 to 10). For the composite measure, HSAG calculated the percentage of respondents who chose a positive response. The composite measure response choices were "Never," "Sometimes," "Usually," or "Always." A positive response for the composite measure was a response of "Usually" or "Always." For the individual item measures, HSAG calculated the percentage of respondents who chose a positive response (i.e., "Usually/Always," "Yes," "A lot," or "Not a problem").

For this report, HSAG included results for a measure even when there were less than 100 respondents. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. HSAG used a cross (+) to denote scores with fewer than 100 respondents.

Description of Data Obtained

The behavioral health member satisfaction survey asked adult members or parents/caretakers of child members to report on and to evaluate their/their child's experiences with behavioral health services. HSAG requested sample frame data files from each MCO that included the following information related to each member of the eligible population: name, gender, date of birth, mailing address, telephone number, primary language, race, and ethnicity. HSAG utilized information received in the sample frame data files to conduct the behavioral health member satisfaction survey.

How Data Were Aggregated and Analyzed

HSAG performed a trend analysis of the results in which the 2024 achievement scores were compared to their corresponding 2023 achievement scores to determine whether there were statistically significant differences. Statistically significant differences between the 2024 achievement scores and the 2023 achievement scores are noted with directional triangles. An MCO's score that performed statistically significantly higher in 2024 than 2023 is noted with a black upward triangle (▲). An MCO's score that performed statistically significantly lower in 2024 than 2023 is noted with a black downward triangle (▼). An MCO that did not perform statistically significantly higher or lower between years was not denoted with a triangle.

Additionally, HSAG compared the MCO-specific results to the total MCO program average to determine if the results were significantly different. The total MCO program results were weighted based on the eligible population included in each MCO. An MCO that performed statistically significantly higher than the program average was denoted with an upward black arrow (↑). Conversely, an MCO that performed statistically significantly lower than the program average was denoted with a downward black arrow (↓). An MCO that did not perform statistically significantly different than the program average was not denoted with an arrow. Comparisons to national data could not be performed given the custom nature of the survey instruments administered.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and access to care and services provided by the MCOs, HSAG assigned the measures evaluated in the behavioral health member satisfaction survey to one or more of these three domains. This assignment to domains is shown in Table 7-3.

Table 7-3—Assignment of Behavioral Health Member Satisfaction Survey Measures to the Quality, Timeliness, and Access Domains

Behavioral Health Member Satisfaction Survey Measure	Quality	Timeliness	Access
Rating of Health Plan	✓		
How Well People Communicate	✓		
Cultural Competency	✓		

Behavioral Health Member Satisfaction Survey Measure	Quality	Timeliness	Access
Helped by Counseling or Treatment	✓		
Treatment or Counseling Convenience			✓
Getting Counseling or Treatment Quickly	✓	✓	
Getting Needed Treatment	✓		✓
Barriers to Counseling or Treatment	✓		✓
Help Finding Counseling or Treatment	✓		✓
Customer Service	✓		
Crisis Response Services Used			✓
Receipt of Crisis Response Services			✓
Helped by Crisis Response Services	✓		
Getting Professional Help	✓		✓
Help to Manage Condition	✓		

For the 2023 (review period) Annual Health Disparities Focus Study, HSAG used MCO-provided CY 2022 stratified HEDIS and non-HEDIS indicator rates and CAHPS data files to identify disparities based on race, ethnicity, and geography, where applicable. However, given that HUM did not start until January 1, 2023, this MCO was not included in this study. HUM will be included in future health disparities focus studies.

Methodology

The Louisiana Medicaid Managed Care Quality Strategy outlines that one of LDH's objectives is to advance health equity and address social determinants of health. In an effort to measure and address health disparities, LDH and HSAG partnered to perform the 2023 Annual Health Disparities Focus Study. For the 2023 Annual Health Disparities Focus Study, HSAG identified statewide and MCO-specific disparities based on race, ethnicity, and geography using CY 2022 data.

Technical Methods of Data Collection

HSAG used the MCO-provided *Race Ethnicity and Rural Urban Stratification* Microsoft Excel (Excel) spreadsheets to identify disparities based on race, ethnicity, and geography for select HEDIS and non-HEDIS indicators. HSAG used the MY 2022 HEDIS IDSS data files and MY 2022 CAHPS data files to identify disparities for select HEDIS and CAHPS indicators based on race and ethnicity.

Description of Data Obtained

Table 8-1 displays all measure indicators, data sources, and the applicable stratifications that were assessed for health disparities. HSAG assigned each indicator to one of the following domains based on the type of care or health status being measured: Member Experience With Health Plan and Providers, Getting Care, Chronic Conditions, Children's Health, Women's Health, and Behavioral Health.

Table 8-1—Measure Indicators, Data Sources, and Stratifications Organized by Domains

Measure Indicator	Data Source	Stratification
Member Experience With Health Plan and Providers		
Rating of Health Plan—Adult (RHP–Adult) and *Child* (RHP–Child)	CAHPS Data	Race and Ethnicity
Rating of All Health Care—Adult (RHC–Adult) and *Child* (RHC–Child)		
Customer Service—Adult (CS–Adult) and *Child* (CS–Child)		
How Well Doctors Communicate—Adult (HWD–Adult) and *Child* (HWD–Child)		

Measure Indicator	Data Source	Stratification
Rating of Personal Doctor—Adult (RPD–Adult) and *Child* (RPD–Child)		
Rating of Specialist Seen Most Often—Adult (RSP–Adult) and *Child* (RSP–Child)		
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit (MSC–Quit), *Discussing Cessation Medications* (MSC–Meds), and *Discussing Cessation Strategies* (MSC–Strategies)		
Getting Care		
Getting Needed Care—Adult (GNC–Adult) and *Child* (GNC–Child)	CAHPS Data	Race and Ethnicity
Getting Care Quickly—Adult (GCQ–Adult) and *Child* (GCQ–Child)		
Flu Vaccinations for Adults (FVA)		
Colorectal Cancer Screening (COL)	*Race Ethnicity and Rural Urban Stratification* Excel	Race, Ethnicity, and Geography
Chronic Conditions		
Controlling High Blood Pressure (CBP)^	HEDIS IDSS	Race and Ethnicity
HbA1c Control for Patients With Diabetes^—HbA1c Control (<8.0 Percent) (HBD–8) and *HbA1c Poor Control (>9.0 Percent)* (HBD–9)*	HEDIS IDSS	Race and Ethnicity
Human Immunodeficiency Virus (HIV) Viral Load Suppression (HVL)	*Race Ethnicity and Rural Urban Stratification* Excel	Race, Ethnicity, and Geography
Children's Health		
Child and Adolescent Well-Care Visits (WCV)	HEDIS IDSS	Race and Ethnicity
Childhood Immunization Status—Combination 3 (CIS–3)^	*Race Ethnicity and Rural Urban Stratification* Excel	Race, Ethnicity, and Geography
Immunizations for Adolescents—Combination 2 (IMA–2)^		
Well-Child Visits in the First 30 Months of Life—Well-Child Visits in the First 15 Months—Six or More Well-Child Visits (W30–6+)		
Well-Child Visits in the First 30 Months of Life—Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30–2+)		
Low Birthweight Births (LBW)*		

Measure Indicator	Data Source	Stratification
Women's Health		
Cervical Cancer Screening (CCS)^	*Race Ethnicity and Rural Urban Stratification* Excel	Race, Ethnicity, and Geography
Contraceptive Care—Postpartum Care—Long-Acting Reversible Contraception (LARC)—3 Days—Ages 21–44 (CCP–LARC3–2144) and *90 Days—Ages 21–44* (CCP–LARC90–2144)		
Contraceptive Care—Postpartum Care—Most or Moderately Effective Contraception (MMEC)—3 Days—Ages 21–44 (CCP–MMEC3–2144) and *90 Days—Ages 21–44* (CCP–MMEC90–2144)		
Prenatal and Postpartum Care^—Timeliness of Prenatal Care (PPC–Prenatal) and *Postpartum Care* (PPC–Postpartum)	HEDIS IDSS	Race and Ethnicity
Behavioral Health		
Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up (FUH–30)	*Race Ethnicity and Rural Urban Stratification* Excel	Race, Ethnicity, and Geography
Follow-Up After ED Visit for Mental Illness—30-Day Follow-Up (FUM–30)		
Follow-Up After ED Visit for Substance Use—30-Day Follow-Up (FUA–30)		

^ *indicates a measure indictor that can be calculated using the hybrid methodology.*
* *indicates that a lower rate is better for this measure indicator.*

How Data Were Aggregated and Analyzed

Statewide Rate Calculations

HSAG calculated stratified rates for all HEDIS, non-HEDIS, and CAHPS measure indicators listed in Table 8-1. For the HEDIS and non-HEDIS measure indicators reported through IDSS files (HEDIS only) and the *Race Ethnicity and Rural Urban Stratification* Excel spreadsheets (HEDIS and non-HEDIS), HSAG extracted the stratified MCO-reported numerators, denominators, and rates provided in the reporting templates.

Additionally, HSAG used the survey responses provided in the CAHPS data files to calculate the stratified MCO-specific CAHPS rates. Each member was assigned a race and ethnicity based on their survey responses. To calculate a rate for a CAHPS measure indicator, HSAG converted each individual question by assigning the positive responses (i.e., "9/10," "Usually/Always," and "Yes" where applicable) to a "1" for each individual question, as described in *HEDIS MY 2022 Volume 3: Specifications for Survey Measures*. All other non-missing responses were assigned a value of "0." HSAG then calculated the percentage of respondents with a positive response (i.e., a "1"). For composite measures (i.e., CS, GNC, GCQ, and HWD), HSAG calculated the positive rating by taking the average percentage of positive ratings for each question within the composite. An MCO-specific

stratified rate was calculated by determining the percentage of respondents who gave a positive response for each race and ethnicity. For the Effectiveness of Care CAHPS measure indicators (i.e., MSC and FVA), HSAG identified the denominator and numerator in alignment with the *HEDIS MY 2022 Volume 2: Technical Specifications for Health Plans*.

HSAG then calculated a statewide aggregate for each HEDIS, non-HEDIS, and CAHPS measure indicator by summing the numerators and denominators reported by each MCO. For measure indicator rates that were reported using the hybrid methodology (please see Table 8-1 for measure indicators with a hybrid option), rates were based on a sample selected from the measure indicator's eligible population. For the *Immunizations for Adolescents—Combination 2* (IMA–2) indicator one MCO reported the hybrid measure using the administrative option (i.e., the rate is not based on a sample of cases). Given that one MCO's eligible population was larger than 411, HSAG transformed the administrative denominator and numerator to replicate a sample of 411 members in order to limit the overrepresentation of the MCO's members toward the SWA. To do this, HSAG first calculated a transformed weight by taking 411 divided by the eligible population of the total rate. HSAG then multiplied each stratified numerator and denominator by the transformed weight to calculate the transformed numerator and denominator. This method allowed for each stratification in the transformed rate to maintain the same proportion of the total population as the original rate, while also having the same performance (i.e., the transformed rate is equal to the original rate). Table 8-2 provides an example of how the transformed rates were calculated.

Table 8-2—Transformed Rate Calculation

Race Category	Eligible Population (A)	Numerator (B)	Rate (C)	Transformed Weight (D) 411/A	Transformed Denominator (E) A*D	Transformed Numerator (F) B*D	Transformed Rate (G) F/E
Total	5,000	2,500	50.00%	0.0822	411.0000	205.5000	50.00%
White	1,700	800	47.06%		139.7400	65.7600	47.06%
Black or African American	2,100	1,200	57.14%		172.6200	98.6400	57.14%
American Indian or Alaska Native	25	13	52.00%		2.0550	1.0686	52.00%
Asian	30	16	53.33%		2.4660	1.3152	53.33%
Native Hawaiian or Other Pacific Islander	10	6	60.00%		0.8220	0.4932	60.00%
Other	800	401	50.13%		65.7600	32.9622	50.13%
Unknown	335	170	50.75%		27.5370	13.9740	50.75%

Identifying Health Disparities

For the measure indicators listed in Table 8-1, HSAG identified statewide and MCO-specific disparities based on race, ethnicity, and geography, where applicable (see Table 8-1 for which stratifications apply to each measure indicator). Table 8-3 and Table 8-4 display the race and ethnicity categories that were included in each of the MCO-provided *Race Ethnicity and Rural Urban Stratification* Excel spreadsheets, HEDIS IDSS, and CAHPS data files, along with individual racial and ethnic groups that comprise each category. Given the variation in race and ethnicity categories across data files, HSAG included the individual racial and ethnic groups from each data source in the "Groups Included" columns in Table 8-3 and Table 8-4; however, the race and ethnicity categories listed were used in the analysis, where applicable.

