



LOUISIANA HEALTHCARE CONNECTIONS, INC. Annual External Quality Review Technical Report

Review Period: July 1, 2014 – June 30, 2015
April 2016

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

IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

TABLE OF CONTENTS

I. INTRODUCTION	1
II. MCO CORPORATE PROFILE.....	2
III. ENROLLMENT AND PROVIDER NETWORK.....	3
Enrollment	3
Provider Network	4
IV. QUALITY INDICATORS	4
Performance Improvement Projects	5
Performance Measures: HEDIS® 2014 (Measurement Year 2013)	8
Member Satisfaction: Adult and Child CAHPS® 5.0H	12
V. COMPLIANCE MONITORING.....	14
Medicaid Compliance Review Findings for Contract Year 2014-2015	14
VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS	17
Strengths.....	17
Opportunities for Improvement	17
Recommendations.....	17
Response to Previous Year’s Recommendations.....	17

LIST OF TABLES

Table 1. Corporate Profile	2
Table 2. Medicaid Enrollment as of June 2015	3
Table 3. Primary Care & OB/GYN Counts by GSA	4
Table 4. GeoAccess Provider Network Accessibility	4
Table 5. HEDIS® Effectiveness of Care Measures – 2014 and 2015.....	9
Table 6. HEDIS® Access to/Availability of Care Measures – 2014 and 2015.....	10
Table 7. Use of Services Measures – 2014 and 2015.....	11
Table 8. Adult CAHPS® 5.0H – 2013-2015.....	12
Table 9. Child CAHPS® 5.0H General Population – 2013-2015	13
Table 10. Child CAHPS® 5.0H CCC Population – 2013-2015.....	13
Table 11. 2014-2015 Readiness Review Determination Description.....	14
Table 12. Overall Compliance Determination by Domain	15
Table 13. Elements Requiring Corrective Action by Review Area.....	16

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 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 State of Louisiana’s Department of Health & Hospitals (DHH) 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 Louisiana Healthcare Connections, Inc. (LHCC) for review period July 1, 2014 – June 30, 2015.

The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as 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 NCOA’s 2015 *Quality Compass*® 2015 South Central – All Lines of Business (LOB) (Excluding PPOs) 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 the LA EQRO 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

Louisiana Healthcare Connections, Inc.	
Type of Organization	Health Maintenance Organization (HMO)
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid
Total Medicaid Enrollment (as of June 2015)	355,677

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2015, the Health Plan's Medicaid enrollment totaled 355,677, which represents 37% of Bayou Health's active members. Table 2 displays LHCC's Medicaid enrollment for 2013 to 2015, as well as the 2015 statewide enrollment total. Figure 1 displays Bayou Health's membership distribution across all Health Plans.

Table 2. Medicaid Enrollment as of June 2015

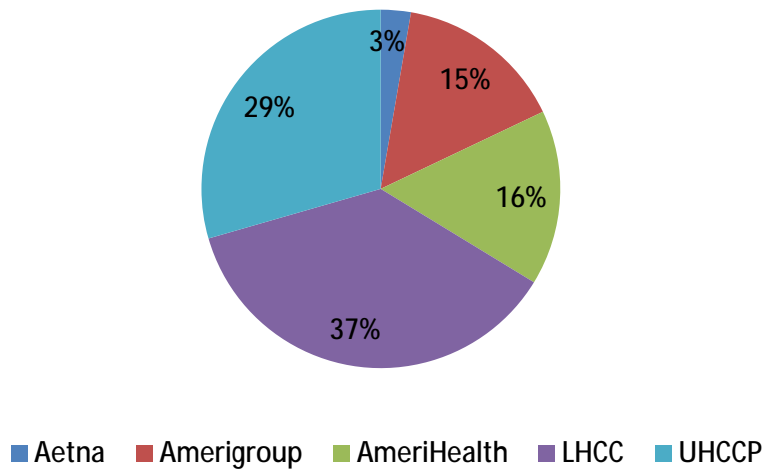
LHCC	June 2013	June 2014	June 2015	% Change	2015 Statewide Total ²
Total Enrollment	155,243	148,710	355,677	139%	965,955

Data Source: Report No. 125-A

¹This 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.

