Health Plan Performance Improvement Project (PIP)

Health Plan: Healthy Blue

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

PIP Implementation Period: January 1, 2021-December 31, 2021

Submission Dates:

	Proposal/Baseline	Interim	Final
Version 1	2/3/2020		2/10/2021
Version 2			

MCO Contact Information

1. Principal MCO Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

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3. External Collaborators (if applicable):

Attestation

Plan Name: Healthy Blue
Title of Project: Hepatitis C PIP

The undersigned approve this PIP and assure involvement in the PIP throughout the course of the project.

Medical Director signature: ____ Cherylll Bowers-Stephens,MD,MBA_____
First and last name: Cheryll Bowers-Stephens, Provider Performance Medical Director
Date: 12.10.2021

CEO signature: __ C. Valentine Theard, MD, MBA _____
First and last name: Christy Valentine MD, Plan President
Date: 12.10.2021

Quality Director signature: ___ ***Christin L. Cantavespri, MSHCM, CPHQ*** _____
First and last name: Christin Cantavespri, Quality Director
Date: 12.10.2021

Updates to the PIP

For Interim and Final Reports Only: Report all changes in methodology and/or data collection from initial proposal submission in the table below.
[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

Table 1: Updates to PIP

Change	Date of change	Area of change	Brief Description of change
Change 1	1/1/2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	Continuation of PIP into 2021
Change 2	3/1/2021	☐ Project Topic ☐ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Text campaign initiated
Change 3		☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	
Change 4		☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	

Abstract

For Final Report submission only. Do not exceed 1 page.

Provide a high-level summary of the PIP, including the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

Project Topic

Healthy Blue continued the Hepatitis C (HCV) Performance Improvement Project (PIP) that was initiated last year in February 2020. The goal continues to be to increase HCV screenings for at-risk populations and increase treatment with Direct Antivirals (DAA) for those members identified as a probable or confirmed HCV diagnosis, with this year's target to improve by ten (10) percentage points above baseline in 2019. The baseline data determined the target rates for each measure in 2021.

Objectives

Healthy Blue's objective was to increase the HCV screening rates for members identified as at-risk:

a. Beneficiaries born between the years 1945 and 1965
b. Current or past injection drug use
c. Persons ever on long term hemodialysis
d. Persons who were ever incarcerated
e. Persons with HIV infection

Methodology and Interventions

Another group of members were identified as having a probable or confirmed HCV diagnosis from the OPH listing provided monthly to the plan. Data analysis of claims and encounter of the members was completed to identify and stratify those for targeted outreach and provider education.

Once the membership was stratified into specific screening and treatment targeted groups; a methodology was developed to identify interventions appropriate for members and providers who may encounter those identified members. Interventions included:

a. Enhanced Case Management outreach for HCV treatment initiation and HCV screening of identified members to schedule appointment for screening or referral for pharmaceutical treatment
b. Member education on HCV risk factors and treatment options via text and phone call campaign, written educational material and education through provider resources
c. Provider education on Epclusa preferred DAA for treatment
d. Provider education on HCV screenings for the at-risk member population and treatment options for those with positive diagnoses of HCV
e. Plan provided list of identified members to providers and assisted with member outreach for engagement in treatment and screenings

Results

The results for the performance indicators were as follows:

1a. Universal Screening for members ages 18-79: Target rate of 24.31 was not met; Final rate = 20.47 with a percentage increase over baseline of 6.16 noted

1b. Birth Cohort Screening for members birth year between 1945 and 1965: Target rate of 29.66 was not met; Final rate = 24.14 with a percentage increase over baseline of 4.48 noted

2a. Non-Birth Cohort/Risk Factor Screening – ever screened – members 18 and older with risk factors except being born between 1945 and 1965: Target rate of 40.84 was not met; Final rate = 37.19 with a percentage increase over baseline of 6.35 noted

2b. Non-Birth Cohort/Risk Factor Screening- Annual Screening, ages 18 and older with risk factors except being born between 1945 and 1965: Target rate of 24.59 was not met; Final rate = 16.82 with a percentage increase from baseline of 2.23 noted

3a. HCV Treatment Initiation Overall, 18 and older with confirmed or probable diagnosis of HCV (OPH list): Target rate of 26.44 was met; Final rate = 28.71 with a percentage increase from baseline of 12.27 noted

3b. HCV Treatment Initiation-Drug Users, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 28.61% was not met; Final rate = 27.24 with a percentage increase from baseline of 8.63 noted

3c. HCV Treatment Initiation-Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 32.03 was met; Final rate = 34.59 with a percentage increase from baseline of 12.56 noted

Conclusions

The plan identified many barriers during the project. The greatest barriers were related to Covid-19 and severe weather events such as Hurricane Ida. Covid-19 continues to impact member visit behaviors with many members hesitant to make in person appointments. Hurricane Ida impacted outreach priorities; Healthy Louisiana staff shifted outreach focus to members needing access to housing and medical care. Community and educational events were rescheduled. Other barriers included reduction in provider office staff and clinic hours, resulting in decreased access to care. Healthy Blue was able to successfully engage providers in the efforts to reach members and utilize telehealth options. Ultimately, positive outcomes were obtained despite barriers in measurement year 2021.

Next Steps

Looking ahead for 2022, the Health Plan will continue initiatives to include the identification of disparities in treatments among demographics and clinical subsets, develop strategies with Case Management for enhanced member engagement in CM services and work closely with providers to elicit feedback to address member interventions and strategies for improved progress and outcomes. Best practices for treatment outreach will be applied to interventions in the next year with shifting intervention focus. Additionally, the Health Plan will review disparities in outcomes and focus on specific populations that underperformed in 2021. Social determinants of health data will be evaluated and provide more opportunities for improved health outcomes through targeted initiatives.

Project Topic

To be completed upon Proposal submission. Do not exceed 2 pages.

Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**
  Hepatitis C (HCV) is a significant health problem in the U.S where millions of Americans are believed to be chronically infected. Louisiana has one of the highest rates of HCV in the country. Eradicating HCV in Louisiana and with our member population is critical to improve health inequities within our state. Addressing HCV by early detection and treatment is a priority and a key strategy for Healthy Blue as we work to improve health outcomes for our member population. As a health plan, we have an opportunity to leverage data and technology, enhance provider relationships and share best practices with providers to improve screening, evaluation and treatment for our members. Healthy Blue supports the development of evidence-based standards and quality metrics that define and encourage successful treatment for our members.

- **Describe high-volume or high-risk conditions addressed:**
  There is a disproportionally HCV infected population in Louisiana with those who are low-income and/or incarcerated. Many members who have chronic Hepatitis C have not been tested and do not know they are infected. For those who have been diagnosed, many of them and their providers have been awaiting approved new medications before starting treatment. The high cost of treatment is another barrier in successfully eradicating HCV in Louisiana.