Table 8-3—Race Categories

Race Category	Groups Included
White*	White
Black or African American	Black or African American, Black or African-American
American Indian or Alaska Native	American Indian or Alaska Native, American Indian and Alaska Native
Asian	Asian
Native Hawaiian or Other Pacific Islander	Native Hawaiian and Other Pacific Islander, Native Hawaiian or Other Pacific Islander
Other	Other, Some Other Race, Two or More Races
Unknown^	Unknown, Asked but No Answer

* indicates reference group for the identification of racial disparities.
^ indicates for the CAHPS measure indicators, "Unknown" includes members who did not provide a response.

Table 8-4—Ethnicity Categories

Ethnicity Category	Groups Included
Hispanic/Latino	Hispanic/Latino, Hispanic or Latino
Non-Hispanic/Latino*	Non-Hispanic/Latino, Not Hispanic/Latino, Not Hispanic or Latino
Unknown^	Unknown Ethnicity, Declined Ethnicity, Asked but No Answer

* indicates reference group for the identification of ethnic disparities.
^ indicates for the CAHPS measure indicators, "Unknown" includes members who did not provide a response.

Table 8-5 displays the geography categories and the parishes included in each.

Table 8-5—Geography Categories and Parishes

Geography	Parishes
Urban*	Acadia, Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Lafourche, Livingston, Orleans, Ouachita, Plaquemines, Rapides, St. Bernard, St. Charles, St. James, St. John, St. Landry, St. Martin, St. Tammany, Terrebonne, Webster, West Baton Rouge
Rural	Allen, Assumption, Avoyelles, Beauregard, Bienville, Caldwell, Cameron, Catahoula, Claiborne, Concordia, DeSoto, East Carroll, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, LaSalle, Lincoln, Madison, Morehouse, Natchitoches, Pointe Coupee, Red River, Richland, Sabine, St. Helena, St. Mary, Tangipahoa, Tensas, Union, Vermilion, Vernon, Washington, West Carroll, West Feliciana, Winn
Unknown	Unknown

* indicates reference group for the identification of disparities.

A disparity was identified if the relative difference between the demographic group (the group of interest) and the reference group was more than 10 percent. For rates for which a higher rate indicates better performance, the relative difference was calculated using the following equation:

$$Relative\ Difference = \frac{(Group\ of\ Interest\ Performance\ Rate - Reference\ Group\ Performance\ Rate)}{Reference\ Group\ Performance\ Rate}$$

For example, for identifying racial disparities, if the rate of eligible members receiving well-child visits for the White group was 65.0 percent and the rate for the Black or African American group was 45.0 percent, the rate for the Black or African American group (the group of interest) was below the rate for the White group (the reference group) by more than a 30 percent relative difference, indicating a disparity. This is shown in the equation below:

$$-30.8\% = \frac{(45.0\% - 65.0\%)}{65.0\%}$$

For measure indicators for which a lower rate indicates better performance,[8-1] the relative difference was calculated using the following equation:

$$Relative\ Difference = \frac{(Reference\ Group\ Performance\ Rate - Group\ of\ Interest\ Performance\ Rate)}{Reference\ Group\ Performance\ Rate}$$

For example, for identifying racial disparities, if the low birthweight rate for the Black or African American group was 13.0 percent and the rate for the White group was 9.0 percent, the rate for the Black or African American group (the group of interest) was above the rate for the White group (the reference group) by more than a 40 percent relative difference, indicating a disparity. This is shown in the equation below:

$$-44.4\% = \frac{(9.0\% - 13.0\%)}{9.0\%}$$

Disparities were categorized by the following color system:

1. [   ] indicates the rate for the group of interest was better than the reference group (i.e., the relative difference was more than 10 percent).
2. [   ] indicates the rate for the group of interest was worse than the reference group (i.e., the relative difference was less than −10 percent).
3. White cells indicate that a disparity was not identified.

How Conclusions Were Drawn

To draw conclusions about identified statewide and MCO-specific health disparities, HSAG first compared disparities identified for Louisiana Medicaid to national disparities and compared rates to the 2023 NCQA Quality Compass®,[8-2] national Medicaid HMO percentiles or the CMS Federal Fiscal Year (FFY) 2022 Child and Adult Health Care Quality Measures data,[8-3] where applicable. HSAG then assessed if specific measure indicators, domains, or demographic groups had disparities consistently identified.

[8-1] Please refer to those measure indicators in Table 8-1 marked with an asterisk (*) for measure indicators for which a lower rate indicates better performance.

[8-2] Quality Compass® is a registered trademark of the NCQA.

[8-3] Data. Medicaid.gov. 2022 Child and Adult Health Care Quality Measures. Available at: https://data.medicaid.gov/dataset/dfd13757-d763-4f7a-9641-3f06ce21b4c6. Accessed on: Dec 16, 2024.

Introduction

States may direct their EQROs to conduct focus studies for QI, administrative, legislative, or other purposes. Focus studies may examine clinical or nonclinical aspects of care provided by MCOs and assess quality of care at a specific point in time. LDH contracted with HSAG to conduct a focused CMPE to evaluate the MCO's compliance with the case management provisions of its contract with LDH and determine the effectiveness of case management activities.

Activities Conducted During SFY 2024

During SFY 2024, HSAG and LDH collaborated to determine the scope, methodology, data sources, and timing of the CMPE. HSAG conducted the focus study in accordance with the CMS EQR *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023.[9-1]

During SFY 2024, HSAG completed two CMPE reviews. Each review focused on specific populations of enrollees with special health care needs (SHCN):

- CY 2023 review (conducted from October through December 2023 [review period]): Enrollees with a classification of SHCN-Medical ("SHCN-MED"), SHCN-Behavioral Health ("SHCN-BH"), or "SHCN-BOTH" (composed of both MED and BH cases).
- CY 2024 review (conducted from March through April 2024 [review period]): Enrollees with a classification of SHCN-Department of Justice at-risk ("SHCN-DOJ-AR").

[9-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 16, 2024.

MCO Strengths, Opportunities for Improvement, and Recommendations

For HUM, the following strengths were identified:

- The results of both reviews demonstrated that no findings resulted in concerns regarding an enrollee's health, safety, or welfare. **[Quality]**
- For the CY 2023 review, all three domains demonstrated overall performance greater than 80 percent. **[Quality]**
- The results of both reviews demonstrated that the health plan was successful in completing activities during initial engagement with the enrollee, including initial assessments and care plans, and MCT development. **[Quality, Timeliness, and Access]**

For HUM, the following opportunities for improvement were identified:

- Both reviews determined that the health plan demonstrated opportunity for improvement with elements related to ongoing scheduled case management activities. **[Timeliness]**

For HUM, the following recommendations were identified:

- The health plan would benefit from strengthening documentation of an enrollee's refusal of in-person contact and should offer telephonic and consider virtual face-to-face options and in-person visits with enrollees at the location of their choice. All case management staff members should be trained on the expectation to complete case management activities in alternate formats if an enrollee refuses face-to-face contact. **[Quality and Timeliness]**
- The health plan should evaluate its unable to reach process to ensure alignment with LDH's expectations for outreach. **[Quality and Timeliness]**
- The health plan should evaluate its MCT process to ensure MCT meetings are conducted at regular intervals, or that an enrollee's refusal of MCT meetings is documented. The health plan reported that its MCT processes were being revised. The health plan should ensure all staff members are educated on any revisions and expectations for naming conventions and locations of documentation related to MCT development and meetings. **[Timeliness]**
- The health plan should evaluate its oversight processes to ensure that case managers and supervisory staff have tools to effectively manage activities that occur regularly. Case management system flags, queues, or reports that remind staff members of upcoming contact requirements should be considered; leadership audits may need to focus on these time-sensitive elements. **[Quality and Timeliness]**
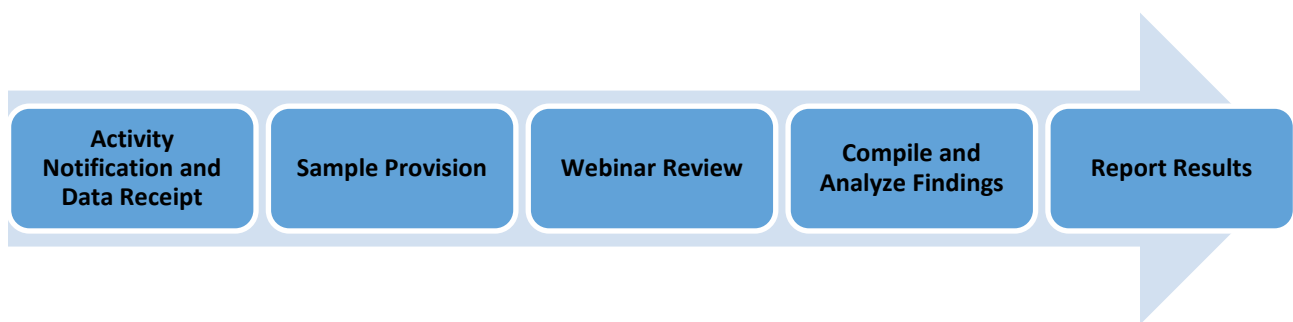
Methodology

Objectives

LDH requires the Healthy Louisiana MCO reporting of data on case management services to determine the number of individuals, the types of conditions, and the impact that case management services have on enrollees receiving those services. LDH established case management requirements to ensure that the services provided to enrollees with SHCN are consistent with professionally recognized standards of care. To assess MCO compliance with case management elements, LDH requested that HSAG evaluate the MCOs' compliance with the case management provisions of their contracts with LDH, including the rates of engagement in case management; the specific services offered to enrollees receiving case management; and the effectiveness of case management in terms of increasing the quality of care, increasing the receipt of necessary services, and reducing the receipt of potentially unnecessary services such as acute care.

HSAG's CMPE review tool comprehensively addressed the services and supports that are necessary to meet enrollees' needs. The tool included elements for review of case management documentation and enrollee care plans to ensure that they are consistent with a person-centered approach to care planning and service delivery and that outcomes are being achieved or progress is being made toward their achievement. The CMPE review tool included MCO contract requirements, evaluation criteria of those requirements, and reviewer determinations of performance.

Review Process

HSAG's case management review process included five activities:

Activity Notification and Data Receipt	Sample Provision	Webinar Review	Compile and Analyze Findings	Report Results

Activity 1: Activity Notification and Data Receipt

To initiate the case management review, HSAG conducted an activity notification webinar for the MCOs. During the webinar, HSAG provided information about the activity and expectations for MCO participation, including provision of data. HSAG requested the *LA PQ039 Case Management* report from each MCO.

Table 9-1—Activity 1: Activity Notification and Data Receipt

For this step,	HSAG will…
Step 1:	**Notify the MCOs of the review.**
	HSAG hosted a webinar to introduce the activity to the MCOs. The MCOs were provided a timeline, review tools, and a question and answer (Q&A) document post-webinar. HSAG provided assistance to all MCOs prior to the review, including clear instructions regarding the scope of the review, timeline and logistics of the webinar review, identification of expected review participants, and any other expectations or responsibilities.
Step 2:	**Receive data universes from the MCOs.**
	HSAG reviewed the data received from the MCOs for completeness.

Activity 2: Sample Provision

Upon receipt of each MCO's *LA PQ039 Case Management* report, HSAG reviewed the data to ensure completeness for sample selection. To be included in the sample, the enrollee must have met the following criteria:

For the CY 2023 review:

- Have a classification of "SHCN-MED," "SHCN-BH," or "SHCN-BOTH." HSAG identified these enrollees by the "reason identified for case management" field provided in the *LA PQ039 Case Management* report.
- Current case management span began on or before June 1, 2023. HSAG identified these enrollees by the "date entered case management" field provided in the *LA PQ039 Case Management* report.
- Enrollees with a case management span of at least three months. HSAG identified these enrollees by utilizing data from the "date entered case management" and "date exited case management" fields provided in the *LA PQ039 Case Management* report.

For the CY 2024 review:

- Have a classification of "SHCN-DOJ-AR." HSAG identified these enrollees by the "reason identified for case management" field provided in the *LA PQ039 Case Management* report.
- Identified by the MCOs as "accepted" in the "enrollment offer result" field provided in the *LA PQ039 Case Management* report.
- Current case management span began on or after October 1, 2023. HSAG identified these enrollees by the "date entered case management" field provided in the *LA PQ039 Case Management* report.
- Enrollees with a case management span of at least three months. HSAG identified these enrollees by utilizing data from the "date entered case management" and "date exited case management" fields provided in the *LA PQ039 Case Management* report.

If the criteria above did not allow for the sample size to be achieved, HSAG conducted a second stage approach to include enrollees meeting the following criteria:

- Have a classification of "SHCN-DOJ-AR." HSAG will identify these enrollees by the "reason identified for case management" field provided in the *LA PQ039 Case Management* report.
- Identified by the MCOs as "enrolled in case management" in the "assessment result" field provided in the *LA PQ039 Case Management* report.
- Current case management span began on or after October 1, 2023. HSAG will identify these enrollees by the "date entered case management" field provided in the *LA PQ039 Case Management* report.
- Enrollees with a case management span of less than 90 days as identified from the "date entered case management" and "date exited case management" fields provided in the *LA PQ039 Case Management* report.
- Have a completed assessment and plan of care. HSAG will identify these enrollees by the "date of assessment" and "date plan of care completed" fields provided in the *LA PQ039 Case Management* report.

