AMERIHEALTH CARITAS LOUISIANA

Annual External Quality Review Technical Report

Review Period: July 1, 2015 – June 30, 2016
April 2017

Prepared on Behalf of
The State of Louisiana
Department of Health & Hospitals

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I. INTRODUCTION

The Centers for Medicare and Medicaid Services (CMS) requires that state agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that an MCO furnishes to Medicaid recipients. Quality is defined in 42 Code of Federal Regulations (CFR) 438.320 as *"the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge"*.

In order to comply with these requirements, the Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid managed care program, the Bayou Health Program, and each of the participating Health Plans on the accessibility, timeliness and quality of services. Specifically, this report provides IPRO's independent evaluation of the services provided by AmeriHealth Caritas Louisiana (AmeriHealth) for review period July 1, 2015 – June 30, 2016.

The framework for IPRO's assessment is based on the guidelines and protocols established by CMS, as well as Louisiana State requirements. IPRO's assessment included an evaluation of the mandatory activities, which encompass: performance measure validation, Performance Improvement Project (PIP) validation and compliance audits. Results of the most current HEDIS® and CAHPS® surveys are presented and are evaluated in comparison to the NCQA's *Quality Compass*® 2016 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Section VI provides an assessment of the MCO's strengths and opportunities for improvement in the areas of accessibility, timeliness and quality of services. For areas in which the plan has opportunities for improvement, recommendations for improving the quality of the MCO's health care services are provided. To achieve full compliance with federal regulations, this section also includes an assessment of the degree to which the MCO has effectively addressed the recommendations for quality improvement made by IPRO in the previous year's EQR report. The MCO was given the opportunity to describe current and proposed interventions that address areas of concern, as well as an opportunity to explain areas that the MCO did not feel were within its ability to improve. The response by the MCO is appended to this section of the report.

II. MCO CORPORATE PROFILE

Table 1: Corporate Profile

AmeriHealth Caritas Louisiana	
Type of Organization	Health Maintenance Organization (HMO)
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid, LaCHIP and Medicare
Total Medicaid Enrollment (as of June 2016)	196,279

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

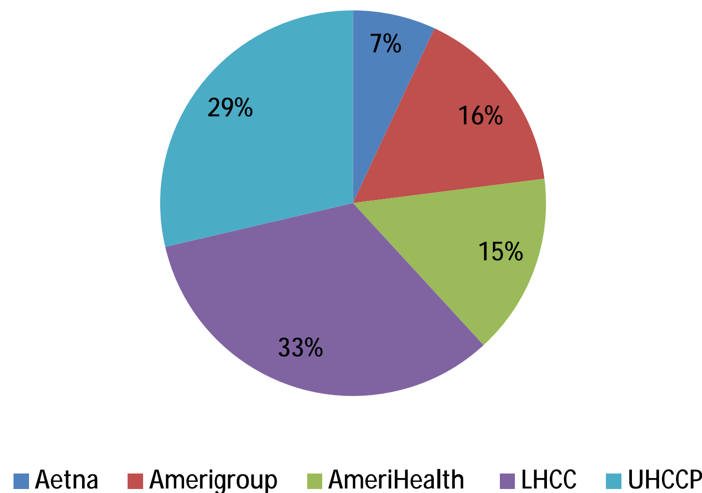
As of June 2016, the Health Plan's Medicaid enrollment totaled 196,279, which represents 15% of Bayou Health's active members. Table 2 displays AmeriHealth's Medicaid enrollment for 2014 to 2016, as well as the 2015 statewide enrollment totals. Figure 1 displays Bayou Health's membership distribution across all Health Plans.

Table 2: Medicaid Enrollment as of June 2016[1]

AmeriHealth	June 2014	June 2015	June 2016	% Change	2016 Statewide Total[2]
Total Enrollment	141,963	152,405	196,279	25%	1,292,032

Data Source: Report No. 125-A
[1] This report shows all active members in Bayou Health as of the effective date above. Members who will be disenrolled at the end of the reporting month are not included. Enrollees who gain and lose eligibility during the reporting month are not included. Enrollees who opt out of Bayou Health during the reporting month are not included.
[2] Note: The statewide total includes membership of all plans.