²Note: Total includes membership of all plans.

Figure 1. Bayou Health Membership by Health Plan as of June 2015



Provider Network

Providers by Specialty

Table 3 shows the sum of primary care providers, other physicians with primary care responsibilities and OB/GYNs as of June 30, 2015.

Table 3. Primary Care & OB/GYN Counts by GSA

Specialty	GSA A	GSA B	GSA C	MCO Statewide Unduplicated
Family Practice/General Medicine	161	198	264	596
Pediatrics	190	174	145	484
Nurse Practitioners	165	224	242	590
Internal Medicine ¹	168	140	105	395
RHC/FQHC	58	83	108	244
OB/GYN ¹	12	7	4	22

Data source: Network Adequacy Review 2015 Q2

GSA: 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

DHH requires that Medicaid provider networks include a sufficient number of primary care providers to ensure members have reasonable choice among providers. LHCC 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 1/12/16

Provider Type		Access Standard ¹ X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Family Practitioners	Urban	1 within 10 miles	96.0%
Internal Medicine	Urban	1 within 10 miles	90.7%
Pediatricians	Urban	1 within 10 miles	91.6%
Nurse Practitioners	Urban	1 within 10 miles	96.4%
OB/GYN	Urban	1 within 10 miles	56.8%
FQHC	Urban	1 within 10 miles	29.0%

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. DHH selects PIP topics to be performed by the Health Plans, and the Health Plans also select topics individually, that address specific areas of concern.

During this reporting period, each Health Plan was required to perform a minimum of two (2) State-approved PIPs. One (1) PIP was a common topic that all Health Plans addressed, and the second was selected by the Health Plan from a list of State-approved topics. The DHH-required common PIP was “Ambulatory Care Measure – ED Visit Category”. The Health Plan-selected PIP was and “Cervical Cancer Screening”. These PIPs were initiated in 2012 and were concluded in 2015.

In accordance with 42 CFR §438.358, IPRO conducted a review and validation of these PIPs using methods consistent with the CMS protocol for validating performance improvement projects. Summaries of each of the PIPs conducted by LHCC follow.

State-Directed PIP: Emergency Department (ED) Visits

Indicator(s)/Goals: The indicator for this PIP is the HEDIS® *Ambulatory Care – ED Visits* measure - the number of ED visits per 1000 member months that did not result in an inpatient stay during the measurement year.

The Health Plan's goal for this PIP is to be at or below the NCQA *Quality Compass*® Medicaid 2011 50th percentile of 69.72% for the HEDIS® *Ambulatory Care: ED Visits* measure.

Intervention Summary:

- § Increase providers that are certified as Medical Homes
- § Medical Management follow-up with members after discharge from the ED
- § Monetary payment to providers for after hours service
- § Member outreach on primary care and preventive service

Results: The Health Plan's baseline was the 74.89 (HEDIS® 2013). Preliminary reports for the end of 2013 show the Health Plan's ambulatory care-ED admissions as 74.04 (HEDIS® 2014), which is lower than the baseline. Updated results were reported for HEDIS® 2014 as an ED rate of 74.73%, which is above the ED target rate of 67.71%.

Overall Credibility of Results: The findings of the PIP regarding high ED utilizers should be interpreted with caution. The HEDIS® findings, however, provide a valid measure as they are standardized and indicate that the PIP interventions did not result in improvement in the overall ED utilization rate.

Strengths:

- § Literature review conducted with a strong rationale and nationwide and local performance cited.
- § Plan conducted a pilot study/ task force in preparation for the PIP.
- § Interventions targeted toward both members and providers and designed to address noted barriers. Interventions linked to Case Management, Pay for Performance and PCMH initiatives.
- § Focus on high utilizers.
- § A quantifiable and achievable goal was established.