  Healthy Blue will identify members with high-risk conditions such as current or past injection drug use, members on long term hemodialysis, members who are currently or were ever incarcerated and those with an HIV diagnosis. Once identified, the plan will cross reference those who already have an HCV diagnosis and/or treatment regime for HCV or HIV. An outreach and educational campaign for providers and members will ensure that proper education regarding screenings and treatment will occur. Healthy Blue currently has over 125,000 members who could potentially benefit for early detection and screening.
- **Describe current research support for topic (e.g., clinical guidelines/standards):**
  Healthy Blue will utilize the clinical practice guidelines/standards as outlined in the U.S Preventive Service Task Force Guidelines (USPSTF), Infectious Diseases Society of America (IDSA/AASLD) and World Health Organization (WHO) source sites. Additionally, the HIV Medicine Association of IDSA and CDC will also be referenced sources for managing populations with coinfections and the at-risk population.

- **Explain why there is opportunity for MCO improvement in this area (must include baseline and if available, statewide average/benchmarks):**
  Healthy Blue member population represents a statistically significant sample of the overall baseline to show an opportunity for a reduction in HCV in our state. With the pharmaceutical treatment partnership, we have an advantage in the reduction of HCV. Within the past six months of initiating the treatment partnership, we have increased the treatment rate of our member population by 22.82%. Healthy Blue will use demographic data as well as an analysis of subpopulations (e.g., HIV, SMI/SUD) to develop a targeted outreach campaign to increase the number of members identified for treatment and/or at risk for HCV.

Aims, Objectives and Goals

Aim

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

1. **Member Intervention Objective**: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high risk characteristics)::
   a. Beneficiaries born between the years 1945 and 1965
   b. Current or past injection drug use
   c. Persons ever on long term hemodialysis
   d. Persons who were ever incarcerated
   e. Persons with HIV infection

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

Table 2: Goals

Indicators	Baseline Rate[1] Measurement Period: 1/1/19-12/31/19	Target Rate 2021[2]	Rationale for Target Rate[3]
Performance Indicator #1a (Universal Screening): ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	N: 18930 D: 132323 R: 14.31	R: 24.31%	10% points above updated Baseline Rate
Performance Indicator #1b (Birth Cohort Screening): ***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.***	N: 4035 D: 20522 R: 19.66	R: 29.66%	10% points above updated Baseline Rate
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening- ever screened): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.*	N: 2483 D: 8051 R: 30.84	R: 40.84%	10% points above updated Baseline Rate

Indicators	Baseline Rate[1] Measurement Period: 1/1/19-12/31/19	Target Rate 2021[2]	Rationale for Target Rate[3]
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Annual Screening): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.*	N: 1175 D: 8051 R: 14.59	R: 24.59%	10% points above updated Baseline Rate
Performance Indicator #3a (HCV Treatment Initiation-Overall): *The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.*	N: 664 D: 4039 R: 16.44	R: 26.44%	10% points above updated Baseline Rate
Performance Indicator #3b (HCV Treatment Initiation-Drug Users): *The percentage of the subset of adults with current or past drug use and a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.*	N: 242 D: 1585 R: 15.27	R: 25.27%	10% points above updated Baseline Rate
Performance Indicator #3c (HCV Treatment Initiation-Persons with HIV): *The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.*	N: 39 D: 177 R: 22.03	R: 32.03%	10% points above updated Baseline Rate

[1] Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.
[2] Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.
[3] Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).

Methodology

To be completed upon Proposal submission.

Performance Indicators

Table 3: Performance Indicators

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #1a (Universal Screening)	**Performance Indicator #1a (Universal Screening)**: ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	Administrative/ Claims/ Encounter data	All Healthy Louisiana enrollees ages 18-79 years	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator #1b (Birth Cohort Screening).	***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were screened for HCV {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana enrollees born between 1945 and 1965	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	***The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}7y7.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet one or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Annual Screening)	***The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet one or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were screened during the measurement year for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #3a (HCV Treatment Initiation-Overall)	***The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3a
Performance Indicator #3b (HCV Treatment Initiation-Drug Users)	***The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3b

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #3c (HCV Treatment Initiation- Persons with HIV)	***The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults ever diagnosed with HIV (ICD-9 or ICD-10 codes in Appendix D) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3c

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? If not, why?

Sampling Procedures

Describe sampling methodology: n/a

Data Collection

Describe data collection: Data will be collected by multiple departments within the Health Plan. Data collection will be completed by Business Data Analysts, Manager of Case Management, Quality Improvement Manager and HEDIS Manager. The tools that are used to collect the data include the use of SQL Server Management Studio and Teradata to analyze claims/utilization data. Additionally, the Case Management data is obtained using referrals from a vendor who manages high risk population, and health risk assessments. The use of the Office of Public Health Hepatitis C file provided by LDH is also utilized for data collection.

Validity and Reliability

Describe validity and reliability: Data collection is done in conjunction with the specifications set forth by the measures. The Business Analyst performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method. The OPH file is cross walked against the eligible population criteria to determine the high-risk members. Claims data (CPT, HCPCS, ICD-9 and 10Cm and/or NCD's) are used to determine numerator compliance.

Data Analysis

Describe data analysis procedures: Once data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. Also, the data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures.

- **Describe how plan will interpret improvement relative to goal:**

Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers.

- **Describe how plan will monitor ITMs for ongoing QI:**

Healthy Blue will complete monthly PDSA and run charts for oversight of measuring interventions to impact overall goals. Additionally, barrier analysis and member/provider focus groups if needed, will be used to identify additional barriers with obtaining goals will be conducted as needed. These exercises will assist in the monitoring of interventions, developing new interventions or the realignment of existing interventions as needed.

(Tentative) PIP Timeline

Report the baseline, interim and final measurement data collections periods below.
Baseline Measurement Period:
Start date: 1/1/2019
End date: 12/31/2019

Submission of Proposal/Baseline Report Due: 2/3/2020

Interim Measurement Period:
Start date: 1/1/2020
End date: 12/31/2020

PIP Interventions (New or Enhanced) Initiated: 2/1/2020

Submission of 1st Quarterly Status Report for Intervention Period from 1/1/21-3/31/21 Due: 4/30/2021
Submission of 2nd Quarterly Status Report for Intervention Period from 4/1/21-6/30/21 Due: 7/31/2021
Submission of 3rd Quarterly Status Report for Intervention Period from 7/1/21-9/30/21 Due: 10/31/2021

Submission of Draft Interim Report Due: 12/10/2020
Submission of Final Interim Due: 12/31/2020

Final Measurement Period:
Start date: 1/1/2021
End date: 12/31/2021

Submission of Draft Final Report Due: 12/10/2021
Submission of Final Report Due: 12/31/2021

Analysis of Disproportionate Under-Representation – WORKSHEET (Optional)

Susceptible subpopulations are those subpopulations for which the Disproportionate Index > 100%: The subpopulation's share of the total enrollee population eligible for HCV screening or HCV pharmacotherapy is greater than the subpopulation's share of receipt of HCV screening or HCV pharmacotherapy, respectively (Select one). Thus, the susceptible subpopulations are under-represented in terms of receipt of either HCV screening or HCV pharmacotherapy.