Figure 1. Bayou Health Membership by Health Plan as of June 2016



Provider Network

Providers by Specialty

The LDH requires each MCO to report on a quarterly basis the total number of network providers. Table 3 shows the sum of AmeriHealth's primary care providers, OB/GYNs and other physicians with primary care responsibilities within each geographic service area as of June 30, 2016.

Table 3: Primary Care & OB/GYN Counts by Geographic Service Area (GSA)

Specialty	AmeriHealth			MCO Statewide Unduplicated
	GSA A	GSA B	GSA C	
Family Practice/General Medicine	555	391	500	731
Pediatrics	1044	378	228	516
Nurse Practitioners	871	738	674	832
Internal Medicine[1]	401	223	175	517
OB/GYN[1]	9	17	10	30
RHC/FQHC	82	88	130	196

Data source: Network Adequacy Review 2016 Q2

Geographic Service Area: A: New Orleans and North Shore; B: Baton Rouge, Lafayette and Thibodaux; C: Alexandria, Lake Charles, Monroe and Shreveport

[1] Accepts full PCP responsibility.

Provider Network Accessibility

AmeriHealth monitors its provider network for accessibility and network capability using the GeoAccess software program. This program assigns geographic coordinates to addresses so that the distance between providers and members can be assessed to determine whether members have access to care within a reasonable distance from their homes. Table 4 shows the percentage of members for whom geographic access standards were met.

Table 4: GeoAccess Provider Network Accessibility – as of July 28, 2016

Provider Type		Access Standard[1] X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Family Practitioners and General Practitioners	Urban	1 within 20 miles	99.8%
	Rural	1 within 30 miles	100.0%
Internal Medicine	Urban	1 within 20 miles	98.9%
	Rural	1 within 30 miles	97.5%
Pediatricians	Urban	1 within 20 miles	98.6%
	Rural	1 within 30 miles	99.6%

[1] The Access Standard is measured in distance to member address.

IV. QUALITY INDICATORS

To measure quality of care provided by the Health Plans, the State prepares and reviews a number of reports on a variety of quality indicators. This section is a summary of findings from these reports, including Performance Improvement Projects (PIPs), as well as HEDIS® and CAHPS®.

Performance Improvement Projects

A Performance Improvement Project (PIP) is intended to improve the care, services or member outcomes. The LDH selects PIP topics that address specific areas of concern to the Medicaid population in the state and the projects are conducted by the Health Plans in a collaborative, facilitated by the LDH, the University of Louisiana Monroe and IPRO. All Health Plans are required to use the same basic methodology and report the same metrics so that the LDH will be able to aggregate results and report them statewide.

During this reporting period, each Health Plan was required to perform two (2) State-approved collaborative PIPs: Reducing Premature Births and the Identification and Treatment of Adolescents with ADHD.

In accordance with 42 CFR 438.358, IPRO conducted a review and validation of the Reducing Premature Birth PIP using methods consistent with the CMS protocol for validating performance improvement projects. The identification and Treatment of ADHD PIP was introduced in reporting year 2016 during which the Health Plans submitted their proposals but did not yet report any findings. Validation of this PIP will occur in 2017.

Summaries of each of the PIPs conducted by AmeriHealth follow.

State-Directed Collaborative PIP: Reducing Premature Births

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are as follows:

- Initiation of injectable progesterone for preterm birth prevention: increase from 12.32% to 18%
- Use of most effective contraceptive methods: increase from 15.37% to 18.37%
- Chlamydia test during pregnancy: increase from 86% to 89%
- HIV test during pregnancy: increase from 79.6% to 82.6%
- Syphilis test during pregnancy: increase from 84.2% to 87.2%
- HEDIS® *Postpartum Care* measure: increase from 64.65% to 69.5%

Intervention Summary:

Members:

- Gift card incentive for attending prenatal visits and postpartum visit
- Bright Start phone app
- High-risk member outreach
- Community education outreach
- Prepare for your doctor visit brochure

Providers:

- Medicaid 101-ACLA will develop provider toolkit account executives and/or Medical Director will schedule and distribute materials to targeted providers
- The Health Plan will post educational resources in the provider portal
- Notice of Pregnancy (NOP) implementation via provider toolkit, provider portal and fax blast, with Health Plan receipt of NOP form from provider via fax and information entered into Case Management tracking system
- Perinatal Quality Enhancement Program

Health Plan:

- Enhanced Obstetric Care Management Engagement and Outreach Program (Bright Start phone app, high-risk member outreach, Logisticare transportation referrals)

Overall Credibility of Results: There are no validation findings that indicate that the credibility of the study is at risk.