Health Plan-Selected PIP: Cervical Cancer Screening

Indicator/Goal: The indicator for this PIP is the HEDIS® *Cervical Cancer Screening* measure: *the percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer with no more than one gap in enrollment of up to 45 days during the measurement year.*

The Health Plan's goal for this PIP is to meet the NCQA 2011 Medicaid 50th percentile of 69.72%.

Intervention Summary:

- § Member compliant lists sent to providers
- § Provider profiling
- § Provider Pay for Performance for conducting cervical cancer screenings
- § Member and provider outreach calls
- § Encourage practices to become PCMH certified

Results: The Health Plan's cervical cancer screening rate as of May 2013 was 43.33%, up from 40.18% at baseline (March 2013) but below the NACQ benchmark. The rate as of July 2014 (half year) was 47.21%, below the target rate of 69.72%.

Overall Credibility of Results: There were no validation findings that indicate that the credibility of the PIP results is at risk. The credibility of the findings has been maintained.

Strengths:

- § Strong rationale with historical data cited for the region.
- § Use of a standard measure to track performance (HEDIS® *Cervical Cancer Screening* measure).
- § Performance tracked monthly, which will allow for continual monitoring of interventions.
- § A multifaceted approach is planned with interventions focused on members and providers and linked to noted barriers.

Performance Measures: HEDIS® 2015 (Measurement Year 2014)

MCO-reported performance measures were validated as per HEDIS® 2015 Compliance Audit™ specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS® 2015 Compliance Audit are summarized in its Final Audit Report (FAR).

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 and HEDIS® 2015, Bayou Health 2015 statewide averages and *Quality Compass*® 2015 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 5. HEDIS® Effectiveness of Care Measures – 2014 and 2015

Measure	LHCC		2015 Statewide Average	Quality Compass® 2015 South Central Regional Medicaid Benchmarks					
	HEDIS® 2014	HEDIS® 2015		Regional Average	P10	P25	P50	P75	P90
Adult BMI Assessment	54.06%	68.10%	68.69%	76.42%	66.91	71.32	78.37	86.81	89.35
Antidepressant Medication Management - Acute Phase	NR	NR	49.49%	50.30%	39.85	44.11	49.66	54.94	62.67
Antidepressant Medication Management - Continuation Phase	NR	NR	33.25%	34.71%	25.84	27.97	32.97	37.93	46.83
Asthma Medication Ratio (5-64 Years)	58.93%	49.87%	52.45%	61.07%	49.81	54.56	61.99	66.6	70.55
Breast Cancer Screening in Women	SS	54.10%	53.63%	54.52%	49.70	51.44	53.02	57.23	65.05
Cervical Cancer Screening	57.31%	55.29%	56.31%	56.63%	45.39	50.56	57.18	64.32	69.15
Childhood Immunization Status - Combination 3	37.04%	55.48%	52.54%	70.66%	55.48	68.91	71.53	75.67	80.05
Chlamydia Screening in Women (16-24 Years)	56.83%	57.78%	58.14%	52.66%	45.27	49.32	51.79	57.24	59.35
Comprehensive Diabetes Care - HbA1c Testing	73.51%	81.86%	81.92%	82.84%	74.83	80.51	82.24	85.40	88.87
Controlling High Blood Pressure	37.39%	34.95%	38.52%	49.22%	35.33	41.19	50.30	56.17	60.46
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	47.86%	44.20%	52.62%	56.47%	44.20	51.17	57.68	63.79	69.62
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	41.81%	36.00%	40.58%	44.13%	32.09	38.79	44.45	51.10	55.79
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	19.11%	19.73%	25.21%	25.06%	16.02	19.14	23.47	30.48	36.67
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	23.61%	42.38%	29.78%	54.62%	36.28	44.08	56.20	63.99	72.22
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	34.95%	48.57%	36.40%	55.85%	39.58	49.64	57.87	66.67	71.99
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	24.07%	37.86%	26.14%	47.51%	30.07	40.39	47.20	62.73	63.81

SS: Sample Size too small to report (less than 30 members).