Enrollees who were identified by the MCOs for case management but not enrolled were excluded from the sample.

In future review years, HSAG will collaborate with LDH to determine any changes to the sampling criteria, including exclusions such as enrollees who were selected for the review the year prior.

Based on the inclusion criteria, HSAG generated a random sample of enrollees for each MCO, which included a 10 percent oversample to account for exclusions or substitutions. HSAG provided each MCO with its sample 10 business days prior to the webinar review. The MCO was given five business days to provide HSAG with any requests for exclusions or substitutions. If the oversample was not large enough to obtain the necessary sample size, HSAG selected additional random samples to fulfill the sample size. The final sample of cases were confirmed with the MCO no later than three business days prior to the webinar review.

Table 9-2—Activity 2: Sample Provision

For this step,	HSAG will…
Step 1:	**Identify enrollees for inclusion in the sample.**
	HSAG utilized the data provided in each MCO's *LA PQ039 Case Management* report.
Step 2:	**Provide the sample to the MCOs.**
	HSAG provided the sample and oversample to each MCO 10 business days prior to the webinar review. The sample was provided via HSAG's SAFE site.
Step 3:	**Finalize the sample.**
	The MCOs provided HSAG with any requests for exclusions or substitutions to the sample within five business days of receipt of the sample file from HSAG. HSAG provided the final sample to each MCO no later than three business days prior to the webinar.

Activity 3: Webinar Review

HSAG collaborated with the MCOs to schedule and conduct webinar reviews with key MCO staff members to:

- Ensure understanding of terminology and documents used by the MCO to record case management activities.
- Review sampled cases to determine compliance with contractual requirements.

The webinar review consisted of several key activities:

- Entrance Conference: HSAG dedicated the first 15 minutes of each webinar to introduce the activity and the HSAG review team, and to provide key logistics of the review. HSAG reviewed documentation naming conventions with the MCO to ensure understanding of the information that will be displayed by the MCO and reviewed during the activity.
- Case Review: HSAG conducted a review of each sample file. The MCO's case management representative(s) navigated the MCO's case management system and responded to HSAG reviewers' questions. The review team determined evidence of compliance with each of the scored elements on the CMPE review tool. Concurrent interrater reliability was conducted by the HSAG team lead to respond to questions from the review team in real time so that feedback could be provided to the MCO, and any discrepancies addressed, prior to the end of the review.
- Leadership Meeting (optional): HSAG scheduled a meeting with the MCO and LDH to discuss the progress of the review and provide preliminary findings. The meeting also allowed HSAG to confirm information that may be needed to complete the review of cases, and for the MCO to ensure understanding of LDH's expectations.
- Exit Conference: HSAG scheduled a 30-minute exit conference with the MCO and LDH. During the exit conference, HSAG provided a high-level summary of the cases reviewed, preliminary findings, and recommendations to address opportunities for improvement.

Table 9-3—Activity 3: Webinar Review

For this step,	HSAG will…
Step 1:	**Provide the MCOs with webinar dates.**
	HSAG provided the MCOs with their scheduled webinar dates. HSAG considered MCO requests for alternative dates or accommodations.
Step 2:	**Identify the number and types of reviewers needed.**
	HSAG assigned review team members who were content area experts with in-depth knowledge of case management requirements who also had extensive experience and proven competency conducting case reviews. To ensure interrater reliability, HSAG reviewers were trained on the review methodology to ensure that the determinations for each element of the review were made in the same manner.

For this step,	HSAG will…
Step 3:	**Conduct the webinar review.**
	During the webinar, HSAG set the tone, expectations, and objectives for the review. MCO staff members who participated in the webinar reviews navigated their documentation systems, answered questions, and assisted the HSAG review team in locating specific documentation. As a final step, HSAG met with MCO staff members and LDH to provide a high-level summary and next steps for receipt of findings.

Scoring Methodology

HSAG used the CMPE review tool to record the results of the case reviews. HSAG used a two-point scoring methodology. Each requirement was scored as *Met* or *Not Met* according to the criteria identified below. HSAG used a designation of *NA* if the requirement was not applicable to a record; *NA* findings were not included in the two-point scoring methodology.

Met indicated full compliance defined as the following:

- All documentation listed under contract requirements was present in the case file.
- Cases reviewed met the scoring criteria assigned to each requirement.
- Cases reviewed had documentation that met "due diligence" criteria.

Not Met indicated noncompliance defined as either of the following:

- Cases reviewed did not meet the scoring criteria assigned to each requirement.
- Not all documentation was present.

Not Applicable (NA) indicated a requirement that was not scored for compliance based on the criteria listed for the specific element in the Review Tool and Evaluation Criteria document.

HSAG calculated the overall percentage-of-compliance score for each of the requirements. HSAG calculated the score for each requirement by adding the score from each case, indicating either a score of *Met* (value: 1 point) or *Not Met* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis also included aggregate performance by domain.

Reporting of Abuse, Neglect, or Exploitation (ANE)

If, during the review process, a reviewer identified potential ANE of an enrollee, HSAG reported the concern to the MCO immediately upon identification and to LDH within 24 hours of identification. If the reviewer identified a potential health, safety, or welfare concern that did not rise to the level of an ANE, HSAG reported the concern to the MCO and LDH at the identification of the concern and no later than the end of the webinar review.

Activity 4: Compile and Analyze Findings

Following the webinar review, HSAG compiled and analyzed findings for each MCO. Findings included performance by domain and each scored element. Additional data gathering information may be compiled to inform analysis and results (e.g., program information such as the total number of enrollees in case management during the lookback period).

Domain and Element Performance

Findings were compiled into domains, which represent a set of elements related to a specific case management activity (e.g., assessment, care planning). Domain performance was calculated by aggregating the scores for each element in the domain and dividing by the total number of applicable cases. Domain performance scores provided a high-level result to inform analysis of opportunities for improvement.

Analysis of scored element performance allowed for targeted review of individual elements that may impact overall domain performance. Individual element performance scores were used to inform analysis of specific opportunities for improvement, especially when an element performed at a lower rate than other elements in the domain.

Analysis of findings included identification of opportunities for improvement.

Activity 5: Report Results

HSAG developed a draft and final report of results and findings for each MCO. The report described the scores assigned for each requirement, assessment of the MCO's compliance by domain, and recommendations for improvement. Following LDH's approval of the draft report, HSAG issued the final report to LDH and each MCO.

How Conclusions Were Drawn

Upon completion of the activity, HSAG provided results for each MCO in three performance domains: Assessment, Care Planning, and Enrollee Interaction and Coordination of Services. Each domain included scored elements, displayed in Table 9-4, which demonstrated each MCO's compliance with contractual requirements.

Table 9-4—Assignment of CMPE Measures to the Quality, Timeliness, and Access Domains

CMPE Measure	Quality	Timeliness	Access
The enrollee's initial health needs assessment was completed within 90 calendar days of enrollment.		✓	
The enrollee's initial comprehensive assessment was completed within 90 calendar days of identification of SHCN.		✓	

CMPE Measure	Quality	Timeliness	Access
A reassessment was completed in person quarterly with the enrollee.		✓	
A POC was developed within 30 calendar days of identification of risk stratification.		✓	
A POC was developed within 90 calendar days of identification of risk stratification. (2023 review only)		✓	
The MCO implemented a POC that was developed with the enrollee. (2024 review only)	✓		
The POC includes goals, choices, preferences, strengths, and cultural considerations identified in the assessment. (2024 review only)	✓		
The POC includes interventions to reduce all risks/barriers identified in the assessment. (2024 review only)	✓		
The POC incorporates the BH treatment plan, as applicable. (2024 review only)	✓		
The POC identifies the formal and informal supports responsible for assisting the enrollee. (2024 review only)	✓		
The MCO developed and implemented a person-centered care plan reflective of the most recent assessment and included all enrollee goals, needs, and risks as well as the formal and informal supports responsible for assisting the enrollee with the POC.	✓		
The POC was updated per the enrollee's tier schedule.		✓	
The POC was updated when the enrollee's circumstances or needs changed significantly, or at the request of the enrollee, their parent or legal guardian, or a member of the MCT.	✓		
The MCO developed an MCT, including the case manager, enrollee and/or authorized representative, and members based on the enrollee's specific care needs and goals.	✓		✓
The MCT was convened at regular intervals required for the enrollee's tier level.		✓	
The case manager made valid timely contact, or due diligence is documented in the enrollee's record.		✓	
For enrollees demonstrating needs requiring coordination of services, the case manager coordinated needed care/services, actively linking the enrollee to providers; medical services; and residential, social, community, and other support services.	✓		✓

Results

HUM was not included in the analysis as the MCO did not start providing coverage until MY 2023. HUM will be included in future health plan report cards.

Methodology

Objectives

HSAG was tasked with developing a QRS to evaluate the performance of the five Healthy Louisiana Medicaid MCOs (i.e., ABH, ACLA, HBL, LHCC, and UHC) relative to national benchmarks and assign ratings to each MCO in key areas.[10-1] The 2024 Health Plan Report Card is targeted toward a consumer audience; therefore, it is user friendly, easy to read, and addresses areas of interest for consumers.

Technical Methods of Data Collection

HSAG received MY 2023 CAHPS member-level data files and HEDIS IDSS data files from LDH and the six MCOs. The *HEDIS MY 2023 Specifications for Survey Measures, Volume 3* was used to collect and report on the CAHPS measures. The *HEDIS MY 2023 Technical Specifications for Health Plans, Volume 2* was used to collect and report on the HEDIS measures.

Description of Data Obtained

HSAG received the final, auditor-locked HEDIS IDSS data files from each of the MCOs, as well as the CAHPS member-level data files and summary reports. HSAG also downloaded the 2023 (MY 2022) Quality Compass national Medicaid all lines of business (ALOB) benchmarks for this analysis.[10-2]

How Data Were Aggregated and Analyzed

Using the HEDIS and CAHPS measure results for each MCO, HSAG calculated MCO ratings in alignment with NCQA's 2024 Health Plan Ratings Methodology, where possible, for the following composites and subcomposites:[10-3]

- Overall
- Consumer Satisfaction
    - Getting Care
    - Satisfaction with Plan Physicians
    - Satisfaction with Plan Services

[10-1] Due to HUM being a new MCO in 2023, there were no data available for this year's QRS activity. It will be included in future Health Plan Report Card.

[10-2] 2023 (MY 2022) Quality Compass national Medicaid ALOB benchmarks were used since LDH requested a finalized report card by August 5, 2024, and 2024 (MY 2022) Quality Compass national Medicaid ALOB benchmarks were not available until September 27, 2024.

[10-3] National Committee for Quality Assurance. 2024 Health Plan Ratings Methodology. Available at: https://www.ncqa.org/wp-content/uploads/2024-HPR-Methodology_Updated-December-2023.pdf. Accessed on: Dec 17, 2024.

- Prevention and Equity
    - Children and Adolescent Well-Care
    - Women's Reproductive Health
    - Cancer Screening
    - Equity
    - Other Preventive Services
- Treatment
    - Respiratory
    - Diabetes
    - Heart Disease
    - Behavioral Health—Care Coordination
    - Behavioral Health—Medication Adherence
    - Behavioral Health—Access, Monitoring, and Safety
    - Risk-Adjusted Utilization
    - Reduce Low Value Care

For each measure included in the 2024 Health Plan Report Card, HSAG compared the raw, unweighted measure rates to the 2023 (MY 2022) Quality Compass national Medicaid ALOB percentiles and scored each measure as outlined in Table 10-1. For the *Plan All-Cause Readmissions* measure, HSAG followed NCQA's methodology for scoring risk-adjusted utilization measures.

Table 10-1—Measure Rate Scoring Descriptions

Score	MCO Measure Rate Performance Compared to National Benchmarks
5	The MCO's measure rate was at or above the national Medicaid ALOB 90th percentile.
4	The MCO's measure rate was at or between the national Medicaid ALOB 66.67th and 89.99th percentiles.
3	The MCO's measure rate was at or between the national Medicaid ALOB 33.33rd and 66.66th percentiles.
2	The MCO's measure rate was at or between the national Medicaid ALOB 10th and 33.32nd percentiles.
1	The MCO's measure rate was below the national Medicaid ALOB 10th percentile.

