



UNITEDHEALTHCARE COMMUNITY PLAN OF LOUISIANA

Annual External Quality Review Technical Report

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

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*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 UnitedHealthcare Community Plan of Louisiana (UHCCP) 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 NCOA’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

UnitedHealthcare Community Plan of Louisiana, Inc.	
Type of Organization	Health Maintenance Organization (HMO)
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid and LaCHIP
Total Medicaid Enrollment (as of June 2016)	369,894

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2016, the Health Plan's Medicaid enrollment totaled 369,894, which represents 29% of Bayou Health's active members. Table 2 displays UHCCP's Medicaid enrollment for 2014 to 2016, as well as the 2016 statewide enrollment total. Figure 1 displays Bayou Health's membership distribution across all Health Plans.

Table 2: Medicaid Enrollment as of June 2016¹

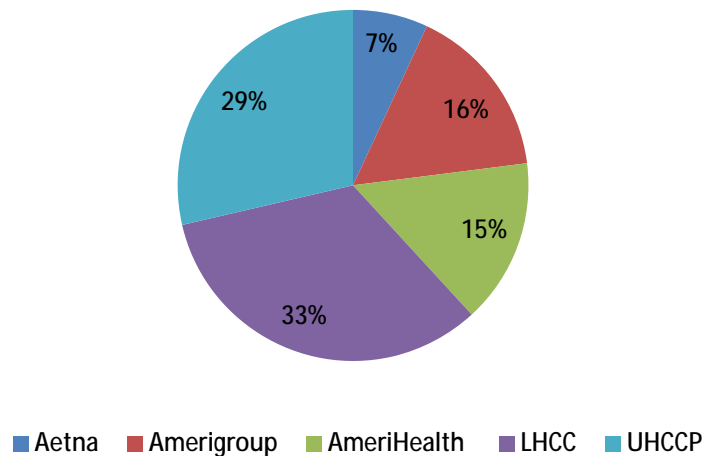
UHCCP	June 2014	June 2015	June 2016	% Change	2016 Statewide Total ²
Total Enrollment	274,239	284,633	369,894	26%	1,292,032

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: 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 UHCCP'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	UHCCP			MCO Statewide Unduplicated
	GSA A	GSA B	GSA C	
Family Practice/General Medicine	834	826	1210	1160
Pediatrics	738	445	421	700
Nurse Practitioners	910	870	751	986
Internal Medicine ¹	1008	640	553	972
OB/GYN ¹	92	77	91	176
RHC/FQHC	81	103	166	147

Data source: Network Adequacy Review 2015 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

UHCCP 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 13, 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	99.2%
	Rural	1 within 30 miles	99.9%
Pediatricians	Urban	1 within 20 miles	98.3%
	Rural	1 within 30 miles	99.6%
Nurse Practitioners	Urban	1 within 20 miles	99.6%
	Rural	1 within 30 miles	100.0%
OB/GYN	Urban	1 within 20 miles	95.3%
	Rural	1 within 30 miles	87.2%
RHCS/FQHC	Urban	1 within 20 miles	92.9%
	Rural	1 within 30 miles	99.8%

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 UHCCP 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 3.1% to 6.0%
- Use of most effective contraceptive methods: increase from 21.5% to 25%
- Chlamydia test during pregnancy: increase from 64% to 66%
- HIV test during pregnancy: increase from 5.4% to 8%
- Syphilis test during pregnancy: increase from 81.1% to 83.1%
- HEDIS® *Postpartum Care* measure: increase from 58.72% to 63.12%

Intervention Summary:

Member:

- § Conduct live outreach with pregnant members
- § Conduct telephonic outreach to educate pregnant members on the importance of prenatal visits
- § Educate members on prenatal care for full term, healthy babies via newsletter articles
- § Additional interventions include Baby Blocks, 17P brochure, Healthy Pregnancy Care Book, Twitter Pregnancy Care, Text4Baby
- § Concurrent review nurses conduct discharge planning, standardize scheduling postpartum visits, case management and care coordinators, LARC

Provider:

- § CPCs to deliver face-to-face provider education, e.g., 17P and preterm delivery, 37 week delivery, C-section, OB Tool Kit
- § Reform reimbursement for antenatal progesterone
- § PCMH and “backdoor” contact via PCP for Care/case management
- § Provider incentives followed by separately listed interventions simply listed as “LARC”, “OB risk assessment”, “Routine cervical length assessments”
- § Collaborate with behavioral health resources as needed
- § LDH/Bayou Health Medical Directors Educational ‘Medicaid 101’, e.g., provider education to medical students