Strengths:

- Elaboration of interventions, with process measures integrated into the intervention table so that the PIP can be used by the plan as a working document to monitor the progress of and/or barriers to interventions.

Opportunities for Improvement:

- Monitor, report and interpret monthly/quarterly trends/patterns for intervention tracking (process) measures in order to identify what is working, what is not working, and why, e.g., barriers.
- Refine interventions to address identified barriers.

State-Directed Collaborative PIP: Treatment of Adolescents with ADHD

This PIP aims to improve the quality of care received by children with ADHD by implementing a robust set of health plan, member, and community and provider interventions to improve rates of evaluation, diagnosis, management and treatment of ADHD consistent with clinical practice guidelines recommendations. Hybrid performance measures based upon a random sample of children will be used to assess diagnosis, evaluation and care coordination in accordance with guidelines recommendations. Administrative measures based upon the population newly prescribed ADHD medication will be used to assess compliance with medication monitoring standards in accordance with the HEDIS® measure, *Follow-Up Care for Children Prescribed ADHD Medication (ADD)*. In addition, encounter and pharmacy data will be used to assess receipt of behavioral therapy for children with ADHD who are on psychotropic medication.

Intervention Summary:

- Develop the provider network by recruiting trained providers or training new providers trained in Evidence-Based Practice (EBP) Practices
- Link children younger than six years of age to EBP therapists
- MCOs and the LDH collaborate to produce and distribute a PCP toolkit
- MCOs and the LDH collaborate to develop strategy to expand access to in-person or telephonic case consultation to PCPs
- Enhance Case Management to facilitate behavioral health referrals; to foster care plan collaboration among care managers, PCPs behavioral therapists, teachers, parents and children; and to increase PCP practice utilization of on-site care coordination and/or MCO care coordination

Results: Not yet available.

Performance Measures: HEDIS® 2016 (Measurement Year 2015)

MCO-reported performance measures were validated as per HEDIS® 2016 Compliance Audit™ specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS® 2016 Compliance Audit are summarized in its Final Audit Report (FAR).

The HEDIS® 2016 FAR prepared for AmeriHealth by HealthcareData Company, LLC indicates that the Health Plan demonstrated compliance with all areas of Information Systems and all areas of measure determination required for successful HEDIS® reporting.

HEDIS® Effectiveness of Care Measures

HEDIS® Effectiveness of Care measures evaluate how well a Health Plan provides preventive screenings and care for members with acute and chronic illnesses. Table 5 displays Health Plan performance rates for select HEDIS® Effectiveness of Care measures for HEDIS® 2014, HEDIS® 2015 and HEDIS® 2016, Bayou Health 2016 statewide averages and *Quality Compass®* 2016 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 5: HEDIS® Effectiveness of Care Measures – 2014-2016

Measure	AmeriHealth			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	2016 Statewide Average
	HEDIS® 2014	HEDIS® 2015	HEDIS®2016		
Adult BMI Assessment	10.11%	59.49%	85.17%	75th	75.92%
Antidepressant Medication Management - Acute Phase	41.87%	47.22%	56.43%	75th	53.52%
Antidepressant Medication Management - Continuation Phase	31.82%	32.72%	41.21%	75th	38.09%
Asthma Medication Ratio (5-64 Years)	54.20%	54.56%	41.82%	<10th	54.09%
Breast Cancer Screening in Women	SS	57.23%	57.97%	75th	55.55%
Cervical Cancer Screening	49.93%	54.33%	57.18%	50th	57.08%
Childhood Immunization Status - Combination 3	40.73%	47.92%	65.97%	33.33rd	64.37%
Chlamydia Screening in Women (16-24 Years)	55.84%	59.35%	62.40%	90th	60.98%
Comprehensive Diabetes Care - HbA1c Testing	79.87%	83.51%	80.80%	33.33rd	80.01%
Controlling High Blood Pressure	0.00%	35.33%	38.00%	10th	40.96%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	35.49%	40.66%	40.36%	<10th	55.69%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	31.85%	31.35%	31.00%	10th	43.71%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	31.53%	30.65%	32.97%	66.67th	24.73%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	1.43%	30.79%	47.69%	25th	46.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	2.86%	39.58%	45.37%	25th	45.36%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	0.26%	25.93%	30.32%	10th	31.83%

SS: Sample size too small to report (less than 30 members) but included in the statewide average).