HSAG then multiplied the scores for each measure by the weights that align with NCQA's 2024 Health Plan Ratings. For each composite and subcomposite, HSAG calculated scores using the following equation:

$$Composite\ or\ Subcomposite\ Rating = \frac{\sum(Measure\ Rating * Measure\ Weight)}{\sum(Measure\ Weights)}$$

To calculate the Overall Rating, HSAG calculated a weighted average using the weighted measure-level scores previously calculated. HSAG also added 0.5 bonus points to scores for MCOs that were Accredited or had Provisional status, and 0.15 bonus points for MCOs that had Interim status. These bonus points were added to the Overall Rating before rounding to the nearest half-point.

For the Overall Rating and each composite/subcomposite rating, HSAG aligned with NCQA's rounding rules and awarded scores as outlined in Table 10-2.

Table 10-2—Scoring Rounding Rules

Rounded Score	5	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0
Score Range	≥4.750	4.250–4.749	3.750–4.249	3.250–3.749	2.750–3.249	2.250–2.749	1.750–2.249	1.250–1.749	0.750–1.249	0.250–0.749	0.000–0.249

How Conclusions Were Drawn

For the 2024 Health Plan Report Card, HSAG displayed star ratings based on the final scores for each rating. Stars were partially shaded if the MCO received a half rating (e.g., a score of 3.5 was displayed as 3.5 stars).

11. MCO Strengths, Opportunities for Improvement, and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from SFY 2024 to comprehensively assess HUM's performance in providing quality, timely, and accessible healthcare services to Louisiana's Medicaid and CHIP members. HSAG provides HUM's strengths, opportunities for improvement, and recommendations in Table 11-1 through Table 11-3.

Table 11-1—Strengths Related to Quality, Timeliness, and Access

Overall MCO Strengths	
Quality, Timeliness, and Access	• HUM demonstrated strength by developing and carrying out methodologically sound designs and interventions for all five PIPs.
Timeliness, and Access	• HUM achieved 100 percent within the compliance standard for routine primary care, non-urgent sick pediatric, and dermatologist cases that offered an appointment date in the provider access survey.

Table 11-2—Opportunities for Improvement Related to Quality, Timeliness, and Access

Overall MCO Opportunities for Improvement	
Quality, Timeliness, and Access	• HUM's performance measures with rates below the NCQA national 50th percentile demonstrated opportunities for improvement.
Quality and Access	• The results of the PDV activity indicate opportunities for HUM to improve access to care for its members.

Table 11-3—Recommendations

Overall MCO Recommendations	
Recommendation	**Associated Quality Strategy Goals to Target for Improvement**
HSAG recommends that HUM focus on increasing response rates to the CAHPS surveys and the behavioral health member satisfaction survey.	Goal 1: Ensure access to care to meet enrollee needs Goal 2: Improve coordination and transitions of care Goal 3: Facilitate patient-centered, whole-person care Goal 4: Promote wellness and prevention

Overall MCO Recommendations	
LDH should provide HUM with the case-level PDV and provider access survey data files (i.e., flat files) and a defined timeline by which HUM will address provider data deficiencies identified during the PDV reviews and/or provider access survey (e.g., provider specialty, MCO acceptance, and Louisiana Medicaid acceptance).	Goal 1: Ensure access to care to meet enrollee needs Goal 2: Improve coordination and transitions of care
HSAG recommends that HUM conduct a root cause analysis to identify the nature of the data mismatches for PDV and provider access survey study indicators that scored below 90 percent.	Goal 1: Ensure access to care to meet enrollee needs Goal 2: Improve coordination and transitions of care
HSAG recommends that HUM consider conducting a review of the offices' eligibility verification requirements to ensure these barriers do not unduly burden members' ability to access care.	Goal 1: Ensure access to care to meet enrollee needs
HSAG recommends HUM evaluate performance measures with rates below the NCQA national 50th percentile.	Goal 1: Ensure access to care to meet enrollee needs Goal 2: Improve coordination and transitions of care Goal 3: Facilitate patient-centered, whole-person care Goal 4: Promote wellness and prevention Goal 5: Improve chronic disease management and control Goal 6: Partner with communities to improve population health and address health disparities Goal 7: Pay for value and incentivize innovation Goal 8: Minimize wasteful spending

Regulations at 42 CFR §438.364 require an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity (described in 42 CFR §438.310[c][2]) has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR. LDH required each MCO to document the follow-up actions per activity that the MCO completed in response to SFY 2022–2023 recommendations. Table 12-1 through Table 12-9 contain a summary of the follow-up actions that HUM completed in response to the EQRO's SFY 2023 recommendations. Furthermore, HSAG assessed HUM's approach to addressing the recommendations. Please note that the responses in this section were provided by the plans and have not been edited or validated by HSAG.

EQRO's Scoring Assessment

HSAG developed a methodology and rating system for the degree to which each health plan addressed the prior year's EQR recommendations. In accordance with CMS guidance, HSAG used a three-point rating system. The health plan's response to each EQRO recommendation was rated as *High*, *Medium,* or *Low* according to the criteria below.

High indicates *all* of the following:

- The plan implemented new initiatives or revised current initiatives that were applicable to the recommendation.
- Performance improvement directly attributable to the initiative was noted *or* if performance did not improve, the plan identified barriers that were specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming identified barriers.

A rating of *high* is indicated by the following graphic:

Medium indicates one or more of the following:

- The plan continued previous initiatives that were applicable to the recommendation.
- Performance improvement was noted that may or may not be directly attributable to the initiative.
- If performance did not improve, the plan identified barriers that may or may not be specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming barriers.

A rating of *medium* is indicated by the following graphic:

Low indicates one or more the following:

- The plan did not implement an initiative or the initiative was not applicable to the recommendation.
- No performance improvement was noted *and* the plan did not identify barriers that were specific to the initiative.
- The plan's strategy for continued improvement or overcoming identified barriers was not specific or viable.

A rating of *low* is indicated by the following graphic:

Table 12-1—Follow-Up on Prior Year's Recommendations for PIPs

Recommendations
None identified.

Table 12-2—Follow-Up on Prior Year's Recommendations for Performance Measures

1. Prior Year Recommendations from the EQR Technical Report for Performance Measures:
HUM should conduct a root cause analysis to identify the nature of the data mismatches for PDV study indicators that scored below 90 percent.
Response
Describe initiatives implemented based on recommendations: According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).
Identify any noted performance improvement as a result of initiatives implemented (if applicable): N/A
Identify any barriers to implementing initiatives: N/A
Identify strategy for continued improvement or overcoming identified barriers: N/A
HSAG Assessment
N/A
Recommendations
Require the MCOs to conduct a root cause analysis for measures associated with members with schizophrenia and implement appropriate interventions to improve performance.
Response
Describe initiatives implemented based on recommendations:
According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).

1. Prior Year Recommendations from the EQR Technical Report for Performance Measures:
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
N/A
Identify any barriers to implementing initiatives:
N/A
Identify strategy for continued improvement or overcoming identified barriers:
N/A
HSAG Assessment
N/A
Recommendations
Require the MCOs to conduct a root cause analysis to determine why members are not receiving appropriate treatment of respiratory conditions and implement appropriate interventions to improve performance.
Response
Describe initiatives implemented based on recommendations:
According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
N/A
Identify any barriers to implementing initiatives:
N/A
Identify strategy for continued improvement or overcoming identified barriers:
N/A
HSAG Assessment
N/A
Recommendations
Require the MCOs to focus efforts on decreasing unnecessary imaging and screenings. The MCOs should conduct a root cause analysis and implement appropriate interventions to decrease unnecessary imaging for low back pain and unnecessary screenings for cervical cancer among adolescent females.
Response
Describe initiatives implemented based on recommendations:
According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
N/A
Identify any barriers to implementing initiatives:
N/A
Identify strategy for continued improvement or overcoming identified barriers:

Recommendations
N/A
HSAG Assessment
N/A

Recommendations
Require the MCOs to focus efforts on increasing timely follow-up care, following discharge, for members who access the hospital and ED for mental illness or substance abuse. The MCOs should conduct a root cause analysis and implement appropriate interventions to improve performance.
Response
Describe initiatives implemented based on recommendations: According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).
Identify any noted performance improvement as a result of initiatives implemented (if applicable): N/A
Identify any barriers to implementing initiatives: N/A
Identify strategy for continued improvement or overcoming identified barriers: N/A
HSAG Assessment
N/A

Table 12-3—Follow-Up on Prior Year's Recommendations for Compliance With Medicaid Managed Care Regulations

2.   Prior Year Recommendations from the EQR Technical Report for Compliance Review:
Require the MCOs to review and update, as appropriate, policies, procedures, manuals, and handbooks to consistently include all member for cause and without cause reasons for disenrollment.
Response
Describe initiatives implemented based on recommendations: According to an email received from HSAG on 10/25/2024, this performance measure recommendation required no feedback from Humana Healthy Horizons (HUM).
Identify any noted performance improvement as a result of initiatives implemented (if applicable): N/A
Identify any barriers to implementing initiatives: N/A
Identify strategy for continued improvement or overcoming identified barriers: N/A
HSAG Assessment
N/A

Table 12-4—Follow-Up on Prior Year's Recommendations for Network Adequacy

3. Prior Year Recommendations from the EQR Technical Report for Validation of Network Adequacy:
For provider types that did not meet GeoAccess standards, HUM should contract with additional providers, if available, or continue to implement strategies for expanding the provider network such as enhanced reimbursement or encouraging providers to expand licensing to add additional ASAM LOCs. HUM should also conduct an in-depth review of provider types for which GeoAccess standards were not met and evaluate whether offering additional telehealth services could increase compliance with GeoAccess standards.
Response
Describe initiatives implemented based on recommendations: Humana Healthy Horizons (HUM) completed the following initiatives to address unmet GeoAcess standards addressed in the EQR Technical Report: • Expansion of the HUM urgent care network;   • Partnership with acute care systems to recruit provider specialties based on market needs and address any network adequacy gaps; and   • Increase the HUM ASAM provider network.
Identify any noted performance improvement as a result of initiatives implemented (if applicable):   As a result of initiatives implemented by HUM, the following performance improvement were realized: • Expansion of our urgent care network with the addition of 100 urgent care facilities, attributed to an increase in access to after-hours care;   • HUM has partnered with acute care systems, such as Ochsner Health System, to identify and close Dermatology network adequacy gaps in Louisiana Medicaid Regions 7 and 8; and   • The HUM BH Contracting team's contracting efforts showed significant success with increasing overall network adequacy with the addition of twenty-six (26) ASAM providers to the network.
Identify any barriers to implementing initiatives: HUM has not identified any barriers with the implementation of the initiatives listed above.
Identify strategy for continued improvement or overcoming identified barriers: Strategies identified for continued improvement within our networks includes: • Continued efforts to partner and collaborate with additional health care systems to increase provider contracting efforts to address any network adequacy gaps;   • The HUM BH Contracting team will continue to provide updates to the Louisiana Office of Behavioral Health (OBH), concerning provider recruitment activities and network development work plan; and   • HUM BH Contracting team will continue to recruit ASAM providers into our network.
HSAG Assessment
Recommendations
To increase accuracy of online provider directories: • Provide each MCO with the case-level PDV data files and a defined timeline by which each plan will address provider data deficiencies.   • Require the MCOs to conduct a root cause analysis to identify the nature of the data mismatches for PDV study indicators that scored below 90 percent.

Recommendations
Response
Describe initiatives implemented based on recommendations:
To increase the accuracy of information posted within the online provider directories, HUM implemented the following initiatives: - Conducted an internal audit to analyze the accuracy of information found within the provider directory and identify any data inaccuracies; and   - Provider information was validated for accuracy and confirmed through provider attestations, which was shared with LDH.
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
At this time, HUM is evaluating performance improvement for the initiatives implemented.
Identify any barriers to implementing initiatives:
During the internal provider directory audit, the HUM Network Management and Provider Relations team(s) noted the following barriers when collecting accurate provider data: - Limited provider staffing – which at times limited providers ability to proactively submit information updates; and   - Inconsistency of provider information requirements across Managed Care Organizations (MCOs).
Identify strategy for continued improvement or overcoming identified barriers:
Continued efforts for improvement to increase the accuracy of data within HUM online provider directories includes: - Training enhancements to ensure new HUM associates are familiar with provider information requirements as changes occur; and   - Abilities for providers to submit rosters and attest to accurate provider data via email, as well as HUM's ability to obtain verbal attestations from providers when information is updated.
HSAG Assessment

Recommendations

To improve compliance with GeoAccess standards:

- Require the MCOs to contract with additional providers, if available.
- Encourage strategies for expanding the provider network such as enhanced reimbursement or expanding licensing to add additional ASAM LOCs.
- Require the MCOs to conduct an in-depth review of provider types for which GeoAccess standards were not met to determine cause for failure and evaluate the extent to which the MCO has requested exemptions from LDH for provider types for which providers may not be available or willing to contract.
- Require the MCOs to evaluate whether offering additional telehealth services could increase compliance with GeoAccess standards.