Subpopulation	Members Eligible for : [X] HCV screening -OR- [_] HCV pharmacotherapy (DENOMINATOR)		Members who received: [X] HCV screening -OR- [_] HCV pharmacotherapy (NUMERATOR)		**Disproportionate Index of Under-representation**
	# of enrollees in the denominator	**% of MCO TOTAL denominator**	# of enrollees in the numerator	**% of MCO TOTAL numerator**	**% of MCO TOTAL denominator ÷ % of MCO TOTAL numerator**
MCO TOTAL	179030	100%	32945	100%	
Age Group					
18-27 years	54769	30.59%	8087	24.55%	124.6%
28-54 years	98406	54.97%	18493	56.13%	97.93%
55+	25855	14.44%	6365	19.32%	74.74%
Sex					
Male	106228	59.34%	9700	29.44%	201.56%
Female	72802	40.67%	23245	70.56%	57.64%
Race					
American Indian or Alaska Native	1115	.62%	177	.54%	114.81%
Asian	1868	1.04%	395	1.20%	86.67%
Black or African American	63513	35.48%	12829	38.94%	91.11%
Native Hawaiian or Pacific Islander	40	.02%	7	.02%	100%
White	56376	31.49%	9305	28.24%	111.51%
Other	124	.07%	30	.08%	87.5%
Unknown	55994	31.28%	10202	30.97%	101%
Ethnicity					
Hispanic	82	.05%	22	.07%	71.43%
Non-Hispanic	122954	68.68%	22721	68.97%	99.58%
Unknown	55994	31.28%	10202	30.97%	101%
Serious Mental Illness (SMI) or Substance Use Disorder (SUD)					
SMI, only	28868	16.13%	7905	23.99%	67.24%
SUD, only	10953	6.12%	4040	12.26%	49.92%
Both	4793	2.68%	1977	6.00%	44.67%
Neither	144002	80.43%	22977	69.74%	115.33%
LA MCO Region of Residence					
Region 1: Greater New Orleans	39074	21.83%	10852	32.94%	66.27%
Region 2: Capital Area	20819	11.63%	3755	11.40%	102.02%
Region 3: South Central LA	14384	8.03%	2515	7.63%	105.24%
Region 4: Acadiana	23953	13.38%	3420	10.38%	128.9%
Region 5: Southwest LA	9021	5.04%	957	2.90%	173.79%
Region 6: Central LA	12231	6.83%	1655	5.02%	136.06%
Region 7: Northwest LA	18079	10.10%	2087	6.33%	159.56%
Region 8: Northeast LA	17005	9.50%	2680	8.13%	116.85%
Region 9: Northshore Area	24464	13.66%	5024	15.25%	89.57%

Barrier Analysis, Interventions, and Monitoring

Table 4: Alignment of Barriers, Interventions and Tracking Measures

Barrier 1: New Healthy Louisiana HCV treatment benefit may be unknown to enrollee. Method of barrier identification: IPRO HCV PIP guidance document. Member feedback		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #1a to address barrier: Enhanced Case Management Outreach for HCV Treatment Initiation **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #1a tracking measure :** **N:** # members with appointment scheduled with HCV specialist (in OPH database) or PCP for HCV treatment assessment/initiation **D:** # members with confirmed or probable HCV per OPH listing not receiving treatment	Num:2 Denom: 3848 Rate:0.05%	Num: 0 Denom: 3743 Rate: 0%	Num: 154 Denom: 4440 Rate: 3.46%	Num:87 Denom: 4139 Rate: 2.10%	N: 34 D: 4855 R: 0.70%	N: 69 D: 4971 R: 1.38%	N: 192 D: 3294 R: 5.82%	N: 200 D: 3358 R:5.96%
Barrier 2: Asymptomatic enrollees may not know they are infected with HCV. Method of barrier identification: IPRO HCV PIP guidance document. Member feedback		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #2 to address barrier: (UPDATED) Enhanced Case Management Outreach for HCV Screening **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #2 tracking measure:** **N:** # members with appointment scheduled with PCP for HCV screening **D:** # members age 18-79 at risk for HCV who are engaged in CM	Num: 6 Denom: 24242 Rate: 0.02%	Num: 2 Denom: 23899 Rate: 0.008%	Num: 47 Denom: 24948 Rate: 0.19%	Num: 32 Denom: 25309 Rate: 0.12%	N: 9 D: 494 R: 1.82%	N: 10 D: 1364 R: 0.73%	N: 4 D: 583 R: 0.68%	N:37 D: 479 R:7.72%
Intervention #2b to address barrier:	**Intervention #2b tracking measure:**	Num: 2 Denom:6597 Rate: 0.03%	Num: 0 Denom:6445 Rate: 0%	Num: 2 Denom: 6772	Num:2 Denom: 6942	Updated for 2021	NA	NA	NA

Enhanced Case Management Outreach for HCV Screening of at-risk members **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020** **End Date: 2/1/2021**	**N:** # members with appointment scheduled with PCP for HCV screening **D:** # members at risk for HCV per MCO claims/encounter data =/> 18 and not born between 1945-1965			Rate: 0.029%	Rate: 0.028%				
Barrier 3: Providers may not be aware that Epclusa does not require prior authorization. **Method of barrier identification: Claims/encounter data; Provider feedback**		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #3a to address barrier: Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription. **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #3a tracking measure:** **N:** # members with SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) dispensed **D:** # members with any DAA dispensed	N: 274 D: 277 R: 98.91%	N: 246 D: 250 R: 98.4%	N: 244 D: 249 R: 97.99%	N: 200 D: 203 R: 98.5%	N: 1514 D: 1524 R:99.34%	N:1513 D:1530 R:98.88%	N:1195 D:1203 R:99.34%	N:1284 D:1293 R:99.3%
Intervention #3b to address barrier: Virtual provider outreach and education to PCP on HCV screenings and treatment options **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #3b tracking measure:** **N:** # providers outreached and educated on HCV screening **D:** # total number of providers targeted for QM outreach and training quarterly	N: 0 D:80 R: 0%	N:28 D:80 R:35%	N: 47 D: 80 R: 58.75%	N:45 D:80 R:56.25%	N: 7 D: 80 R: 8.75%	N: 75 D: 182 R: 41.20%	N: 44 D: 62 R: 70.96%	N: 26 D: 54 R: 48.15%
		2020				**2021**			