NR: Not reported.

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 and HEDIS® 2015, Bayou Health 2015 statewide averages and *Quality Compass*® 2015 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 6. HEDIS® Access to/Availability of Care Measures – 2014 and 2015

Measure	LHCC		2015 Statewide Average	<i>Quality Compass</i> ® 2015 South Central Regional Medicaid Benchmarks					
	HEDIS® 2014	HEDIS® 2015		Regional Average	P10	P25	P50	P75	P90
Children and Adolescents' Access to PCPs									
12–24 Months	95.26%	94.66%	95.66%	96.03%	93.28	94.66	96.71	97.49	97.96
25 Months–6 Years	84.12%	84.01%	86.23%	89.08%	84.01	86.66	89.68	91.58	93.70
7–11 Years	84.69%	85.58%	88.18%	92.45%	86.28	89.66	94.00	94.75	96.30
12–19 Years	84.02%	84.60%	86.39%	90.37%	84.59	87.87	90.98	94.09	95.16
Adults' Access to Preventive/Ambulatory Services									
20–44 Years	79.28%	77.64%	79.15%	79.30%	72.88	76.83	78.63	82.09	86.17
45–64 Years	87.95%	87.60%	87.80%	87.21%	83.52	86.49	87.93	90.34	92.00
65+ Years	80.29%	74.29%	77.11%	85.34%	74.64	83.13	86.39	89.44	92.27
Access to Other Services									
Timeliness of Prenatal Care	80.32%	84.95%	85.41%	84.10%	70.57	83.80	87.10	88.54	91.00
Postpartum Care	41.44%	50.23%	46.72%	57.83%	47.45	51.41	59.12	64.48	68.86

HEDIS® Use of Services Measures

This section of the report explores utilization of LHCC’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 and HEDIS® 2015, Bayou Health 2015 statewide averages and *Quality Compass*® 2015 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 7. Use of Services Measures – 2014 and 2015

Measure	LHCC	LHCC	2015 Statewide Average	<i>Quality Compass</i> ® 2015 South Central Regional Medicaid Benchmarks					
	HEDIS® 2014	HEDIS® 2015		Regional Average	P10	P25	P50	P75	P90
Adolescent Well-Care Visit	39.12%	50.24%	49.73%	53.59%	34.55	43.75	55.96	63.92	72.26
Frequency of Ongoing Prenatal Care - ≥ 81%	55.14%	56.11%	69.25%	61.86%	47.45	55.55	61.92	71.57	75.12
Well-Child Visits in the First 15 Months of Life 6+ Visits	48.84%	52.64%	55.22%	53.88%	40.23	48.60	53.12	61.30	67.88
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	57.41%	60.82%	63.74%	71.58%	59.75	64.10	73.36	78.76	82.73

Member Satisfaction: Adult and Child CAHPS® 5.0H

In 2014, 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 LHCC by the NCOA-certified survey vendor, SPH. 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 LHCC's CAHPS® rates for 2013-2015, as well as *Quality Compass*® 2015 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks. The *Shared Decision Making* composite was modified and therefore not trendable.