Recommendations
Response
Describe initiatives implemented based on recommendations:
In addition to urgent care network expansion and partnership with acute care systems initiatives mentioned previously, HUM has implemented to following measures to improve compliance with GeoAcess standards: - Evaluation process for enhance reimbursement for rural area partner providers for footprint expansion;   - The BH Contracting team utilized the LDH's Health Standards Section (HSS) provider directory as a tool of reference to identify additional providers (with various levels of care) to add to our network; and   - Offering Value Based contracts to identified substance use disorders (SUD) providers where improvements in clinical outcomes and treatment plan compliance increased.
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
At this time, HUM is evaluating performance improvement for the initiatives implemented.
Identify any barriers to implementing initiatives:
HUM has not identified any barriers with the implementation of the initiatives listed above.
Identify strategy for continued improvement or overcoming identified barriers:
HUM continually reviews our network adequacy to identify gaps and provider recruitment opportunities to expand our network. Strategies recognized for continued improvement within our networks includes: - Discussions with various vendors to evaluate services and increase telehealth services and in home services offered to our members; and   - Continued efforts to utilized LDH reference tools to identify contracting opportunities with new provider groups.
HSAG Assessment

Table 12-5—Follow-Up on Prior Year's Recommendations for CAHPS

Recommendations
None identified.

Table 12-6—Follow-Up on Prior Year's Recommendations for Behavioral Health Satisfaction Survey

Recommendations
None identified.

Table 12-7—Follow-Up on Prior Year's Recommendations for Health Disparities Focus Study

Recommendations
None identified.

Table 12-8—Follow-Up on Prior Year's Recommendations for Case Management Performance Evaluation

Recommendations
None identified.

Table 12-9—Follow-Up on Prior Year's Recommendations for Quality Rating System

Recommendations
None identified.

For the annual EQR technical report, LDH asked HSAG to summarize information from HUM's Health Equity Plan (HEP) submission from July 2024.

Health Equity Plan

HSAG reviewed HUM's HEP[A-1] submitted July 2024. HSAG organized the discussions in this report as each MCO presented the topics in its own HEP. Therefore, comparison across the MCOs for the "Development and Implementation of Focus Areas," "Cultural Responsiveness and Implicit Bias Training," and "Stratify MCO Results on Attachment H Measures" sections of the HEP is not possible.

[A-1] Please note that the narrative within the "MCE Response" section was provided by the MCE and has not been altered by HSAG except for formatting.

Development and Implementation of Focus Areas

FOCUS AREA 1-Ensuring the Delivery of Services in a Culturally Appropriate and Effective Manner

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024

1. Cultural Competency Training
From January-June 2024, two new Humana Healthy Horizon Medicaid Associates have been onboarded and completed comprehensive onboarding that included 6.5 hours on cultural competency.

2. Culturally and Linguistically Appropriate Services (CLAS) Training
Humana Healthy Horizons in Louisiana (HHHLA) launched education on to how to deliver Culturally and Linguistically Appropriate Services (CLAS) for all associates on April 22, 2024. All HHHLA Associates must complete the training within 30 days of their hire date or during the annual compliance training period from June 3, 2024- August 2024.

3. 2023-2024 CLAS Work Plan Goals
HHHLA launched a cross-departmental CLAS work group in June 2023 to develop a CLAS work plan which includes Medicaid CLAS wide goals, language services goals, and provider network responsiveness goals. The goals and updates are listed below:
- Goal 1-By May 2024, Humana Healthy Horizons in Louisiana presented CLAS updates to the Member Advisory Committee on the status of the CLAS program to solicit feedback on CLAS operations and services. This goal was successfully completed on March 23, 2024.
- Goal 2-By December 2024, Humana Healthy Horizons in Louisiana will improve data collection on race and ethnicity by 10%. Between January and June, the Humana Enterprise Population Health Management team evaluated race and ethnicity data from the 834 enrollment file and compared it to race and ethnicity data from the Health Needs Assessment. To date, the team has been able to increase race and ethnicity data by 57% for members who have a completed HNA on file. The team is also launching a project to increase race and ethnicity data collection during inbound and outbound calls through the member call center.
- Goal 3-By July 2024, increase the number of Humana associates indicating they use Humana Language Services from 63% to 65%. The Humana Language Line Survey was distributed on May 1st -May 15th and 69% of associates indicate they are using the language line.
- Goal 4- By the end of 2024, at least 75% of Providers will be in compliance with cultural competency training. To date, 29 Humana Healthy Horizons providers have completed at least one part one of the Health Equity Education.
- Goal 5: Increase the volume of contracted OBGYN Providers who offer services in Spanish through by training five (5) bilingual community health workers to work in high volume OB-GYN FQHCs by December 2024. To date, Humana Healthy Horizons has partnered with LPCA and is reaching out to organizations with Spanish-speaking members to enroll five bilingual CHWs.

4. 2024-2025 CLAS Work Plan Goals
In May 2024, the CLAS work group developed new work plan goals based on a disparities analysis by race, ethnicity and gender. From June 2024- May 2025, HHHLA will work towards the following goals:
- Goal 1: Increase the number of well child and adolescent visits by 2% among American Indian/Alaska Native and 2% among African American members.

2

	○ Host two gap in care closure events with Humana providers over the course of a year to increase well child and adolescent visits and immunizations for this population. ○ Educate Provider Relations and Engagement team on the HEDIS and health disparity goals to encourage providers to talk with their members to increase child and adolescent well visits. ○ Explore partnerships with schools to increase early childhood and adolescent wellness visits and immunizations, particularly among this population. - Goal 2: Increase the number of Spanish speaking members by 2% whose glycemic status is under 8%. ○ Promote remote patient monitoring in Spanish from Ochsner Health, a Humana partner in a pilot for Diabetes Mellitus and Hypertension monitoring. ○ Hosting a Provider Day event with a focus on diabetes care with emphasis on outreach, education and services in Spanish.

C.   Activities expected to be accomplished by December 2024
1.   Cultural Competency Training HHHLA will require any new associates onboard between July and December to complete cultural competency training. *2.   CLAS Training* All Humana Healthy Horizon Medicaid Associates in Louisiana will have to complete CLAS training as part of the annual initial compliance and ethics training by August 21st, 2024. *3. CLAS Work Plan* From July-December, HHHLA will continue working towards the following CLAS plan goals, strategies and tactics   ○ Launch a project to increase race and ethnicity data collection during inbound and outbound calls through the member call center.   ○ Increase participation among Medicaid providers who complete at least one (1) CME on health equity beyond CLAS and implicit bias   ○ Offer initial community health worker training and supplementary education on working with Maternal Child Health Populations to five (5) CHWs   ○ Host two gaps in closure events to increase well child and adolescent visits and immunizations among Black and American Indian/Alaska Native Members   ○ Promote remote diabetes patient monitoring to Spanish-speaking members   ○ Host a diabetes education event for Spanish-speaking members
D.   Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
None anticipated

FOCUS AREA 2-Engaging Diverse Families to Design Services and Interventions that Integrate Care an Address Childhood Adversity and Trauma

A.   Changes to participants, if applicable
Not applicable
B.   Activities accomplished between January and June 2024
1.   Adverse Childhood Experiences (ACES) Educator Training

3

In January, two HHHLA associates completed the LDH OPH Bureau of Family Health ACE Educator program.
2. ACES Education for Parents and Educators   Humana Healthy Horizons hosted 6 ACE Parent and/or Educator trainings at Head Start and Early Head Start Centers in regions 1 (New Orleans)50 participants, region 2 (Baton Rouge) 12 participants, region 4(Lafayette) 72 participants and region 7(Bossier/ Caddo) 6 participants, totaling 133 in participants thus far.
C. Activities expected to be accomplished by December 2024
HHHLA will continue to host ACE Parent and/or Educator training across Louisiana with at least one training completed in each of the 9 regions at Head Start and Early Head Start Centers by 12/31/2024.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
Not applicable

FOCUS AREA 3: Obtaining and Incorporating Input from Enrollees who have Disparate Health Outcomes

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024
1. Focus Groups in Affordable Housing Communities   HHHLA partnered with Dillard and Grambling State Universities to complete needs assessments among members living in affordable housing units in Jefferson, Lincoln, Orleans, Ouachita, St. Landry, Tangipahoa, Vernon parishes from June through August 2024. The goal is to understand the resources and needs among the individuals living in affordable housing to assess how these individuals would like to access health and social determinants of health-related resources.
C. Activities expected to be accomplished by December 2024
From July-December, Dillard and Grambling faculty and students will complete focus groups in affordable housing communities and identify key health and social determinants of health needs. HHHLA will work with Dillard and Grambling to identify best practices to meet community needs and identify at least one community to pilot interventions based on those needs.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
Not applicable

FOCUS AREA 4: Ensuring that Enrollees Test Outward Facing Communications for Understanding and Cultural Appropriateness

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024
HHHLA hosted the first quarter Member Advisory Committee (MAC) in March 2024 and is scheduled to host the second quarter MAC meeting on June 29, 2024. During these meetings, participants review electronic and printed materials and provide feedback on the look, feel and content of the materials. To date, the MAC attendees did not have feedback to share about the materials.

4

C. Activities expected to be accomplished by December 2024
The upcoming MAC meeting date are listed below: • June 29, 2024   • September 1, 2024   • December 7, 2024
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
None anticipated

FOCUS AREA 5: Partnering with Community- Based Organizations to address Social Determinants of Health-Related Needs

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024   Humana Healthy Horizons in Louisiana donated to the following community-based organizations to address social determinants of health-related needs as outlined below.
318 Foundation is a non-profit organization dedicated to closing the opportunity gap for Black girls and historically marginalized communities through mentorship, immersive experiences, and sports.   • <u>Mental Wellness Focus:</u> Expanded lessons plans incorporating mental wellness, featuring a guest speaker psychologist and integrated mental health aspects into existing training sessions.   • <u>318 Sports Champions Academy and Physical Exams:</u> Launched basketball camp for 40 girls from Shreveport at Grambling State University on June 16th and 17 young women received sports physicals with Grambling Family Health Center on June 17th.   <u>Demographics of Served Population:</u> 9th-12th grade females that reside in historically marginalized communities located in rural areas across Louisiana. All females identify as Black/African American.
Birthmark Doula Collective offers support, education, services and community during pregnancy, labor, birth & the 4th trimester.   • <u>Doula and Lactation Services:</u>   Total Births: 27   Doula Prenatal/Postnatal Visits: 156   Perinatal Visits: 41   • <u>Café Au Lait- Support Circle Participants</u> : 212 Total Participants   • <u>Outreach Events:</u> 335 Total Participants   New Orleans East Hospital Community Baby Shower   Asani Heartbeat Foundation Community Wellness Fair   Touro Sip and See   Covenant House National Crime Victim Rights Week Resource Fair   Lukehouse Spring Health Fair   Pregnancy and Motherhood Resource Fair   Training Grounds Baby-Cane Hurricane Preparedness Event   Sports Fair   • <u>Educational Events/Presentations:</u> 612 Total Participants   Mama+ Health Policy Agenda Workgroup   5th Biennial Black Women's Health Conference

5

Love Yourself, 2nd Annual Brunch Lafayette, LA
Community Perinatal Health Education Series: Navigating the NICU by Ellenie Cruz
Environmental Equity Week Panel on Cancer Alley
HealthConnect One Webinar Climate Action Starts in the Birth Room Training Grounds Baby
Cane Hurricane Preparedness Resource Fair

- Parent Training: 61 Total Participants
  Belly Talks
  Comfort Measures
  After Birth
  Childbirth Ed Online Recordings
  Covenant House Classes

Demographics of Served Population: Primarily Black, Indigenous, and other People of Color and LGBTQ birthing people, infants and families, youth, who are low income and living in New Orleans, East Baton Rouge, St. Landry, Calcasieu, Caddo and St. Tammany Parishes.

Children's Hospital New Orleans is the first and largest full-service hospital exclusively for children in Louisiana and the Gulf South.

- Expanding ThriveKids suicide prevention initiative into the community. From January to May of 2024, ThriveKids hosted 11 screenings of the *My Ascension* suicide prevention film at area high schools, followed by panel discussions with Emma Benoit and mental health experts. Students received printed resources, armbands imprinted with 988 Crisis Lifeline information, and immediate crisis intervention when appropriate. Students in need were connected to on-going therapeutic resources.
- Suicide Prevention Education Hosted educational event at Children's Hospital on Suicide Prevention

Demographic Data for Thrive Kids:

Total Number of Individuals Served	2,207
Race/Ethnicity	
Hispanic or Latino	37% - 817
African American	35% - 722
White	23% - 507
Other	5% - 110
Gender Identity	
Male	51% - 1,125
Female	42% - 926
Other or "prefer not to say"	7% - 156
Parish	
Jefferson Parish	86% - 1,905
Orleans Parish	11% - 240
Other	3% - 62

Demographic Data for Suicide Prevention Education Event

Total Number of Individuals Served	182
Race	
African American	2% - 113
White	25%- 45
Hispanic or Latino	10%- 18
Other	3%- 6

6

Gender Identity	
Male	5.5% - 10
Female	92.5% - 168
Other or "prefer not to say	2%-4
Parish	
Orleans Parish	63%
Jefferson Parish	22%
Greater Baton Rouge	7%
St. Tammany Parish	3%
Iberville Parish, Lafayette Parish, Terrebonne Parish, Livingston Parish, Caddo Parish	2%

Community Foundation of North Louisiana brings people and resources together to solve problems and enhance our community. Our mission is to promote philanthropy and improve the quality of life in the North Louisiana community by serving as a permanent and growing resource of expertise and funds.