Barrier 4: Providers may require a more proactive approach in identifying members who are at risk for HCV. **Method of barrier identification: Claims/encounter data to identify disparities/demographics ; Provider feedback**		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intervention #4a to address barrier: Identify current members with HIV diagnosis for targeted outreach efforts **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #4a tracking measure:** **N:** # members identified with HIV DX with appointment scheduled with PCP/specialist for HCV screening **D:** # of members with current HIV DX per claims/encounter data	Num: 1 Denom: 839 Rate: 0.11%	Num: 0 Denom: 798 Rate: 0%	Num: 0 Denom: 689 Rate: 0%	Num:1 Denom: 691 Rate: 0.14%	N: 9 D: 428 R: 2.10%	N: 36 D: 554 R: 6.49%	N: 8 D: 596 R: 1.34%	N:37 D:612 R: 6.05%
Intervention #4b to address barrier: Identify current members with SUD/SMI diagnosis for targeted outreach efforts **Planned Start Date: 2/1/2020** **Actual Start Date**: **2/1/2020**	**Intervention #4b tracking measure:** **N:** # members identified with SUD/SMI DX with appointment scheduled with PCP/specialist for HCV screening **D:** # of members with current SUD/SMI DX per claims/encounter data	Num: 1 Denom: 14802 Rate: 0.006%	Num: 0 Denom: 14545 Rate: 0%	Num:0 Denom: 19188 Rate: 0%	Num:1 Denom: 21153 Rate: 0.004%	N: 1 D: 23796 R: 0.004%	N: 4 D: 27269 R: 0.014%	N: 4 D: 30210 R: 0.013%	N: 138 D:31627 R:0.436%
Intervention #5a to address barrier: Identify current members on the OPH list and assist PCP's with outreach and appointments for treatment of HCV	**Intervention #5a tracking measure:** **N:** # members whose provider was notified via a care gap report **D:** #members on the OPH listing who have not been treated for HCV	Not started	Not started	Num: 1090 Denom: 4440 Rate: 24.5%	Num:511 Denom: 4139 Rate: 12.3%	N: 3304 D: 4855 R: 68.05%	N: 416 D: 5087 R: 8.17%	N: 436 D: 3294 R: 13.23%	N:236 D:3358 R:7.03%

Planned Start Date: 2/1/2020 **Actual Start Date**: **2/1/2020**									
Intervention #5b to address barrier: Enroll members in text educational campaigns to educate members on HCV screenings through Health Crowd **Planned Start Date: 2/1/2021** **Actual Start Date**: **3/1/2021**	**Intervention #5b tracking measure :** **N:** # of members actively enrolled in HCV Screening campaign **D:** # of members outreached and educated via Health Crowd	Na	Na	Na	Na	**new initiative started in March – no data yet**	N: 2209 D: 95755 R: 2.30%	N: 5914 D: 95755 R: 6.17%	N: 2155 D: 95742 R: 2.3%

Results

To be completed upon Baseline, Interim and Final Report submissions. The results section should present project findings related to performance indicators. ***Do not*** interpret the results in this section.

Table 5: Results

Indicator	**Baseline Period** Measure period: 1/1/2019-12/31/2019	**Interim Period** Measure period: 1/1/2020-12/31/2020	**Final Period** Measure period: 1/1/2021-12/31/2021	**Target Rate**[1]
Performance Indicator #1a (Universal Screening): ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	N: 18930 D: 132323 R: 14.31	N: 26387 D: 163206 R: 16.17	N: 39260 D: 189411 R: 20.73	**R: 24.31%**
Performance Indicator #1b (Birth Cohort Screening): ***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.***	N: 4035 D: 20522 R: 19.66	N: 4671 D: 22533 R: 20.73	N: 5504 D: 22689 R: 24.26	**R: 29.66%**

Indicator	**Baseline Period** Measure period: 1/1/2019-12/31/2019	**Interim Period** Measure period: 1/1/2020-12/31/2020	**Final Period** Measure period: 1/1/2021-12/31/2021	**Target Rate[1]**
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening-ever screened): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.*	N: 2483 D: 8051 R: 30.84%	N: 3478 D: 10428 R: 33.35%	N: 4591 D: 12232 R: 37.53	**R: 40.84%**
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Screening-Annual Screening): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.*	N: 1175 D: 8051 R: 14.59%	N: 915 D: 10428 R: 8.77%	N: 2151 D: 12232 R: 17.59%	**R: 24.59%**
Performance Indicator #3a (HCV Treatment Initiation-Overall): *The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral*	N: 664 D: 4039 R: 16.44%	N: 1216 D: 5467 R: 22.24%	N: 2003 D: 6900 R: 29.03%	**R: 26.44%**

Indicator	Baseline Period Measure period: 1/1/2019- 12/31/2019	Interim Period Measure period: 1/1/2020- 12/31/2020	Final Period Measure period: 1/1/2021- 12/31/2021	Target Rate[1]
Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.				
Performance Indicator #3b (HCV Treatment Initiation-Drug Users): ***The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 242 D: 1585 R: 15.27%	N: 540 D: 2323 R: 23.25%	N: 848 D: 3069 R: 27.63%	**R: 25.27%**
Performance Indicator #3c (HCV Treatment Initiation-Persons with HIV): ***The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV***	N: 39 D: 177 R: 22.03%	N: 74 D: 241 R: 30.71%	N: 93 D: 267 R: 34.83%	**R: 32.03%**

Indicator	Baseline Period Measure period: 1/1/2019- 12/31/2019	Interim Period Measure period: 1/1/2020- 12/31/2020	Final Period Measure period: 1/1/2021- 12/31/2021	Target Rate[1]
was initiated {numerator}.				

[1] Upon subsequent evaluation of quarterly rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

OPTIONAL: Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development and refinement of interventions, and/or analysis of PIP performance.

In the results section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are meaningful from a population health perspective. ***Do not*** interpret the results in terms of performance improvement in this section.