HEDIS® Access to/Availability of Care Measures

The HEDIS® Access to/Availability of Care measures examine the percentages of Medicaid children/adolescents, child-bearing women and adults who receive PCP/preventive care services, ambulatory care (adults only) or receive timely prenatal and postpartum services. Table 6 displays Health Plan rates for select HEDIS® Access to/Availability of Care measure rates for HEDIS® 2014, HEDIS® 2015 and HEDIS® 2016, Bayou Health 2016 statewide averages and *Quality Compass®* 2016 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 6: HEDIS® Access to/Availability of Care Measures – 2014-2016

Measure	AmeriHealth			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	2016 Statewide Average
	HEDIS® 2014	HEDIS® 2015	HEDIS®2016		
	Children and Adolescents' Access to PCPs				
12–24 Months	94.77%	94.55%	96.10%	50th	95.45%
25 Months–6 Years	84.83%	84.06%	84.80%	33.33rd	85.49%
7–11 Years	83.57%	86.28%	86.39%	10th	87.17%
12–19 Years	80.97%	84.59%	85.72%	10th	86.14%
	Adults' Access to Preventive/Ambulatory Services				
20–44 Years	80.18%	78.63%	79.27%	50th	78.48%
45–64 Years	87.86%	87.27%	88.06%	50th	87.30%
65+ Years	73.24%	72.22%	81.25%	33.33rd	77.92%
	Access to Other Services				
Timeliness of Prenatal Care	77.83%	83.80%	83.49%	50th	80.05%
Postpartum Care	32.44%	43.06%	64.65%	75th	60.19%

HEDIS® Use of Services Measures

This section of the report explores utilization of AmeriHealth's services by examining selected HEDIS® Use of Services rates. Table 7 displays Health Plan rates for select HEDIS® Use of Services measure rates for HEDIS® 2014, HEDIS® 2015 and 2016, Bayou Health 2016 statewide averages and *Quality Compass®* 2016 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 7: Use of Services Measures – 2014 and 2015

Measure	AmeriHealth			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	2016 Statewide Average
	HEDIS® 2014	HEDIS® 2015	HEDIS®2016		
Adolescent Well-Care Visit	43.49%	43.75%	55.79%	50th	51.51%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	76.85	76.23	78.38	66.67th	71.60
Ambulatory Care Outpatient Visits/1000 Member Months	348.00	361.20	513.92	90th	413.62
Frequency of Ongoing Prenatal Care - ≥ 81%	57.75%	68.75%	76.51%	90th	68.71%
Well-Child Visits in the First 15 Months of Life 6+ Visits	36.92%	49.77%	54.40%	50th	57.48%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	57.17%	62.21%	59.31%	10th	63.59%

[1] A lower rate is desirable

Member Satisfaction: Adult and Child CAHPS® 5.0H

In 2016, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) 5.0H survey of Adult Medicaid members and Child Medicaid with Chronic Care Conditions (CCC) was conducted on behalf of AmeriHealth by the NCQA-certified survey vendor, Morpace. For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS® 5.0H Child survey during sampling. The CCC Population consists of all children (either from the CAHPS® 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

Table 8, Table 9 and Table 10 show AmeriHealth's CAHPS® rates for 2014, 2015 and 2016, as well as *Quality Compass®* 2016 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 8: Adult CAHPS® 5.0H – 2014-2016

Measure[1]	AmeriHealth			*Quality Compass®* 2016 South Central Regional Medicaid Benchmarks Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	77.5%	79.77%	78.09%	10th
Getting Care Quickly	76.6%	81.57%	84.20%	75th
How Well Doctors Communicate	85.6%	87.47%	89.13%	10th
Customer Service	79.6%	89.10%	88.60%	50th
Shared Decision Making[2]		80.85%	73.85%	<10th
Rating of All Health Care	62.2%	66.54%	72.08%	33.33rd
Rating of Personal Doctor	74.8%	77.74%	77.59%	10th
Rating of Specialist	81.0%	78.90%	84.00%	75th
Rating of Health Plan	63.4%	72.59%	77.27%	50th

[1] Note: for "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" or "Usually".
[2] In 2015, NCQA revised measure specifications and response options.