Health Plan:

- § Work with Healthy First Steps for detailed member information related to full-term due dates and improved tracking/reporting for Level 3 case management data
- § Work with Business Intelligence to obtain missing provider, parish and zip code data
- § Notification of Pregnancy (NOP) form/OB risk assessment
- § Work with State Division of Medical Assistance and Human Services to improve accuracy of 834 file

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

Strengths:

- § Demonstrates that the plan is taking action to implement and monitor PIP interventions designed to improve plan performance of measures related to reducing preterm birth.

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 UHCCP by Attest Health Care Advisors 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 4 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	UHCCP			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	64.72%	71.32%	71.93%	33.33 rd	75.92%
Antidepressant Medication Management - Acute Phase	50.21%	50.51%	51.23%	33.33 rd	53.52%
Antidepressant Medication Management - Continuation Phase	33.40%	33.66%	35.19%	33.33 rd	38.09%
Asthma Medication Ratio (5-64 Years)	60.00%	53.88%	62.81%	33.33 rd	54.09%
Breast Cancer Screening in Women	SS	52.93%	53.37%	50 th	55.55%
Cervical Cancer Screening	52.80%	61.95%	63.52%	75 th	57.08%
Childhood Immunization Status - Combination 3	67.40%	71.53%	71.53%	50 th	64.37%
Chlamydia Screening in Women (16-24 Years)	53.66%	56.12%	59.61%	75 th	60.98%
Comprehensive Diabetes Care - HbA1c Testing	77.62%	80.54%	81.27%	33.33 rd	80.01%
Controlling High Blood Pressure	45.74%	43.55%	42.58%	33.33 rd	40.96%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	45.81%	54.87%	60.69%	50 th	55.69%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	32.59%	41.78%	47.56%	50 th	43.71%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	31.12%	26.98%	25.69%	33.33 rd	24.73%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	27.49%	41.36%	36.98%	10 th	46.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	38.69%	53.04%	52.07%	33.33 rd	45.36%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	26.03%	41.61%	31.14%	10 th	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 5 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	UHCCP			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	97.28%	96.34%	96.09%	50 th	95.45%
25 Months–6 Years	87.82%	87.19%	87.42%	33.33 rd	85.49%
7–11 Years	86.92%	89.34%	89.44%	25 th	87.17%
12–19 Years	85.09%	87.68%	88.42%	33.33 rd	86.14%
Adults' Access to Preventive/Ambulatory Services					
20–44 Years	82.04%	81.59%	81.22%	66.67 th	78.48%
45–64 Years	89.33%	89.85%	89.60%	66.67 th	87.30%
65+ Years	78.31%	85.19%	83.20%	33.33 rd	77.92%
Access to Other Services					
Timeliness of Prenatal Care	83.21%	90.71%	79.85%	33.33 rd	80.05%
Postpartum Care	54.99%	55.01%	58.72%	50 th	60.19%

HEDIS® Use of Services Measures

This section of the report explores utilization of UHCCP's services by examining selected HEDIS® Use of Services rates. Table 6 displays Health Plan rates for select HEDIS® Use of Services 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 7: Use of Services Measures – 2014-2016

Measure	UCCP			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	46.72%	55.96%	55.28%	50 th	51.51%
Ambulatory Care Emergency Department Visits/1000 Member Months ¹	66.43	62.93	67.67	33.33 rd	71.60
Ambulatory Care Outpatient Visits/1000 Member Months	564.05	452.83	411.93	66.67 th	413.62
Frequency of Ongoing Prenatal Care - ≥ 81%	73.48%	78.24%	68.80%	66.67 th	68.71%
Well-Child Visits in the First 15 Months of Life 6+ Visits	58.39%	65.34%	60.90%	75 th	57.48%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	63.59%	63.40%	66.15%	25 th	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 members was conducted on behalf of UHCCP by the NCQA-certified survey vendor, DSS Research. 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 7, Table 8 and Table 9 show UHCCP'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	UHCCP			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	76.84%	80.31%	77.78%	10 th
Getting Care Quickly	81.31%	80.50%	82.74%	66.67 th
How Well Doctors Communicate	88.46%	90.65%	90.30%	33.33 rd
Customer Service	86.94%	87.35%	89.97%	75 th
Shared Decision Making ²		74.71%	77.97%	50 th
Rating of All Health Care	73.01%	73.52%	74.85%	50 th
Rating of Personal Doctor	76.97%	80.61%	81.00%	50 th
Rating of Specialist	79.87%	84.62%	81.13%	50 th
Rating of Health Plan	77.08%	77.49%	76.40%	50 th