Table 8. Adult CAHPS® 5.0H – 2013-2015

Measure ¹	LHCC			<i>Quality Compass</i> ® 2015 South Central Regional Medicaid Benchmarks					
	CAHPS® 2013	CAHPS® 2014	CAHPS® 2015	Regional Average	P10	P25	P50	P75	P90
Getting Needed Care ²	74.70%	73.00%	77.80%	82.79%	79.28	80.31	83.24	84.68	85.41
Getting Care Quickly ²	77.30%	78.70%	76.30%	81.60%	77.52	79.77	81.57	83.18	85.26
How Well Doctors Communicate ²	90.10%	91.20%	88.10%	90.85%	87.66	89.05	91.09	92.34	93.12
Customer Service ²	84.20%	88.00%	88.80%	88.42%	84.04	87.07	88.69	89.87	91.82
Shared Decision Making ²			73.20%	77.06%	73.18	75.54	76.72	79.66	80.35
Rating of All Health Care	68.80%	67.60%	71.70%	73.90%	69.35	71.75	72.91	75.81	78.77
Rating of Personal Doctor	80.30%	79.60%	80.50%	80.56%	77.56	78.09	80.51	81.72	85.61
Rating of Specialist	82.90%	87.10%	77.90%	80.49%	73.58	77.94	80.98	83.75	86.63
Rating of Health Plan	66.60%	67.90%	78.80%	77.62%	72.80	74.81	78.14	80.44	80.92

¹Note: 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".

²These indicators are composite measures.

Table 9. Child CAHPS® 5.0H General Population – 2013-2015

Measure ¹	LHCC			Quality Compass® 2015 South Central Regional Medicaid Benchmarks					
	CAHPS® 2013	CAHPS® 2014	CAHPS® 2015	Regional Average	P10	P25	P50	P75	P90
Getting Needed Care ²	81.20%	85.10%	85.80%	85.28%	78.75	82.86	86.07	88.25	89.42
Getting Care Quickly ²	90.30%	89.50%	92.10%	89.68%	83.51	87.06	90.62	92.09	94.62
How Well Doctors Communicate ²	92.90%	93.00%	93.20%	92.79%	89.75	91.06	93.32	94.03	95.62
Customer Service ²	84.90%	84.70%	89.10%	89.36%	86.24	87.13	89.54	91.10	91.57
Shared Decision Making ²			74.80%	75.82%	66.55	70.92	78.39	80.08	80.75
Rating of All Health Care	79.70%	80.80%	84.10%	85.73%	81.39	84.18	86.32	87.69	88.70
Rating of Personal Doctor	81.60%	86.90%	87.50%	88.47%	86.77	87.25	88.12	89.65	90.74
Rating of Specialist	79.70%	86.20%	87.40%	85.38%	81.67	83.90	85.34	86.71	87.88
Rating of Health Plan	75.50%	78.60%	84.80%	86.97%	81.85	84.86	86.40	89.72	92.35

¹Note: 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".

²These indicators are composite measures.

Table 10. Child CAHPS® 5.0H CCC Population – 2013-2015

Measure ¹	LHCC			Quality Compass® 2015 South Central Regional Medicaid Benchmarks					
	CAHPS® 2013	CAHPS® 2014	CAHPS® 2015	Regional Average	P10	P25	P50	P75	P90
Getting Needed Care ²	82.40%	82.80%	88.70%	88.27%	86.14	87.28	88.64	88.79	90.68
Getting Care Quickly ²	91.30%	91.40%	92.10%	93.96%	92.14	92.97	93.78	95.36	95.57
How Well Doctors Communicate ²	92.10%	92.10%	92.80%	94.44%	92.81	93.71	94.50	95.29	95.73
Customer Service ²	85.10%	86.80%	89.20%	89.02%	85.11	86.32	89.17	91.03	92.15
Shared Decision Making ²			82.30%	83.46%	79.76	82.00	83.49	84.88	87.28
Rating of All Health Care	79.30%	76.50%	83.60%	84.89%	83.59	84.33	85.19	85.96	86.73
Rating of Personal Doctor	84.20%	83.90%	86.10%	87.96%	86.15	86.85	87.57	88.91	90.22
Rating of Specialist	83.50%	84.10%	84.50%	86.90%	83.48	84.46	87.67	88.94	89.63
Rating of Health Plan	71.30%	72.10%	82.40%	83.52%	79.84	81.97	82.99	85.44	87.17

¹Note: 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".

²These indicators are composite measures.