Figure 1. 2021 Hep C Performance Indicators Data

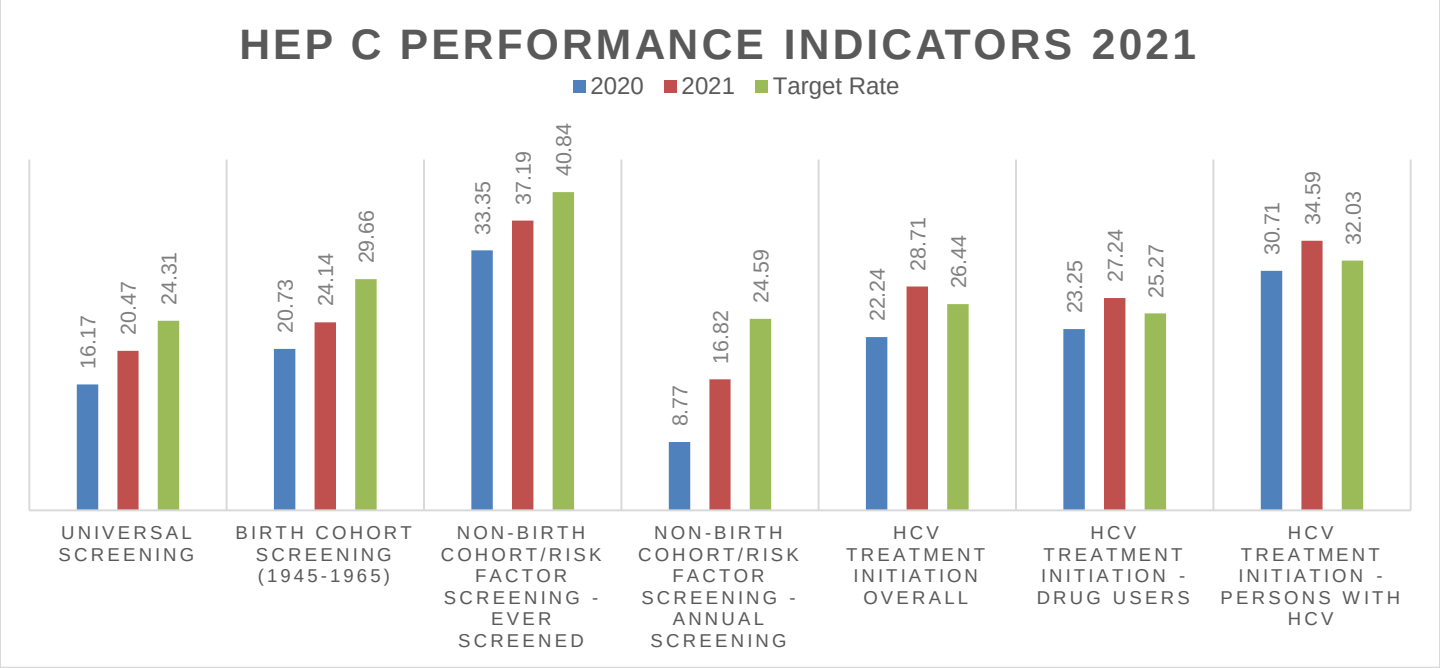


Figure 2. ITM 4A Quarterly Trend Performance Data

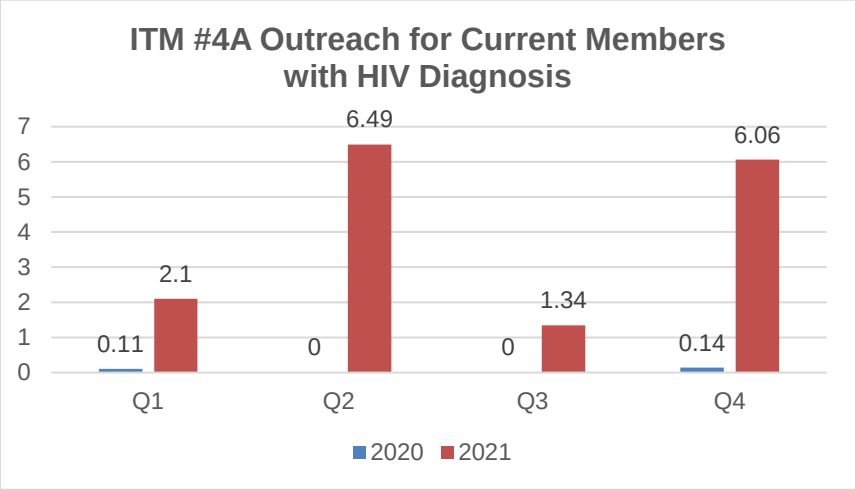


Figure 3. ITM 4B Quarterly Trend Performance Data

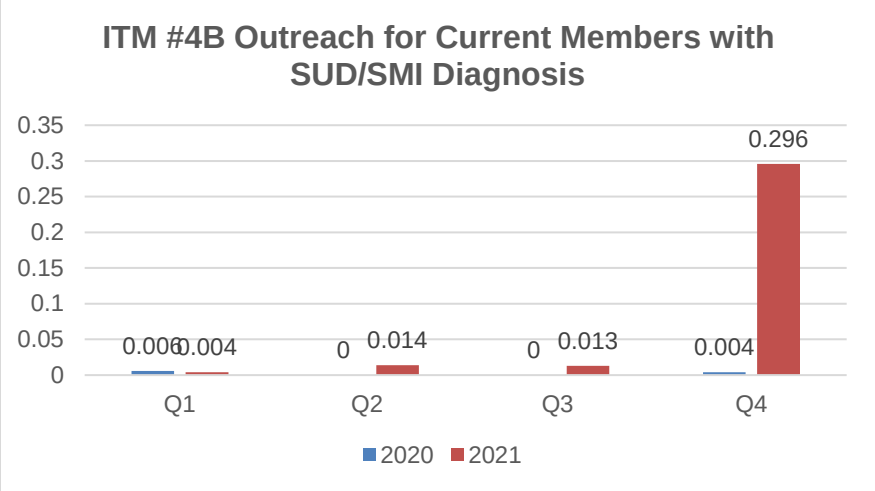


Figure 4. ITM 1 Quarterly Trend Performance Data

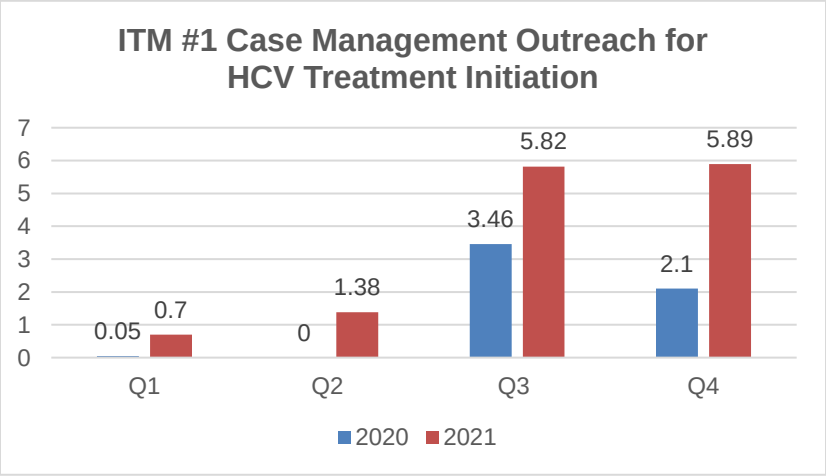
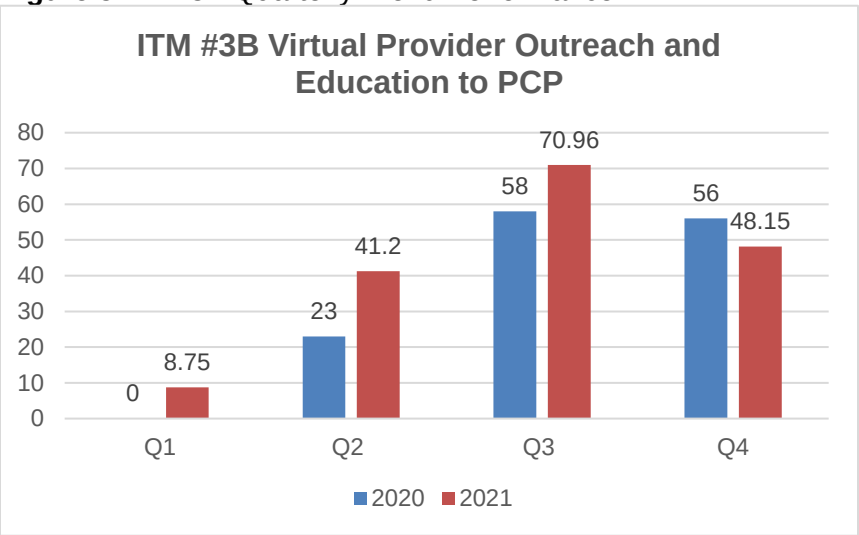