Table 9: Child CAHPS® 5.0H General Population – 2014-2016

Measure[1]	AmeriHealth			*Quality Compass®* 2016 South Central Regional Medicaid Benchmarks Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	86.3%	92.56%	84.29%	50th
Getting Care Quickly	93.9%	92.80%	92.97%	75th
How Well Doctors Communicate	93.6%	95.62%	92.86%	33.33rd
Customer Service	87.4%	94.77%	88.22%	50th
Shared Decision Making[2]		75.94%	69.35%	<10th
Rating of All Health Care	81.1%	87.07%	85.85%	50th
Rating of Personal Doctor	82.8%	92.16%	86.59%	10th
Rating of Specialist	86.7%	91.53%	81.13%	10th
Rating of Health Plan	72.7%	85.66%	87.17%	66.67th

[1] Note: for "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" or "Usually".
[2] In 2015, NCQA revised measure specifications and response options.

Table 10: Child CAHPS® 5.0H CCC Population – 2014-2016

Measure[1]	AmeriHealth			*Quality Compass®* 2016 South Central Regional Medicaid Benchmarks Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	87.1%	91.22%	86.10%	33.33rd
Getting Care Quickly	91.4%	94.62%	93.19%	66.67th
How Well Doctors Communicate	92.6%	94.72%	93.35%	25th
Customer Service	88.3%	91.42%	90.63%	66.67th
Shared Decision Making[2]		82.00%	85.76%	50th
Rating of All Health Care	76.5%	86.28%	83.96%	33.33rd
Rating of Personal Doctor	81.1%	88.57%	86.27%	10th
Rating of Specialist	89.7%	89.58%	80.49%	<10th
Rating of Health Plan	67.8%	79.84%	85.12%	75th

[1] Note: for "Rating of" measures, Medicaid rates are based on ratings of 8, 9 and 10; for measures that call for respondents to answer with "Always," "Usually," "Sometimes" or "Never" the Medicaid rate is based on responses of "Always" or "Usually".
[2] In 2015, NCQA revised measure specifications and response options.

V. COMPLIANCE MONITORING

Medicaid Compliance Audit Findings for Contract Year 2016

In 2016, IPRO conducted the 2016 Compliance Audit on behalf of the LDH. Full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2016 Compliance Audit was a full audit of AmeriHealth's compliance with contractual requirements during the period of September 1, 2015 through August 31, 2016.

The 2017 Compliance Audit included a comprehensive evaluation of AmeriHealth's policies, procedures, files and other materials corresponding to the following nine (9) domains:

1. Core Benefits and Services
2. Provider Network
3. Utilization Management
4. Eligibility, Enrollment and Disenrollment
5. Marketing and Member Education
6. Member Grievances and Appeals
7. Quality Management
8. Reporting
9. Fraud, Waste and Abuse

The file review component assessed AmeriHealth's implementation of policies and its operational compliance with regulations in the areas of appeals, behavioral health care management, case management, information reconsiderations, member grievances, provider credentialing and recredentialing, and utilization management denials.

For this audit, determinations of full compliance, substantial compliance, minimal compliance and compliance not met were used for each element under review. Definitions for these review determinations are presented in Table 11.

Table 11: 2016 Compliance Audit Determination Definitions

Determination	Definition
Full	The MCO has met or exceeded the standard
Substantial	The MCO has met most of the requirements of the standard but has minor deficiencies.
Minimal	The MCO has met some of the requirements of the standard, but has significant deficiencies that require corrective action.
Not Met	The MCO has not met the standard.

Findings from AmeriHealth's 2016 Compliance Review follow. Table 12 displays the total number of requirements reviewed for each domain, as well as compliance determination counts for each domain.