V. COMPLIANCE MONITORING

Medicaid Compliance Review Findings for Contract Year 2014-2015

During this review period, IPRO conducted Readiness Reviews of the Bayou Health Medicaid MCOs. The purpose of the Readiness Reviews were to assess the MCOs operational capacity to participate in Medicaid managed care and begin enrollment in accordance with the newly-enforced state contract regulations for Medicaid managed care. The MCOs were required to demonstrate the ability to operate a program that meets the Department of Health and Hospitals' (DHH) requirements and were expected to clearly define and document the policies and procedures to support day-to-day business activities related to Louisiana Medicaid enrollees. Enrollment under the updated contract regulations began in February 2015.

The following domains were reviewed for the 2014-2015 LHCC Readiness Review:

- § 4.0: Staff Requirements and Support Services
- § 6.0: Core Benefits & Services
- § 7.0: Provider Network Requirements
- § 10.0: Provider Services
- § 11.0: Eligibility, Enrollment & Disenrollment
- § 12.0a: Marketing
- § 12.0b: Member Education
- § 13.0: Member Grievances & Appeals
- § 15.0: Fraud, Abuse and Waste Prevention

Table 11 displays the compliance determination categories used by IPRO during the 2014-2015 Readiness Review.

Table 11. 2014-2015 Readiness Review Determination Description

Determination	Definition
Met	Health plan has met or exceeded requirements.
Not Met	Health plan has not met most critical requirements, all or some non-critical requirements, and has significant deficiencies requiring corrective action.
N/A	Not applicable.

Findings from LHCC's 2014-2015 Readiness Review follow. Table 12 displays the total number of requirements reviewed for each domain, as well as compliance determination counts for each domain. Table 13 displays descriptions of all standards/elements that were "Not Met".

Table 12. Overall Compliance Determination by Domain

Domain	Total No. of Requirements Reviewed	Compliance Determination Totals		
		Met	Not Met	N/A
4.0 Staff Requirements and Support Services	4	4	0	0
6.0 Core Benefits & Services	100	100	0	0
7.0 Provider Network Requirements	167	166	0	1
10.0 Provider Services	58	56	0	2
11.0 Eligibility, Enrollment & Disenrollment	26	26	0	0
12.0a Marketing	118	118	0	0
12.0b Member Education	133	133	0	0
13.0 Member Grievances & Appeals	67	67	0	0
15.0 Fraud, Abuse and Waste Prevention	110	110	0	0
TOTAL	783	780	0	3

Table 13. Elements Requiring Corrective Action by Review Area

2014-2015 Medicaid Managed Care Readiness Review – Elements Not Fully Met	
Domain	Description of Review Findings Not Fully Met
	All contract requirements fully met.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by LHCC 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 Health Plan demonstrated strong performance on the following Child CAHPS® General Population measures: Getting Care Quickly and Rating of Specialist, exceeding the 75th percentile.

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: *Adult BMI Assessment, Asthma Medication Ratio, Cervical Cancer Screening, 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, Medication Compliance for People With Asthma Total – Medication Compliance 75%, 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, Timeliness of Prenatal Care, Postpartum Care, Adolescent Well-Care Visits, Frequency of Ongoing Prenatal Care, Well-Child Visits in the First 15 Months of Life 6+ Visits and Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life.*

§ In addition, the Health Plan continues to demonstrate an opportunity for improvement in regard to access to care as rates for all age groups were below the 50th percentiles for the HEDIS® *Children and Adolescents Access to PCPs* and *Adults' Access to Preventive/Ambulatory Services* measures.

§ 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, Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Rating of All Health Care, Rating of Personal Doctor* and *Rating of Specialist*. The Health Plan also performed below the 50th percentile for the following Child CAHPS® General Population measures: *Getting Needed Care, How Well Doctors Communicate, Customer Service, Shared Decision Making, Rating of All Health Care, Rating of Personal Doctor* and *Rating of Health Plan* and for the following Child CAHPS® CCC Population measures: *Getting Getting Care Quickly, How Well Doctors Communicate, Shared Decision Making, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist* and *Rating of Health Plan*. (Note: Member satisfaction was an opportunity for improvement in the previous year's report.)