- Step Forward Initiative is ensuring success for every child. Step Forward's Parent ACEs Talk "Bouncin Back" series includes Parent ACE Talks educate parents and caregivers on Adverse Childhood Experiences (ACEs), toxic stress, ACEs prevention and resiliency. Parents and caregivers participating in the talks gain access to supportive resilience building experiences and tools to overcome adversity, resulting in improved social, emotional, and academic outcomes for their children and youth ultimately creating thriving citizens. On May 8, 2024, Step Forward facilitated the Bouncing Back series for six parents and caregivers participating in a Head Start Program in Caddo Parish.

Demographics of parents/caregivers in attendance:

Female	83%
Male	17%
Black/African American	67%
White	33%

DePaul Community Health Center is a federally qualified health center and their mission is to, "improve the health and well-being of our community and to be a presence of the Love of Jesus in the lives of all we serve and with whom we partner." DCHC hosted six (6) Community Food Pantry Days in partnership with Second Harvest Food Bank. The distributions took place at the DCHC Warehouse in Gert Town, New Orleans. Community Health Workers met with neighbors and patients to distribute fresh produce, protein, and shelf stable goods to hundreds of families each month. The number of families served at each Community Food Pantry Day were:

January: 176
February: 202
March: 283
April: 303
May: 312

In the remaining 6 months we intend to expand our data gathering for distribution days to better capture more demographic information. Additionally, we hope to realize our vision of renovating a wing of our warehouse to be a shelf-stable food pantry with storage and refrigeration for a variety of goods. This project would make resources available on-site throughout the month in addition to the monthly distributions. The support from Humana Healthy Horizons has helped defray the overall costs of this program, and will help bring this goal to fruition.

7

Dillard University School of Population and Health Sciences students explore the intersection of social, biological, and environmental elements of health to become positive change agent.
- <u>Maternal Health Focus Groups</u>-Dillard faculty and students will conduct focus groups in LDH Regions 2,3, and 9 to assess respectful maternity care and community resources among Black mothers in Louisiana in June and July 2024.
- <u>Affordable Housing Focus Groups</u>- Dillard faculty and students will conduct a community health needs assessment in Humana-funded affordable housing communities in LDH Regions 1,4, and 9 from June-August.
- <u>Establishing Health Equity Scholars Program</u> Created an application for six scholarships that will be awarded in the Fall semester.
- <u>APHA Presentation</u> Submitted an abstract to present the Black Maternal Health focus groups results at the American Public Health Association's Annual Meeting. The abstract was accepted for a roundtable presentation.

Fathers On A Mission (F.O.A.M.) is one of the only nonprofit organizations that cater to empowering men to become better father figures within their community. We connect Fathers with workplace opportunities, community resources, and opportunities to build relationships.
- <u>Educational/Support Classes</u> Regular fatherhood classes conducted monthly at the Family Youth and Service Center
- <u>Community Engagement</u> Events including a Baby Shower Brunch Expo, Father/Daughter Dance, and Parent Resource Night
- <u>Health Promotion</u> Health/Wellness Fair and Educational Workshops
- <u>Financial Literacy</u> Workshop

Events from January-June Include:
January 20: Fatherhood Classes, Launching of Satellite Office
January 28: Pitch + Putt Tournament
March 1: Brunch Bubbly & Baby
April 6: Father and Daughter Dance
April 13: Spring into Wellness Health & Resource Fair
May 4: Building Wealth for Your Family
May 18: Empower Parent Summit
June 15: Celebration of Fatherhood/Cooking with Dads

<u>Demographic information of the participants:</u>

Race	
African American	99%
Hispanic	1%
Gender-Male	100%
Languages Spoken	English
Parish of Residence	East Baton Rouge Parish

Grambling State University School of Nursing offers pre nursing, BSN, RN-BSN, and graduate nursing programs. The School of Social Work offers BSW and MSW programs.
- <u>Maternal Health Focus Groups</u>-GSU nursing faculty and students are preparing to conduct focus groups in LDH Regions 7 and 8 to assess respectful maternity care and community resources among Black mothers in Louisiana from June- August 2024.
- <u>Affordable Housing Focus Groups</u>- GSU social work faculty and students are preparing to conduct a community health needs assessment in Humana-funded affordable housing communities in LDH Regions 6 and 8 from June-August.

8

Healthy BR's mission is to foster a movement based on Communication, Coordination, and Collaboration that promotes a better and healthier life for all people in the great city of Baton Rouge.

- CDC's Hear Her Campaign seeks to raise awareness of urgent maternal warning signs during and after pregnancy and improve communication between patients and their healthcare providers. The campaign increases awareness of serious pregnancy-related complications and their warning signs; empowers people who are pregnant and postpartum to speak up and raise concerns; encourage support systems to engage in important conversations; and provides tools for pregnant and postpartum people and healthcare professionals to better engage in life-saving conversations. Healthy BR is planning to implement this campaign in Baton Rouge in partnership with the local hospitals, the mayor's office, and the Maternal and Child Health Consortium (comprised of local organizations and the state health department) on a large scale. The campaign will consist of billboards, a press release, a press conference, flyers, possibly TV and radio ads and podcasts.

The Institute for Women and Ethnic Studies (IWES) is dedicated to improving the mental, physical and spiritual health and quality of life for women, their families and communities of color, particularly among marginalized populations, using community-engaged research, programs, training and advocacy.

IWES continued to replicate proven-effective adolescent reproductive health education programs (bott comprehensive reproductive health and positive youth development) and implemented trauma-informed strategies designed to prevent unintended teen pregnancy and HIV/STIs across Louisiana Public Health Regions 1, 2, and 3 in urban, suburban, and rural settings.

Demographics of Participants Served

Race		
40.2% (167) Black/African American	167	40.2%
8.7% (36) White	36	8.7%
7.7% (32) More than one race	32	7.7%
0.2% (1) American Indian/Alaskan Native	1	0.2%
43.3% (180) Missing	180	43.3%
Gender		
27.6% (115) Male	115	27.6%
33.9% (137) Female	137	33.9%
39.4% (164) Missing	164	39.4%
Parish		
69% (287) Orleans	287	69.0%
5.8% (24) Jefferson	24	5.8%
1.2% (5) Terrebonne	5	1.2%
1% (4) St. Bernard	4	1.0%
.3% (1) East Baton Rouge	1	0.3%
.3% (1) St Charles	1	30.0%
22.6% (94) Missing	94	22.6%

LSUE is LSU's only comprehensive, two-year institution providing access and education to enrich the lives of its diverse students, enhance statewide economic development and improve the vitality of the

9

communities it serves. LSU-E is planning for Humana/LSUE Allied Health Bootcamps and Humana/LSUE *Student Pathways to Success* Bootcamps in July 2024.
Loyola University of New Orleans College of Nursing and Health offers BSN, MSNs, DNPs and certificate programs. Loyola will offer scholarships to diverse Nurse Midwifery students who will start in the fall.
March of Dimes in New Orleans is partnering with local government, state leaders, corporate health partners and community-based organizations and stakeholders, and their Local Collective Impact Initiative will confront challenges by building solutions to achieve health and racial equity for all moms and babies. • The Collective Impact Intensive was held on April 12, 2024, where 22 March of Dimes collective impact collaborators convened in New Orleans for a Collective Impact Intensive facilitated by Dominique: Samari and Paul Schmitz of FSG. Participants learned best practices for implementing collective impact in a community with an emphasis on building effective strategy, structure, and culture, apply lessons to their own experience and current collaborative work, and identify steps they could take to better align with best practice.
Mary Bird Perkins mission is to improve survivorship and lessen the burden of cancer through expert treatment, compassionate care, early detection, research and education. • Colorectal Cancer Outreach and Screening MBP will expand their mobile colorectal cancer screening program to identify individuals at high-risk for colorectal cancer and provide colonoscopies to reduce mortality. The project will target medically underserved adults including African Americans, rural Louisianans, low-income Louisianans and other disparate populations who lack access or have barriers to attaining cancer screenings throughout Morehouse, East Carroll, Ouachita, Franklin, Tensas, West Baton Rouge, Tangipahoa, Washington, St. Mary, St. John the Baptist, and Terrebonne parishes. From January-June, MBP distributed 243 FIT Tests have received 80 returned tests (33% return rate). Four of those returned required navigation. Demographics <table><tr><td>*Gender*</td><td></td></tr><tr><td>Females</td><td>177 distributed/ 59 returned</td></tr><tr><td>Males</td><td>66 distributed/ 21 returned</td></tr><tr><td>*Race/Ethnicity*</td><td></td></tr><tr><td>African American</td><td>110 distributed /32 returned</td></tr><tr><td>White</td><td>122 distributed/ 44 returned</td></tr><tr><td>Asian</td><td>1 distributed / 0 returned</td></tr><tr><td>Other</td><td>8 distributed/ 3 returned</td></tr><tr><td>American Indian</td><td>2 distributed / 1 returned</td></tr><tr><td>Hispanic</td><td>6 distributed/ 0 returned</td></tr></table>
MedCamps mission is to improve the health and wellness of people living with chronic illnesses and disabilities through unique recreational and educational camping experiences. With funding from HHHLA, MedCamps offers camp to children and families with children with special healthcare needs.
New Orleans East Hospital is a full-service hospital whose mission is to provide superior quality healthcare and educational empowerment with courtesy, concern, kindness, and compassion. • We Care Baby Shower for High-Risk Pregnant Mothers that were Hypertensive or Diabetic (12 participants) • Community Baby Shower with over 28 vendors for expectant Mothers and New Mothers (67 participants)

10

• Black Maternal Health Week partnership partnered with the Level Up Campaign to host for Better Health tabling event to celebrate Mothers in the community (25 participants)
NOELA Community Health Center mission is to improve the health and well-being of underserved communities in and around the New Orleans East area by providing accessible, affordable, high quality, culturally competent community-based primary, preventive, rehabilitative, and behavioral health care. • STI Testing and Treatment NOELA hosted "Safer Sex in the City" STI testing and treatment event on June 22, 2024 and 22 people were screened for STIs. A third of the people screened tested positive for STIs and receive same day treatment.
Ochsner PROTECT Program is a hospital violence intervention program in Shreveport for victims who are 17 years of age and under. They work with victims, alongside their families, while they are being treated for firearm related injuries. Ochsner Protect is planning activities for summer and fall 2024.
Our Lady of the Lake Children's Hospital in Baton Rouge serves as the main campus and central hub for our statewide network of pediatric healthcare. With HHHLA funding, OLOLCH will do the following • Asthma camp was held July 8-12, 8am-5pm. Campers participate in games and activities which will teach them about asthma, health and safety, field trips and other summer fun activities. A total of 39 campers attended.
Peer Initiative utilizes an innovative approach which combines peer support with licensed counseling to identify teens at risk of death by suicide and connect them with life-saving mental health resources.   They are working on • **Peer Support Curriculum**- Creating student peer support curriculum that will be shared for free with Louisiana School Districts • **Suicide Awareness Film Screening**- Screening "My Ascension" film in two communities • **Black Youth Suicide Prevention**- Partnering with Grambling State University to develop and implement Black youth suicide intervention • **Peer Initiative** implementing teen suicide prevention program in Louisiana Schools • **Community Events and Outreach-** Day at the Capitol Event in March and Mental Wellness Pep Rally in May and promoting the 988 Crisis Line
Southern University at New Orleans Addictive Behaviors Counseling and Prevention (ABCP) Program offers an Associates of Arts and Bachelor of Arts degrees to train students for careers as addiction counselors, case managers, addiction treatment program supervisors, and inpatient and outpatient addiction treatment professional. • Program Facilitator SUNO hired a part-time experienced and licensed facilitator to coordinate an assessment of current needs for comprehensive services in addictive behaviors to expand enrollment in the program and to teach courses during from March 15 – June 30, 2024 and July 1 – December 31, 2024. • Scholarships Two (2) ABCP students are set to receive stipends during the summer for a senior level independent study course on Program Development and Administration. Both students and a MMCSW faculty member co-authored an article that appeared in the National Association of Social Work (NASW) Newsletter.
Three O'Clock Project With the funds we will be providing fresh produce boxes to families in Terrebonne Parish as well as summer meals to kids enrolled in YMCA camps for the month of June. This will use all funds.
Xavier University of Louisiana mission is to contribute to the promotion of a more just and humane society by preparing its students to assume roles of leadership and service in a global society. Give.Love.Xavier Day Xavier's eleventh annual Give.Love.Xavier Day campaign raised a total of $1.3 million from over 1,700 individual, corporate, and private foundation donors for "unrestricted" dollars