Figure 5. ITM 3B Quarterly Trend Performance



Discussion

To be completed upon Interim/Final Report submission. The discussion section is for explanation and interpretation of the results.

Discussion of Results

- **Interpret the performance indicator rates for each measurement period,** i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.

The final results for the performance indicators were as follows:

1a. Universal Screening for members ages 18-79: Target rate of 24.31 was not met; Final rate = 20.47 with a percentage increase over baseline of 6.16 noted and 4.3 percentage point increase from interim 2020 data.
1b. Birth Cohort Screening for members birth year between 1945 and 1965: Target rate of 29.66 was not met; Final rate = 24.14 with a percentage increase over baseline of 4.48 noted and 3.41 percentage point increase from interim 2020 data.
2a. Non-Birth Cohort/Risk Factor Screening – ever screened – members 18 and older with risk factors except being born between 1945 and 1965: Target rate of 40.84 was not met; Final rate = 37.19 with a percentage increase over baseline of 6.35 noted and 3.84 percentage point increase from interim 2020 data.
2b. Non-Birth Cohort/Risk Factor Screening- Annual Screening, ages 18 and older with risk factors except being born between 1945 and 1965: Target rate of 24.59 was not met; Final rate = 16.82 with a percentage increase from baseline of 2.23 noted and 8.05 percentage point increase from interim 2020 data.
3a. HCV Treatment Initiation Overall, 18 and older with confirmed or probable diagnosis of HCV (OPH list): Target rate of 26.44 was met; Final rate = 28.71 with a percentage increase from baseline of 12.27 noted and 6.47 percentage point increase from interim 2020 data.
3b. HCV Treatment Initiation-Drug Users, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 28.61% was not met; Final rate = 27.24 with a percentage increase from baseline of 8.63 noted and 3.99 percentage point increase from interim 2020 data.
3c. HCV Treatment Initiation-Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 32.03 was met; Final rate = 34.59 with a percentage increase from baseline of 12.56 noted and 3.88 percentage point increase from interim 2020 data.

All measures displayed improvement between baseline and interim, as well as, between interim and final rates. The largest increases were in the HCV treatment performance indicators and the Non-Birth Cohort/Risk Factor Screening – Annual Screening. The aforementioned screening measure had the highest improvement, with 8.05 percentage point increase from previous year (Figure 1).

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations**.**

- Healthy Blue demonstrated improved rates an all Performance Indicators (PI) in comparison to 2020. Two (HCV Treatment Initiation Overall and HCV Treatment Initiation – Persons with HIV) of seven target rates for PIs were met in 2021. HCV Treatment rates collectively had better outcomes in comparison to Screening rates. Non-Birth Cohort/Risk Factor Screening (Annual Screening) was identified to have the largest opportunity of improvement being 7.77 percentage points less than goal. Although short of meeting goal, this PI had the most improvement since last year (Figure 1).
  For the Intervention Tracking Measures (ITMs) overall member engagement rates were low. The most

highlighted improvement when comparing 2020 to 2021 resulted from HIV outreach (Figure 2) with up to 6 percentage point increase of outreach occurring to members diagnosed with HIV.

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

- The Health Plan identified a few contributing factors to increasing and declining rates in ITMs. For ITM 5A, the rate slightly decreased over the course of the year due to specificity of outreach in targeted regions. There was a broader approach taken at the beginning of the year where more members were contacted and it decreased in Q4 when a targeted approach was implemented to outreach to members in regions where responses were lower. For ITM 4B, there was a significant increase in Q4 (Figure 3) outreach due to switching outreach focus. The Health Plan switched focus and committed a Community Health Worker to focusing on outreach for this ITM.

  Member feedback from outreach attempts have also informed the Health Plan to barriers that members faced this year. The most common comment by members was that they wanted a call back at a different time. This highlights the need for multiple communication touch points (ie. One time may not be enough due to call inconvenience for the member) and/or a different method of communication. These are findings that we can incorporate into our work in 2022.

PIP Highlights

Member intervention – ITM 1

The most impactful member intervention seemed to be ITM 1 when comparing performance from 2020 to 2021 data (Figure 4). This year, the Health Plan identified members that were eligible for both COVID outreach with HCV outreach to be as efficient as possible with our resources, as well as help members address multiple concerns within one touch point. This approach seemed to have a positive impact on our intervention this year.

Provider intervention – ITM 3B

ITM 3B demonstrated consistent improvement from Q1 to Q3 (Figure 5). By Q4, there were some challenges due to severe weather events that caused changes to provider priorities. However, this intervention is significant because it shows that virtual alternatives provide opportunities to be flexible with our provider partners, which hopefully lead to more impactful provider collaborations and adherence.

Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity the findings?**

  Initial data analysis conducted on claims and encounter data was stratified by ages eighteen and older, those members born between 1945-1965 and members with an HIV/ SUD/SMI diagnoses. Further data analysis on disparities of health may help define our efforts moving forward. Data collected for quarterly measures is refreshed mid-month, so the validity of our final report only shows partial Q4 results.

- **Were there any threats to the external validity the findings?**

  Healthy Blue received updated OPH member lists sporadically during the project and updated analysis was conducted monthly to ensure that all eligible members were included into the outreach lists. Subpopulations were stratified from the data monthly and provided to the teams for targeted outreach

efforts. This resulted in a delay of outreach efforts due to the changing data and high denominator sample. Members successfully contacted on OPH list who were identified as probable or confirmed HCV, stated they had either never been tested for HCV or were negative. Members also stated they were previously treated which affects the validity of the findings as well.