Recommendations

§ The Health Plan should intensify its HEDIS® improvement strategy by incorporating targeted interventions specifically for members who do not access care and for providers who missed opportunities to provide appropriate care. The Health Plan should continue to routinely monitor HEDIS® performance to assess the effectiveness of its improvement strategy. *[Repeat recommendation.]*

§ As Health Plan members continue to demonstrate lower than average access to primary care, a more detailed and thorough root cause analysis should be conducted to identify barriers to care. Additionally, the Health Plan should consider the development of intense member-level outreach activities, specifically for

members who do not access primary care and members who visited the ER for office-based services. *[Repeat recommendation.]*

- § The Health Plan should continue to work to improve CAHPS® measures that perform below the 50th percentile. The Health Plan should analyze member grievances and member services complaints to identify potential barriers to care and implement initiatives to address these barriers. *[Repeat recommendation.]*

Response to Previous Year's Recommendations

- § 2013-2014 Recommendation: As the number of providers with PCMH recognition has increased, the Health Plan should continue its efforts described in the Plan's response to the previous year's recommendation. *[Repeat recommendation.]*

Health Plan Response: LHCC has reviewed the PCMH Implementation Plan and has identified the following areas of concern for our PCPs:

- The new MCO contract requiring the evaluation of quality outcomes for PCMHs in comparison to Non-PCMHs as well as other areas of comparison to determine the impact of PCMHs on the MCO membership
- The state has not made a decision to require the PCPs to participate in becoming a PCMH; however, LHCC continues to educate our providers on the benefits of PCMH
- PCPs continue to avoid the recognition process due to lack of resources needed to complete and sustain the work of transformation

In an effort to address these concerns for our PCPs the PCMH Staff have:

- Placed a higher focus on the high performing PCP practices through our MRR process to encourage participation
- We have hired and trained additional staff to work with more practices on PCMH transformation
- Several staff have been trained to work with our Specialties to promote the NCOA PCSP which will help as we start to build our Medical Neighborhood
- The MCO contract no longer requires a targeted percentage for completion of recognition. We continue to work with practices comparing their quality outcomes for the HEDIS measures between the PCMH practices and the Non-PCMH practices. LHCC works with all network PCMH locations on their HEDIS measures and other PMPM criteria to ensure they are performing at the highest level possible
- LHCC continues to work collaboratively with providers by aligning PMPM incentives with Quality outcomes

- § 2013-2014 Recommendation: The Health Plan should conduct root cause analysis for all HEDIS® Effectiveness of Care and Use of Services measures that perform below the 50th percentile and develop interventions to address these barriers. The Health Plan should also routinely monitor HEDIS® performance to assess the effectiveness of its improvement strategy.

Health Plan Response: HEDIS is monitored, evaluated and assessed in the HEDIS Steering Committee. The committee is composed of key members from each department within the plan. The committee reviews the detailed rates and trends month over month to formulate a course of actions, interventions and identify possible barriers to the interventions. A predictive model of the HEDIS measures has also been created to provide additional information and data to identify potential risks and changes in rates. The HEDIS team and

Data Analytics work together to analyze the monthly HEDIS rates specifically for any changes in the numerators and denominators. Any identified discrepancies are reported to the committee and addressed.