Table 12: Audit Results by Audit Domain

Audit Domain	Total Elements	Full	Substantial	Minimal	Not Met	Not Applicable	% Full
Core Benefits and Services	123	112	10	1	0	0	91%
Provider Network	163	149	9	3	0	2	93%
Utilization Management	92	77	8	0	2	5	89%
Eligibility, Enrollment and Disenrollment	13	13	0	0	0	0	100%
Marketing and Member Education	77	73	2	0	0	2	97%
Member Grievances and Appeals	62	54	5	2	1	0	87%
Quality Management	86	79	5	0	0	2	94%
Reporting	1	1	0	0	0	0	100%
Fraud Waste and Abuse	105	104	1	0	0	0	99%
Total	722	662	40	6	3	11	93%

It is IPRO's and the LDH's expectation that AmeriHealth submit a corrective action plan for each of the 49 elements determined to be less than fully compliant along with a timeframe for completion. It should be noted that AmeriHealth has implemented a corrective action for many of the areas identified for improvement in the report but the corrections were made after the audit was completed and were not applicable to the audit's review period. Twelve (12) of the 49 elements rated less than fully complaint relate to network adequacy and the MCO's ability to contract with providers in several specialty and sub-specialty areas, a problem for all Medicaid MCOs in Louisiana that is not unique to AmeriHealth.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by AmeriHealth to Medicaid recipients based on data presented in the previous sections of this report. The Plan's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided based on the opportunities for improvement noted.

Strengths

- The 2016 HEDIS® Final Audit Report revealed no significant problems and the Health Plan was able to report all required Medicaid rates.
- The Health Plan met or exceeded the 75th percentile for the following HEDIS® measures: *Adult BMI Assessment*, *Antidepressant Medication Management – Acute Phase*, *Antidepressant Medication Management – Continuation Phase*, *Breast Cancer Screening*, *Chlamydia Screening in Women*, *Postpartum Care* and *Frequency of Ongoing Prenatal Care*.
- The Health Plan met or exceeded the 75th percentile, demonstrating strong performance on the following Adult CAHPS® Population measures: *Getting Care Quickly* and *Rating of Specialist*. The Health Plan also met or exceeded the 75th percentile for the following Child CAHPS® General Population measure: *Getting Care Quickly* and following Child CAHPS® CCC Population measure: *Rating of Health Plan*.
- In regard to the 2016 Compliance Review, the Health Plan demonstrated strong performance in two (2) of the nine (9) domains, as it achieved "full" compliance for elements reviewed in these domains.

Opportunities for Improvement

- The Health Plan continues to demonstrate an opportunity for improvement in regard to its overall HEDIS® performance. The following measures performed below the 50th percentile: *Asthma Medication Ratio*, *Childhood Immunization Status – Combo 3*, *Comprehensive Diabetes Care – HbA1c Testing*, *Controlling High Blood Pressure*, *Follow-up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase*, *Follow-up Care for Children Prescribed ADHD Medication – Initiation Phase, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Percentile*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity* and *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life*. (Note: HEDIS® performance was an opportunity for improvement in the previous year's report.)
- In addition, the Health Plan continues to demonstrate an opportunity for improvement in regard to access to care as rates for the 25 months–6 years, 7-11 years and 12-19 years groups were below the 50th percentiles for the HEDIS® *Children and Adolescents Access to PCPs*. Additionally, *Adults' Access to Preventive/Ambulatory Services* rates for the 65+ years age group was below the 50th percentile. (Note: Child and adult access rates were opportunities for improvement in the previous year's report.)
- The Health Plan continues to demonstrate an opportunity for improvement in regard to member satisfaction as it reported rates below the 50th percentile for several Adult CAHPS® measures: *Getting Needed Care*, *How Well Doctors Communicate*, *Shared Decision Making*, *Rating of All Health Care* and *Rating of Personal Doctor*. The Health Plan also performed below the 50th percentile for the following Child CAHPS® General Population: *How Well Doctors Communicate*, *Shared Decision Making*, *Rating of Personal Doctor* and *Rating of Specialist* and for the following Child CCC Population measures: *Getting Needed Care*, *How Well Doctors Communicate*, *Rating of All Health Care, Rating of Personal Doctor* and *Rating of Specialist.* (Note: Member satisfaction was an opportunity for improvement in the previous year's report.)