11

to allow Xavier to meet urgent and unique needs as they arise. The campaign also supports student scholarships, particularly in instances where "unmet need" can be bridged by additional institutional support.
C. Activities expected to be accomplished by December 2024
318 Foundation will partner with the Institute of Woman's Ethnic Studies to offer health education to young women and their parents in Shreveport including sessions to discuss wellness checks, immunizations, and initiate conversations around mental and sexual wellness within the community.
Birthmark Doula Collective will continue to serve BIPOC & LGBTQ clients with free doula services for at least 80 families for at no cost and serve at least 500 families through other no cost programs. Birthmark will also work to create equitable and sustainable employment opportunities for two BIPOC Doulas who will provide culturally appropriate and evidence-based doula care to 50 BIPOC or low-income birthing people. Finally, Birthmark will continue to train and employ BIPOC lactation professionals to improve breastfeeding outcomes and provide evidence-based care to BIPOC and LGBTQ birthing people.
Children's Hospital New Orleans ThriveKids will host the Second Annual Back-to School Boogaloo with a focus on introducing school-readiness resources to 2000+ students and families in a high-poverty neighborhood in New Orleans East including the opportunity to connect to mental health services and access to vendors focused on health and well-being. As part of Children's Hospital's comprehensive suicide prevention initiative, several other events will be planned with a focus on gun safety where attendees will receive firearm safety education and will be able to leave with biometric gun safes and /or cable locks. The goal is to decrease access to lethal means of harm while promoting safety in our community.
Community Foundation of North Louisiana will facilitate a series of Parent ACE Talks to parents, caregivers and staff members with infants and children attending Head Start Programs and early childhood education centers. In addition CFNLA will facilitate the Parent ACEs Talks at the Louisiana Head Start Statewide Conference July 17-19,2024 to parents, teachers/caregivers, family advocates and grandparents.
DePaul Community Health Centers will continue monthly food distribution days.
Dillard University will conduct and transcribe information from all focus groups and produce a final report that summarizes the findings of the focus groups. Dillard will present findings at the American Public Health Association's Annual Meeting. Finally, Dillard will award scholarships to six students who will research population health issues and the history of health care access in Louisiana to explore the how history has shaped current access to care. The students will present their research as part of the national Kellogg Day of Racial Healing and at other academic conferences.
Fathers On A Mission will host a Celebration of Fatherhood/Cooking with Dads on August 24 and December 14.
Grambling State University nursing and social work faculty and students will complete focus groups with Black mothers who have given birth in the past 18 months and community needs assessments in affordable housing units in North Louisiana. GSU will collaborate with Dillard to transcribe information from all focus groups and produce a final report that summarizes the findings of the focus groups. The School of Nursing will serve the population living with Diabetes and Hypertension by providing monthly educational offerings to members of the faith-based organizations in Lincoln Parish. The education offered for diabetes and hypertension will include dietary management, medication education, and exercise targeted toward mobility and age appropriateness. The activities will be led by undergraduate nursing students and supervised by nursing faculty. The dietary management will

12

include teaching how to read labels and selecting healthy food choices. Medication education will include teaching on medication interactions and how to minimize side effects. Exercise will include sessions to "keep it moving" with chair and low impact exercises. The blood pressure and heart rate will be monitored before, during, and after exercise.
Healthy BR will continue to promote the CDC Hear Her campaign.
Institute for Women and Ethnic Studies will continue to replicate proven-effective adolescent reproductive health education and positive youth development in partnership with the 318 Foundation including one or more of the following programs • Linking Families & Teens, a 6-hour workshop (or two 3-hour sessions) designed to foster safety and offer communication best practices for teens and their supportive adult(s) to share their values, build their bond, and talk through tough conversations including sexual health and relationships. • INclued, a comprehensive sexuality education intervention that considers the full spectra of gender identity and sexual orientation and offers guidance on accessing and navigating reproductive healthcare services. • Creating a Future Together (CrAFT), with a human rights framework, CrAFT features 12 modules on sexual and reproductive health (e.g. reproductive anatomy, puberty, gender, sexuality, pregnancy and STI prevention, contraception and condoms, healthy relationships, communication styles, etc.), and 4 additional mental health and emotional wellness modules. • Are You Ready? --designed for youth with current involvement or risk for involvement in the juvenile justice or child welfare systems–a 2.5-hour entertainment-education intervention with pilot activities scheduled to begin July 1, and full-scale implementation to begin September 1, 2024. • One-Hour Presentations on Puberty & Hygiene; Sexually Transmitted Infections 101; Navigating Relationships Safely; Teens, Sex, & Louisiana Law; Stress & Coping Skills. • In addition to the OHPs, we also plan to implement middle and high school versions of an OPH, Let's Talk About Birth! A crash course in reproductive anatomy and puberty, pregnancy and birth, condom and contraception use, and accessing reproductive and mental healthcare.
Louisiana State University at Eunice will host two boot camps in July 2024 for high school students interested in pursuing a career in allied health. The boot camps will be held for one day each during July. 15-20 students will be accepted first-come, first-served and rotate through all activities. The day will be approximately 6-7 hours long, including a lunch break. The students will experience a combination of classroom instruction and hands-on experience. The classroom instruction will cover the basics of the chosen allied health career, including the required education, licensure, and certification requirements. Participants will learn about the different job opportunities available within each career field.
Loyola University of New Orleans will admit a cohort of 10 Nurse-Midwifery students in the Fall of 2024. Loyola will focus on recruiting and enrolling diverse candidates to increase the pipeline of diverse candidates who will increase access to OBGYN care.
March of Dimes will offer two coaching calls in follow up to the Collective Impact training from FSG to support the implementation of practice changes to completed before December 2024. In addition, March of Dimes plans will arrange training for five Spanish-speaking doulas in a Spanish-language doula course. The aim of this objective is bi-fold – to expand the birth worker workforce in southeast Louisiana, and to increase cultural concordance of birth workers in southeast Louisiana by December 2024.
Mary Bird Perkins will distribute an additional 1500 FIT Tests through the end of December 2024 with a 50% return rate.

13

Med Camps of Louisiana will continue hosting summer camp for children with special health care needs. The campers will participate in games and activities which will teach them about their health conditions, health, and safety. They will attend field trips to and host special visits from special guests and college athletes. Even though registration has not closed yet, they currently have 35 campers registered with that number growing each day. Below is the demographic of campers thus far:
New Orleans East Hospital will host the following events by December 2024: • A Tabling Event at Walnut Square Apartments (Operations Pathways.) • Mental Health/Wellness Symposium with Xavier University • Breast Cancer Awareness Event • Diabetes Awareness Education Event
NOELA Community Health will host an additional STI testing and treatment event by December 2024 to individuals that live in the New Orleans East and Chalmette communities.
Ochsner PROTECT Program will host a • Community Summit with speaker involving strategic partnerships with non-profit organizations in the community (Projected date: October 2024) • Gun safe/Gun lock giveaways at Community events scheduled in August -December 2024 • Share health education for use at scheduled community events In addition, the Ochsner PROTECT team will attend an Injury Prevention Conference or educational opportunity between August – October 2024
Our Lady of the Lake Children's Hospital will host Asthma Camp in July and compile data on camper's increase knowledge and awareness of asthma management based on participation in camp.
Peer Initiative will continue to expand Peer Support Curriculum, Black Youth Suicide Prevention, and Peer Initiative teen suicide prevention program in Louisiana Schools. In addition they will host Suicide Prevention Awareness Events in September and Bullying Prevention Events in October.
Southern University at New Orleans will provide programmatic supervision and ongoing meetings with summer ABCP scholars, convene their first meeting with the advisory group. SUNO will continue to assess existing ABCP curricula and complete a narrative of findings. The program facilitator will examine the relationship between Louisiana's Addictive Disorder Practice Act, the ABCP course content and the professional needs of providers in the workforce and develop a survey tool to assess ABCP community providers' Scope of Services, populations served, etc. SUNO will prepare a resource manual for the treatment and prevention programs of Addictive Behaviors in the local region and identify two (2) ABCP students for internships during the fall semester to be assigned, preferably, in Humana agencies. Students will be supervised by the Humana employees in internship sites.
Three O'clock Project will continue to partner with HHHLA to do food distribution if additional funds become available.
Xavier University of Louisiana will award scholarships to select students who are designated "Premed" and/or Physician Assistant students with a minimum GPA of 3.0 and good academic standing with the university. here will also be a deciding factor of unmet need, which ensures that these funds will be utilized for students that otherwise may not be able to afford attendance. Accordingly, this makes Humana an important catalyst in supporting deserving students who are on a path to becoming successful medical practitioners—tomorrow's leaders in promoting health equity. In addition to the scholarship support mentioned above, we are excited to include Humana in the Xavier Office of Career Services' programming, which will transpire periodically throughout the fall semester. Humana's presence will not only make students more aware of career opportunities outside of the standard pathways that exist, but also solidify the role of Humana as a partner to the

14

university in the most outwardly visible channel available to all students. Humana's presence will also plant the seed in students minds as a viable employer when they are workforce ready and keep Humana top of mind for opportunities like internships, clinical rotations, and other pre-professional programs.

D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024

None anticipated

FOCUS AREA 6: Recruiting, Developing, and Promoting Diverse talent at Humana Healthy Horizons Louisiana

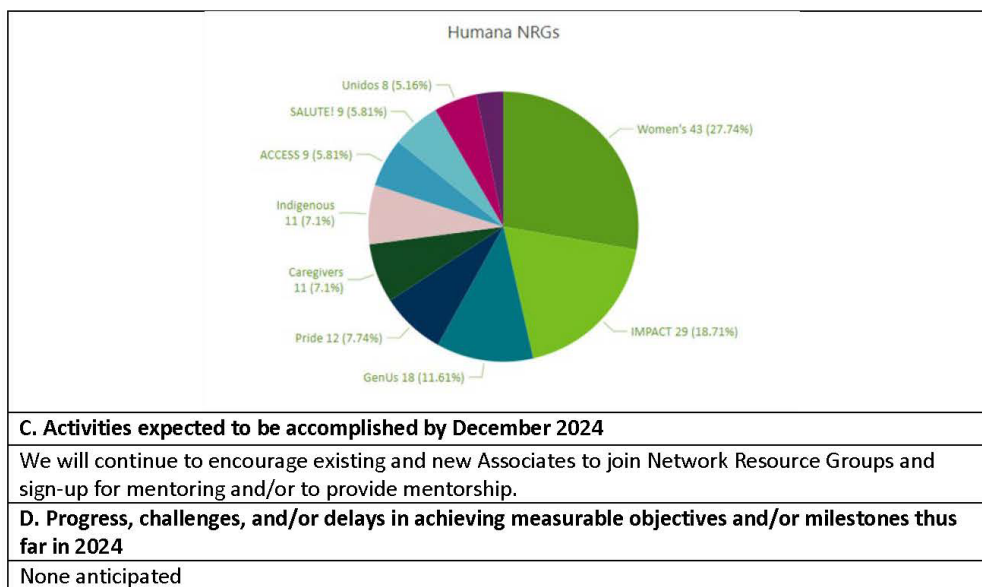**A. Changes to participants, if applicable**

Not applicable

B. Activities accomplished between January and June 2024

HHHLA added one additional associate in January 2024. HHHLA associate demographics continue to reflect the diversity of Louisiana. Of the 242 associates, here are the demographics by race/ethnicity and gender:

Race/Ethnicity	
Asian	Less than 1%
Black	36%
Hispanic/Latino	3%
Do Not Wish to Answer	1%
Two or More Races	2%
White	30%
Unknown	27%

Sex	
Female	94%
Male	6%

In Louisiana 60 Medicaid Associates have joined Network Resource Groups (NRGs) that provide personal, experience-based forums for exchanging ideas, building community, and driving measurable business outcomes. NRGs help HHHLA see through their diverse lenses while making business decisions. NRGs are associate-led and associate driven groups that work to impact Humana's culture, marketplace, and communities where we serve. There are 29 HHHLA Associates that participate individual, group and peer to peer mentoring.