The following interventions were implemented to improve member care and close HEDIS gaps:

- Developed HEDIS score cards for provider consultants and PCMH to educate and inform providers of their quality metrics and how to improve their outcomes
- Health fair events were held to reach members who needed screenings and provide these services in convenient locations for their members
- Developed a HEDIS call center with a primary focus of reaching out to members and providers to set up appointments, PCPs changes and arrange for transportation if necessary
- Enrolled members in corporate pilot programs to send immunization reminders to ALL members in the age group meeting criteria for both well-child 3-6 and adolescent well-care
- Participated in the clinical program sending reminders to diabetic members to obtain their HbA1c tests
- Sent well-child birthday cards reminding members meeting age specific criteria for well-child 3-6 and adolescent well-care visits to see their PCPs for screenings
- Members Connections and Quality Improvement staff educated members and providers on CentAccount program and rewards
- Reviewed denied claims for EPSDT screenings and worked with Provider Consultants to resolve issues
- Included articles on Newsletters related to the screenings and appropriate care

- § 2013-2014 Recommendation: As Health Plan members demonstrate lower than average access to primary care, a root cause analysis should be conducted to identify barriers to care for all age groups and to drive the development of targeted interventions that will address these barriers.

Health Plan Response: Through means of LHCC's Performance Improvement Team (PIT) Committee in the 2014-2015 timeframe, LHCC monitored primary care appointment availability against its standards. Additionally, the Plan reviewed and analyzed data related to Emergency Department (ED) utilization, whereby it was concluded that 83% of the total number of ED visits were completed by members who only visited the ED once or twice, instead of accessing their PCP.

To address the access to primary care gap, interventions, include but are not limited to the following:

- Submitted detailed reporting to the Provider Consultants team to address providers through education and discussion related to high ED utilization by the members in their care
- The Plan will continue to educate members post hospitalization on the importance of following up with their Primary Care Physician (PCP)
- The Plan will update the current provider appointment availability surveys to include the assessment of the 1st, 2nd, and 3rd appointment availability to better identify potential barriers for appointment access
- The Plan will utilize a system of outreach targeting high risk members for assistance in the provision of home based primary care

It is expected that access to primary care metrics will increase and meet or exceed targets as a result of the interventions completed. The Plan will review all metrics and results for monitoring to determine effectiveness through the monthly conducted PIT meetings, where findings are reviewed and action items based on results are implemented.

- § 2013-2014 Recommendation: The Health Plan should continue to work to improve CAHPS® measures that perform below the 50th percentile. The Health Plan should also routinely assess the effectiveness of implemented interventions, starting with the interventions described in the Plan's response to the previous year's recommendation. *[Repeat recommendation.]*

Health Plan Response: In 2014, LHCC reviewed and analyzed the CAHPS member satisfaction survey conducted by The Meyers Group (TMG). The following is a list of opportunities for improvement for all composites noted as falling below the 2013 Quality Compass All Plans 50th Percentile Benchmark:

Getting Needed Care (Adult)
Getting Care Quickly (Adult & Child)
Rating of Health Care (Adult & Child)
Rating of Health Plan (Adult & Child)
Rating of Personal Doctor (Child)
How Well Doctors Communicate (Child)
Customer Service (Child)
Providing Needed Information (Adult)
Ease of Filling out Forms (Adult)

To address the above noted areas falling below the benchmark, LHCC reviewed and analyzed the CAHPS member satisfaction survey results. In the 3rd Quarter of 2014 (post survey result receipt), a multi-departmental team was established to collaborate and develop a comprehensive list of interventions for implementation. Intervention updates are required on a monthly basis by all applicable action item owners and were conducted during the 2014-2015 timeframe. Interventions implemented and/or planned that address the noted opportunities for improvement are as follows:

- The Plan pursued contract expansion with large network
- The Plan will continue to track and trend member grievances and dissect categories into sub-categories to truly identify root cause of grievance
- The Plan implemented a process of member outreach to top 20 most frequent callers based on bi-weekly report to assure that the member's needs are met and satisfaction is noted
- The Plan will continue to assess the sufficiency of providers who can assist with language barriers and translation needs
- The Plan revamped birthday mail cards for distribution to members highlighting well visits which include what the "next steps" should be for the member related to well visits

It is the Plan's expectation that future results will either improve towards, meet or exceed the targeted benchmarks. All CAHPS results and action plans are monitored through LHCC's Quality Improvement department on a monthly basis. Results are trended year over year for overall noted improvement.