Recommendations

- § Although there remains an opportunity for improvement in regard to HEDIS® performance, the Health Plan should continue with the improvement strategy outlined in its response to the previous year's recommendation as most HEDIS® rates appear to be trending upward. However, for the rates that have declined, the Health Plan should modify its intervention strategy based on root cause analysis. *[Repeated recommendation.]*
- § Although there remains an opportunity for improvement in regard to access to care, the Health Plan should continue with the improvement strategy outlined in its response to the previous year's recommendation as access to primary and ambulatory care rates have trended upward for all age groups. *[Repeated recommendation.]*
- § The Health Plan should continue to work to improve CAHPS® measures that perform below the 50th percentile. The Health Plan should routinely monitor the effectiveness of the strategy described in its response to the previous year's recommendation and modify it as needed to ensure continued improvement. *[Repeated recommendation.]*

Response to Previous Year's Recommendations

§ 2014-2015 Recommendation: Although there remains an opportunity for improvement in regard to HEDIS® performance, the Health Plan should continue with the improvement strategy outlined in its in response to the previous year's recommendation as most HEDIS® rates appear to be trending upward. The Health Plan should routinely monitor the effectiveness of this strategy and modify it as needed to ensure continued improvement. *[Repeat recommendation.]*

Health Plan Response: ACLA has continued with the improvement strategy outlined in the 2013-2014 EQR Technical Report response to address opportunities for improvement relative to HEDIS rates. ACLA continues to monitor and evaluate the effectiveness of interventions and processes by conducting ongoing root cause analysis for HEDIS measures that perform below the Quality Compass 50th percentile. Quality Improvement Activities are developed for all measures that fall at or below the Quality Compass 25th percentile. Additionally, ACLA conducts root cause analysis for measures that are performing well so that continued success is maintained. All data is tracked and trended throughout the year to identify significant changes.

ACLA conducts weekly interdepartmental meetings to facilitate collaboration relative to priority measures. Member and provider incentives are evaluated and assessed for efficacy and modifications are made as needed. Community outreach projects are facilitated based on needs identified through measure data. New or improved processes, such as the Notice of Pregnancy Form intake, are developed through interdepartmental collaborative efforts. Interventions, initiatives and barriers are presented and discussed at the quarterly Quality Assessment and Performance Improvement (QAPI) meetings, allowing external provider feedback and input to measure improvement.

§ 2014-2015 Recommendation: As Health Plan members continue to demonstrate lower than average access to primary care, the Health Plan should assess the effectiveness of its current interventions and modify them as needed. The Health Plan should consider intensifying member-level education and outreach efforts. *[Repeat recommendation.]*

Health Plan Response: ACLA surveys providers on an annual basis to ensure member access for primary care services. In 2016, 87% PCP practices were fully compliant with 100% compliant for routine appointment availability. Prenatal care compliance was 88% for second trimester and 82% for third trimester. Just over

eight in ten pediatric practices were compliant, with non-compliance driven primarily by answers provided to urgent and acute symptomatic care scenarios.

ACLA will take the following Action steps to ensure member access to care in the primary care setting:

Action Specifically Using Study Results

- ACLA will use the raw data file for the Appointment Availability research to identify non-compliant PCPs, specialists and behavioral health providers.
  - ACLA will share survey results with non-compliant providers and request that a corrective action plan be implemented. This will include standards that providers should meet in the communication (e.g., Urgent Care standard is to see patient within 24 hours).
- ACLA will consider which appointment types have highest non-compliance rates.
  - Improve Urgent Care compliance: ACLA will work with providers to implement same-day appointments for certain patient types, walk-in ability, leave appointment slots open daily, extend office hours, etc.
  - Improve Prenatal Care compliance: ACLA will work with providers to address Urgent/Sick Care appointment needs such as appointment needed early in the week, schedule Routine Prenatal Care for late in the week.
  - ACLA will ensure providers are aware of standards for Prenatal Care
- ACLA will identify compliant providers in the raw data file for the Appointment Availability research. Account Executive staff can meet with these offices to identify best practices.
  - What did you learn that could be shared with other practices as they are implementing corrective action plans?
  - What are panel sizes in these practices?
  - Do providers work in teams?
  - What tasks are delegated and to whom in order to manage a large number of members?
  - Does practice include physician extenders?
- ACLA will offer clinic education programs for physician offices to include:-
  - Consider recommendations for adding mid-level providers to staffing mix to cover heavy volume times.
  - Develop Customer Service seminars for physicians' office staff.
  - Discuss scheduling protocols (e.g., how to pinpoint urgent symptoms and how soon these patients need to be seen).
  - Best practices to manage challenges and improve efficiency within office (report learnings from meeting with offices that are compliant).
- Through ACLA's Member Engagement and Member Outreach teams, ACLA will educate members on appointment access and scheduling options to manage expectations and utilization. It is anticipated that with focused education and outreach efforts, primary care access will improve.
  - Offer effective care management services for chronically ill patients (e.g., case manager go to member's home after hospital visit to ensure care plan is followed).
- Educate members on appointment access and scheduling options to manage expectations and utilization.
  - What symptoms require doctor visit?
  - How long should member wait to go to doctor after developing symptoms?