- **Describe any data collection challenges.**
  Healthy Blue met data collection challenges in gathering data for actual member appointments as required by the PIP. The plan had various teams working with various sections of member lists which resulted in varied data collection methods. The data analysis methods were most often manual to determine accurate rates for the interventions.

Next Steps

This section is completed for the Final Report. For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement beyond the PIP timeframe.

Table 6: Next Steps

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
#1) Enhanced Case Management Outreach for HCV Treatment Initiation	Provider education and assistance with member outreach improved outcomes; Covid-19 create barriers for access to care	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#2) Enhanced Case Management Outreach for HCV Screening	Provider education and assistance with member outreach improved outcomes; member engagement was low due unable to reach members	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#2a) Enhanced Case Management Outreach for HCV Screening of at-risk members	Provider education and assistance with member outreach improved outcomes; member engagement was low due unable to reach barriers	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#3) Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred):	Provider education on Epclusa preferred DAA resulted in positive treatme outcomes	Provider education on HCV treatment protocols continues to increase positive results	Continue provider and member education on treatment protocols; expa provider use of HCV toolk
#3a) Virtual provider outreach and education to PCP on HCV screenings and treatment options:	Direct Provider outreach created educational opportunities for HCV screening and treatment protocols	Team approach continues with provider education related to HCV	Continue provider and member education on treatment protocols; expa provider use of HCV toolk
#4) Identify current members with HIV diagnosis for targeted outreach efforts	Engagement for HIV identified members was lo due to unable to reach members	Direct provider engagemer with those who treat HIV is planned to increase memb engagement	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#4a) Identify current members with SUD/SMI diagnosis for targeted outreach efforts	Member engagement with SUD/SMI members was lo due to unable to reach members	Direct provider engagemer with those who treat SUD/SMO is planned to increase member engagement	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#5) Identify current members on the OPH list and assist PCP's with outreach and appointments for treatment of HCV	Direct Provider outreach created educational opportunities for HCV screening and treatment protocols	Team approach continues with provider education related to HCV	Continue provider and member education on treatment protocols; expa provider use of HCV toolk

References

American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. May 24, 2018.

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United States Preventive Services Task Force. Screening for Hepatitis C Virus Infection in Adults: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2013;159:349-357.

Table A: **Current or past injection drug use** (any one or more of diagnosis codes or diagnosis code combinations in this table, not restricted to place of service and not restricted to principal or primary diagnosis; note: a limitation of this measure is that ICD-9 and 10 codes do not specify injection vs. other route)

ICD-9 code or code combination	ICD-10 code or code combination	Description
	F11-	Opioid related disorders (Hyphen indicates that all codes within F11 should be included. This applies to all other ICD-10 and ICD-9 codes with hyphens that are listed in this table, as well.)
304.0-		Opioid dependence
304.7-		Opioid combined with other drug dependence
	F14-	Cocaine related disorders
304.2-		Cocaine dependence
	F15-	Other stimulant related disorders
304.4-		Amphetamine and other psychostimulant dependence
V69.8 AND 304.91		(other problems related to life style) AND (unspecified drug dependence continuous)
	Z72.89 AND F19.20	(other problems related to life style) AND (other psychoactive substance abuse, uncomplicated)

Table B. Persons ever on long term hemodialysis (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	Z49-	Encounter for care involving renal dialysis (Hyphen indicates that all codes within Z49 should be included. This applies to all other ICD-10 and ICD-9 codes with hyphens that are listed in this table, as well.)
	Z99.2	Dependence on renal dialysis
V4511		Dependence on renal dialysis
V560 or V561 or V562 or V5631 or V5632 or V568		Encounter for care involving renal dialysis

Table C. Persons who were ever incarcerated (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	Z65.1	Imprisonment and other incarceration
	Z65.2	Problems related to release from prison

Table D. Persons ever diagnosed with HIV infection. (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	B20	Human immunodeficiency virus (HIV) disease
042		Human immunodeficiency virus (HIV) disease
	Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
V08		Asymptomatic human immunodeficiency virus (HIV) infection status

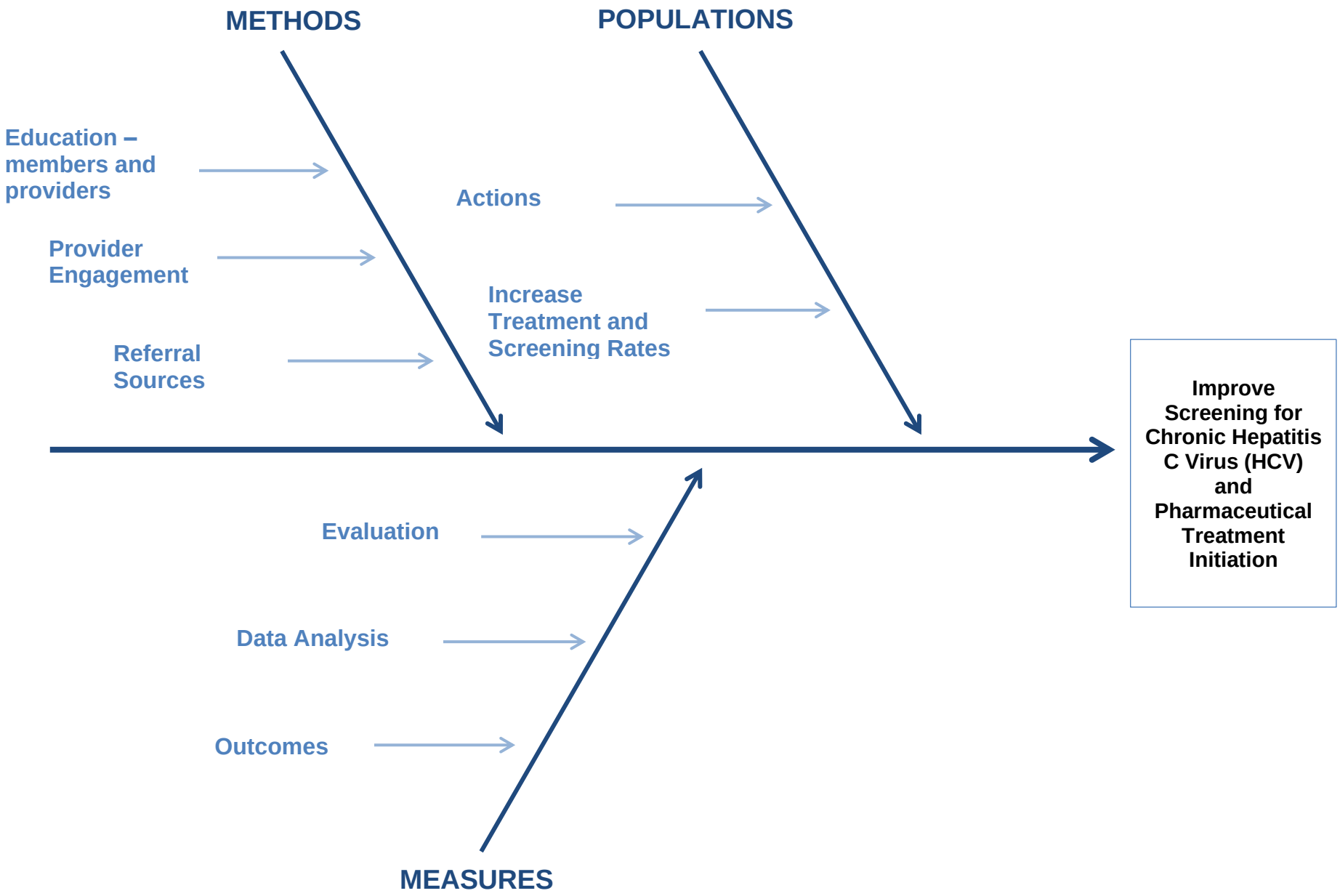
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as…	Purpose	Definition
Aim	• Purpose	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions "How much improvement, to what, for whom, and by when?"
Barrier	• Obstacle • Hurdle • Road block	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
Baseline rate	• Starting point	To evaluate the MCO's performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	• Standard • Gauge	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	• Target • Aspiration	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Intervention tracking measure	• Process Measure	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.