15

Humana NRGs

Segment	Percentage
Women's 43	27.74%
IMPACT 29	18.71%
GenUs 18	11.61%
Pride 12	7.74%
Caregivers 11	7.1%
Indigenous 11	7.1%
ACCESS 9	5.81%
SALUTE! 9	5.81%
Unidos 8	5.16%

C. Activities expected to be accomplished by December 2024
We will continue to encourage existing and new Associates to join Network Resource Groups and sign-up for mentoring and/or to provide mentorship.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
None anticipated

FOCUS AREA 7: Developing a Pipeline for Diverse Health and Social Service Providers

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024
Between January and June 2024, HHHLA donated to Louisiana colleges and universities to offer scholarships and academic supports continue to expand the pipeline to recruit diverse health and social service professionals including: • Dillard University- Scholarships for School of Population Health Sciences • Grambling State University-Scholarships for Schools of Nursing and Social Work • Louisiana State University at Eunice- Allied health professional boot camp • Loyola University New Orleans-Scholarships for nurse Midwifery students • Southern University New Orleans-Scholarships for Addictive Behaviors Counseling and Prevention Program students • Xavier University of Louisiana- Scholarships for undergraduate pre-med students and Physician's Assistant students
C. Activities expected to be accomplished by December 2024
Between July and December, HHHLA will convene scholarship recipients to understand the impact that scholarships and academic boot camps have had on student success.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
None anticipated

16

FOCUS AREA 8: Supporting enrollees through Diverse Community Health Worker, Peer Support Specialist and Doula Programs.

A. Changes to participants, if applicable
Not applicable
B. Activities accomplished between January and June 2024
1. Community Health Workers HHHLA has eight (8) Community Health Workers on staff. The Community Health Workers link members to health and social determinants of health resources. They also attend community outreach events to engage with members. In addition, HHHLA donated to New Orleans East Hospital to fund two maternal-child health focused Community Health Workers who help navigate expectant parents and new parents to maternal and child health resources. Finally, HHHLA is working in partnership with the Louisiana Primary Care Association and PASO to train five bilingual English/Spanish-speaking community health workers to link Spanish-speaking women at FQHCs to health and social determinants of health resources. *2. Peer Support Specialists* HHHLA has two Peer Support Specialists on staff who have experience with mental health and substance use disorders. The HHHLA PSS work with members to link them to mental health, substance use, and social determinants of health resources. Since January, the two PSS have received 47 referrals for support services. In addition, HHHLA has donated to the Peer Initiative and Children's Hospital in New Orleans to train teen peer support specialists who will work with other teens to prevent suicide. *3. Doulas* Since January 2024, 20 HHHLA members received doula services. HHHLA is collaborating with the other MCOs and LMAA to host a session with doulas to explore the opportunities and challenges to reaching more women with doula services. In addition, we donated to Birthmark Doula Collective and March of Dimes to increase access to doula services among women receiving Medicaid.
C. Activities expected to be accomplished by December 2024
Between July- December, to increase access and utilization of doula services, we are working with the other MCOs and LMAA and/or the March of Dimes to host an information session with doulas on how to educate expectant mothers about the availability of doula services, providers about what doulas offer, and simplify the process for doulas to work with MCOs.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
None anticipated

FOCUS AREA 9: Reducing Maternal and Child Health Disparities for Black Enrollees and their Newborns

A. Changes to participants, if applicable
None
B. Activities accomplished between January and June 2024

17

1. *HumanaBeginnings Care Management*. Humana Healthy Beginnings provides a Nurse care manager during and after pregnancy to provide comprehensive assessment to determine health care needs, offer health education, support to understand health benefits, linkages to care and social determinants of health services, lactation support, family planning information and services, and a free portable crib or car seat, and disaster preparedness support. HHHLA members can enter HumanaBeginnings pregnancy Care Management through self-referrals, Notification of Pregnancy from providers, and/or calling Member Services. HHHLA also provides education about HumanaBeginnings care management program at community events including community baby showers.

2. *Go365 Rewards*- Pregnant women and new moms are eligible for Go365 rewards including
   - $25 in rewards for having one (1) prenatal visit during the first trimester or within 42 days of enrollment
   - $25 in rewards for having one (1) postpartum visit between seven (7) and 84 days after delivery, once per pregnancy
   - Up to $120 in rewards for taking infants and toddlers to well-child visits
     - Members will earn $20 in rewards per well-child visit, up to 6 well-child visits

3. *Doula Services*-HHHLA offers doula services as an in-lieu of service. Pregnant members can receive services from a doula, including five (5) prenatal visits, three (3) postpartum visits, and one (1) visit for labor and delivery.

4. *Linkages to Home Visiting and Community Based Services*- HHHLA partners with community-based organizations to offer access to health education, home visiting, community health workers, and other information resources and supports
   - Family Connects- Home visiting for mothers who deliver at Touro or Ochsner Baptist Hospital in New Orleans
   - Birthmark Doula Collective- Lactation clinic, breastfeeding peer support, and doula services
   - Healthy BR- Launching maternal early warning signs campaign late Summer/early Fall 2024
   - Healthy Start- Partner with Healthy Start New Orleans, Family Road of Greater Baton Rouge, and Healthy Start CenLa to link mothers to home visiting, case management, health education, and resources during pregnancy and in the post-partum period
   - Loyola University Nurse Midwifery program- Scholarships for Nurse Midwives
   - March of Dimes- Collective impact training and doula services
   - New Orleans East Hospital- Community Health Workers to link expectant parents and new parents to education, resources, and supports
   - Nurse-Family Partnership- Home visiting for first time mothers
   - Parents as Teachers-Home visiting for pregnant women or parenting families with children 36 months and younger.

5. *Focus Groups*-HHHLA is working in partnership with Dillard University and Grambling State University to host focus groups for Black women who have given birth within the last 18 months in regions 2, 3, 7, 8, and 9 to understand what resources Black mothers draw on for support during pregnancy and what needs Black mothers identify to improve pregnancy health and outcomes. The focus groups will be conducted from June-August 2024. Dillard and Grambling will provide a final report with key themes and recommendations for action by October 2024.

C. Activities expected to be accomplished by December 2024

18

HHHLA anticipates having a summary report by October 2024 that identifies key resources and needs among Black mothers and recommendations to address needs.
D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024
No anticipated delays

FOCUS AREA 10: Improving Child and Adolescent Health

A. Changes to participants, if applicable
None
B. Activities accomplished between January and June 2024

1. *Go365 Campaigns and Benefits*- HHHLA runs direct mail and email campaigns from January-December to encourage well-child visits. In addition, members can earn rewards for completing annual wellness visits as follows:

- Well-child visits 0-15 months up to $120 in rewards
  - Complete 6 well-child visits ($20 in rewards per well-child visit)
- Well-child visits 16-30 months up to $30 in rewards
  - Complete 2 well-child visits ($15 in rewards per well-child visit)
- Well-child visit Ages 3-20 $25 in rewards

2. Community Events

HHHLA also hosts community and member-facing events to increase well-child visits and immunizations. There have been 11 community events where immunizations were offered from January-June 2024 including

Name of Event	*Event Date*	*Parish*	*City*	*Partner Organization*
MLK Day Resource Fair	1/15/2024	St. Tammany	Covington	One Covington
Jackie Boys and Girls Club Health Fair	2/2/2024	Lafayette	Lafayette	Jackie Boys and Girl Club
Love Heals Free Clinic	2/17/2024	East Baton Rouge	Baton Rouge	Love Heals Free Clinic, Inc
Whitney Plantation's Harmony of Heritage	2/17/2024	St. John	Edgard	Whitney Plantation
Iberville Early Childhood Registration	3/4/2024	Iberville	Plaquemine	Iberville Parish Early Childhood Coalition
"It Takes A Village" Community Resource Fair	3/21/2024	Lafayette	Lafayette	Love Our Schools
Jordan United Methodist Church Friends and Family Fun Day	3/23/2024	East Baton Rouge	Baton Rouge	Jordan United Methodist Church
Community Easter Egg Hunt	3/24/2024	East Baton Rouge	Baton Rouge	Stitches Influencing Purpose
6th Annual Youth Wellness Fair	3/30/2024	St. Tammany	Covington	Kiwanis Club of Greater Covington

19

Community Resource & Health Fair	4/12/2024	Terrebonne	Houma	Louisiana Department of Health Region 3
HHH Spring Into Wellness Health Fair	4/13/2024	East Baton Rouge	Baton Rouge	F O A M Fathers On A Mission
SWLA CHS Minority Health Fair	4/19/2024	Lafayette	Lafayette	SWLA Center for Health Services
Spring Family Day in the Park	4/27/2024	Washington	Bogalusa	Bogalusa Parks, Recreation, & Culture Commission
Belle Rose Primary Play Streets	5/3/2024	Assumption	Belle Rose	Belle Rose Primary School
YMCA X Humana Healthy Horizons "Healthy Kid's Day"	5/11/2024	St. Tammany	Covington	YMCA West St. Tammany
Family Fun Day Community Resource 1	5/22/2024	Lafayette	Lafayette	Prime Time Head Start
Alice Boucher Summer Literacy Kickoff Event	6/7/2024	Lafayette	Lafayette	Love Our Schools
HHH Pathways to Mental Wellness (Mental Health Event)	6/8/2024	St. Tammany	Abita Springs	Humana Healthy Horizons
River Parish Healthcare Summer Exploration & Stimulation Camp	6/10/2024	Ascension	Gonzales	River Parishes Community College
Early Childhood Day	6/18/2024	Assumption	Napoleonville	Assumption Ready Start Network

C. Activities expected to be accomplished by December 2024

1. Go 365 Campaigns- Between July and October, HHHLA runs an additional email and direct mail campaign to encourage well-child visits and immunizations.
2. Community Events-We continue to partner with community-based organizations and provider groups to increase access to well-child visits and immunizations.

D. Progress, challenges, and/or delays in achieving measurable objectives and/or milestones thus far in 2024

None anticipated

Cultural Responsiveness and Implicit Bias Training

Cultural Responsiveness and Implicit Bias Training.

A. Staff and provider training conducted (e.g., training components, number and type of attendees, length of training and format) between January and June 2024.

1. *HHHLA Associate Training*

Humana Healthy Horizons in Louisiana partnered with Rhodes College Institute for Equity and Public Scholarship (Rhodes College) to provide training on cultural responsiveness and implicit bias for all HHHLA associates and network providers. Rhodes College aims to produce measurable reductions in the

20

clinical determinants of health disparities through deep awareness of the social determinants and health disparities.

The learning objectives for this curriculum include:
   1. Understand how and why unjust social conditions cause illness and disease for stigmatized populations.
   2. Be able to identify and intervene in their own practice and with colleagues when bias leads to unequal care.
   3. Learn to practice equity-oriented, person-centered care that helps individuals seeking clinical services feel valued and welcome.
   4. Learn how policy affects health and how to be an effective advocate for better policies.

From January- June 2024, 18 additional Humana Healthy Horizon Louisiana Medicaid Associates have completed one or both two-part training series: "Justice is Part of the Job," and "Bias and the Promise of Equitable, Person-Centered Care," Health Equity Educational offerings. To date, 203 total HHHLA Medicaid Associates have completed the training.

Following part one of the training HHHLA associates completed a survey which consisted of nine questions to evaluate the effectiveness of the videos, curriculum, exercises, and live group discussions to measure their understanding and commitment of health equity concepts. The survey of nine Likert scale questions received 73 responses in total. For all questions, somewhere between 96% and 99% of respondents chose "agree" or "strongly agree," which provided a strong indication that the training was well received.

2. Provider Training
HHHLA has partnered with Healthy Blue, Louisiana Health Care Connections, and United HealthCare to offer a three-part Health Equity education series online on-demand to Medicaid providers through Trusted Provider Network (TPN). HHHLA is encouraging providers in our network to complete at least one part of the three-part video series 12/31/2024. To date, 29 Network providers have completed at least one Health Equity Education course.

B. Additional trainings expected to be conducted by December 2024

Humana Healthy Horizons will continue to work with TPN, the other MCOs and health systems across the state of Louisiana to strongly encourage participation in Health Equity education. Humana Healthy Horizons is also exploring offering additional Health Equity education courses to HHHLA Associates and providers this year.

C. Modifications the MCO has made or intends to make to training content, format, etc. based on participant feedback and lessons learned to date

Based on the results from the associate and provider satisfaction surveys from the Health Equity education, we do not believe we need to make any substantial changes now.

D. Is the MCO on track to meet training goals set in the MCO's Health Equity Plan? If not, please describe why not.

Per Section 2.2.2.7.2 of the MCO Model Contract, HHHLA is on track to provide initial and ongoing staff training that includes an overview of contractual, state and federal requirements specific to individual

21

job functions. HHHLA will also ensure that all staff members having contact with members or providers receive initial and ongoing training on health equity and social determinants of health, beyond Culturally and Linguistically Appropriate Services (CLAS) requirements and with regard to the appropriate identification and handling of quality-of-care concerns.

Since health equity education beyond CLAS standards is encouraged but not required for providers, it is challenging to increase participation in the training among providers.

Stratify MCO Results on Attachment H Measures

HUM submitted measure rates with stratification by race, ethnicity, and geography with the HEP submission.