- § 2014-2015 Recommendation: The Health Plan should continue to work to improve CAHPS® measures that perform below the 50th percentile. The Health Plan should continue with the improvement strategy described in its response to the previous year's recommendation as rates are trending upward. The Health Plan should routinely monitor the effectiveness of this strategy and modify it as needed to ensure continued improvement. *[Repeat recommendation.]*

  Health Plan Response: ACLA has continued with the improvement strategy outlined in the 2013-2014 EQR Technical Report response to address opportunities for improvement relative to CAHPS scores. ACLA systematically monitors its member satisfaction on an annual basis via the CAHPS Survey to acquire understanding of the drivers behind member dissatisfaction thereby identifying opportunities for improvement as well as barriers. Furthermore, this analysis allows for development and implementation of interventions to increase member's satisfaction and methods to evaluate the effectiveness of those interventions.

  ACLA consistently works to improve CAHPS scores for both the Adult and Children surveys by identifying opportunities where the Plan performs below the NCQA 50th percentile. In preparation for the 2017 Behavioral Health CAHPS survey, ACLA expanded its "CAHPS" workgroup of multi-disciplinary internal departments to include representatives of the Behavioral Health Team. The goal of the workgroup is to ensure that identified interventions are implemented, barriers are addressed, and effectiveness is evaluated. Implementation of quarterly CAHPS workgroup meetings with additional sub-group meetings (as needed) has been initiated in 2017 to maintain a consistent focus on member satisfaction throughout the year. Further examples of analysis and actions are as follows:

  - § Review of the Adult 2015 CAHPS results prompted the selection of supplemental survey questions with a focus on areas of *Emergency Room, Language, Culture, and Ethnicity, Specialist, Website, and Communication.*
  - § Review of the Child 2015 CAHPS results prompted the selection of supplemental survey questions with a focus on areas of *Personal Doctor*, *Utilization of the Plan's website*, *Communication*, and *Health Plan*.
  - § ACLA selected a NCQA certified survey vendor to conduct its 2016 Provider Satisfaction Survey. Information obtained from these surveys allows plans to measure how well they are meeting their providers' expectations and needs. Based on the data collected, this report summarizes the results and assists in identifying Plan strengths and opportunities. Survey results highlighted the following:
    - AmeriHealth Caritas Louisiana 2016 composite scores are significantly higher in areas of Provider Relations/Network Management, Provider Services Staff, and Claims Reimbursement Process when compared to all other Medicaid health plans.
    - The Overall Satisfaction and Loyalty composite scores are significantly higher when compared to the 2013 SPHA Medicaid Book of Business benchmark.
    - Of the ten attributes that are highly correlated with overall satisfaction, four attributes are within the *Integrated Health Care Management* and *Utilization And Quality Management* composite, while one attribute each falls within the *Provider Relations/Network Management* and *Claims Reimbursement Process* composites. This indicates these four service areas may be of most importance to our providers.
  - § The plan expanded its internal CAHPS Education and Awareness Campaign for all ACLA associates who have direct contact with members/providers. The program provided webinar training presentations that included tips on improving members call satisfaction, communication skills and information about CAHPS Surveys. As a result of the 2015 member response, additional 2016 interventions initiated in an effort to increase member participation and subsequent CAHPS scoring are as follows:

- Krewe of CAHPS Carnival "Mardi Gras" celebration for associates attending CAHPS training webinars to encourage associate engagement. An associated flyer is displayed within the office during the survey as well as distributed via email to all associates.
- Internal Insight Online article geared towards reminding all associates of the upcoming CAHPS survey and the message reiterates the training received via webinars. An additional link is provided with more pointed information related to the CAHPS survey.
- CAHPS article included in Internal Quality Newsletter
- Additional interventions have already been initiated in preparation for the 2017 CHAPS survey