PIP Term	Also Known as…	Purpose	Definition
Limitation	• Challenges • Constraints • Problems	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance indicator	• Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
Objective	• Intention	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

Appendix A: Fishbone (Cause and Effect) Diagram



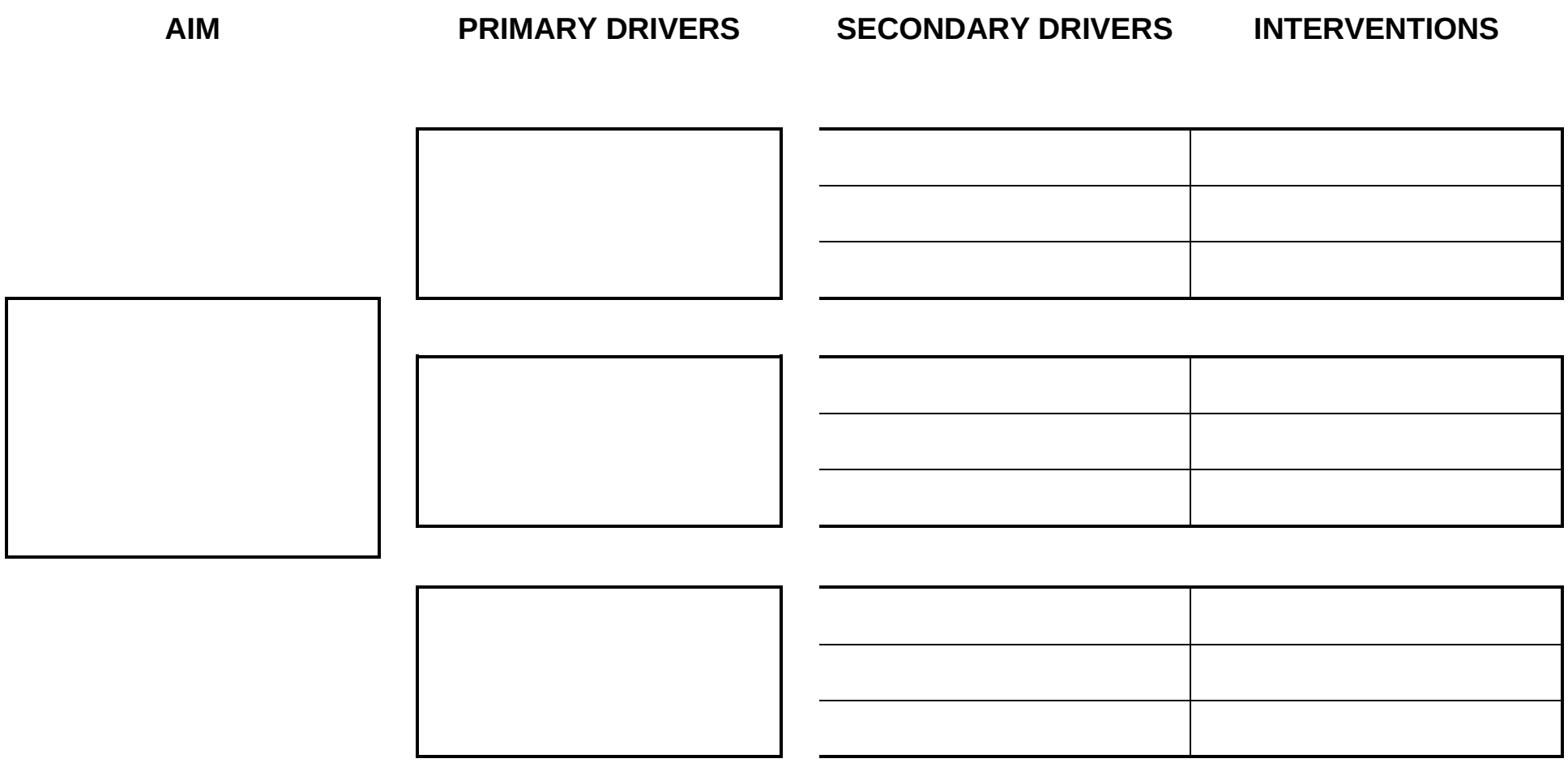
Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	Identifying & Engaging members for targeted outreach Identifying & Engaging members who have a treatment and screening care gaps Provider Collaboration to engage members overall for screenings	Engaging Providers on importance of HCV treatment and screenings
Less Feasible to Address	Engagement of members with PCPs to increase treatment and screening rates	Data analysis/identification of members Actual member engagement with PCP and completion of screenings to identify treatment deficits Actual referrals to PCP/specialists for follow up

Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram

	Positives	**Negatives**
INTERNAL ***under your control***	***build on*** **STRENGTHS** Data Analysis Member Resources/Education Provider Relationships Community Partner Partnerships	***minimize*** **WEAKNESSES** Claim/encounter data analysis delay
EXTERNAL ***not under your control, but can impact your work***	***pursue*** **OPPORTUNITIES** Provider education and knowledge of member resources Improved collaboration with referral sources	***protect from*** **THREATS** Inaccurate member demographics Claim delays Member fears

Appendix D: Driver Diagram



Appendix E: Plan-Do-Study-Act Worksheet

	Pilot Testing	Measurement #1	Measurement #2
Intervention #1:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•
Intervention #2:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•