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	UHCCP			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	90.71%	86.24%	85.99%	50 th
Getting Care Quickly	91.82%	94.62%	94.56%	95 th
How Well Doctors Communicate	95.30%	93.75%	94.10%	50 th
Customer Service	88.03%	87.67%	92.38%	90 th
Shared Decision Making ²		78.04%	79.58%	50 th
Rating of All Health Care	90.72%	88.08%	88.04%	66.67 th
Rating of Personal Doctor	90.64%	89.23%	88.76%	50 th
Rating of Specialist	92.66%	88.37%	88.07%	66.67 th
Rating of Health Plan	92.16%	86.14%	87.70%	66.67 th

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	UHCCP			QC 2016 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2014	CAHPS® 2015	CAHPS® 2016	
Getting Needed Care	88.51%	86.58%	88.34%	66.67 th
Getting Care Quickly	92.23%	95.46%	94.59%	75 th
How Well Doctors Communicate	95.51%	94.17%	94.57%	50 th
Customer Service	87.92%	91.03%	93.48%	90 th
Shared Decision Making ²		83.63%	83.62%	10 th
Rating of All Health Care	87.68%	86.73%	83.04%	25 th
Rating of Personal Doctor	88.02%	89.25%	90.27%	75 th
Rating of Specialist	86.94%	86.14%	85.29%	50 th
Rating of Health Plan	87.87%	82.56%	84.19%	50 th

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 UHCCP'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 UHCCP'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 UHCCP'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 UHCCP'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	119	0	3	0	1	98%
Provider Network	163	160	2	1	0	0	98%
Utilization Management	92	90	2	0	0	0	98%
Eligibility, Enrollment and Disenrollment	13	13	0	0	0	0	100%
Marketing and Member Education	77	75	2	0	0	0	97%
Member Grievances and Appeals	62	55	6	1	0	0	89%
Quality Management	86	83	1	1	0	1	98%
Reporting	1	1	0	0	0	0	100%
Fraud Waste and Abuse	105	102	3	0	0	0	97%
Total	722	698	16	6	0	2	97%

It is IPRO's and the LDH's expectation that UHCCP submit a corrective action plan for each of the 22 elements determined to be less than fully compliant along with a timeframe for completion. It should be noted that UHCCP 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. One of the 22 elements rated less than fully compliant 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 UHCCP.

VI. STRENGTHS, OPPORTUNITIES FOR IMPROVEMENT & RECOMMENDATIONS

This section summarizes the accessibility, timeliness and quality of services provided by UHCCP 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 the 75th percentile on the following HEDIS® measures: *Cervical Cancer Screening, Chlamydia Screening in Women and Well-Child Visits in the First 15 Months of Life 6+ Visits.*
- § The Health Plan met or exceeded the 75th percentile for the Adult CAHPS® measure: *Customer Service.* The Health Plan also met or exceeded the 75th percentile for the following Child CAHPS® General Population measures: *Getting Care Quickly* and *Customer Service* and the following measures for the Child CAHPS CCC Population: *Getting Care Quickly, Customer Service and Rating of Personal Doctor.*
- § 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: *Adult BMI Assessment, Antidepressant Medication Management – Acute Phase, Antidepressant Medication Management – Continuation Phase, Asthma Medication Ratio, Comprehensive Diabetes Care – HbA1c Testing, Controlling High Blood Pressure, Medication Management for people With Asthma – 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 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.)
- § The Health Plan continues to demonstrate an opportunity for improvement in regard to access to primary and ambulatory care as rates for the 25 months–6 years, 7-11 years, 12-19 years and 65+ years groups were below the 50th percentiles for the HEDIS® *Children and Adolescents Access to PCPs* and the *Adults' Access to Preventive/Ambulatory Services* measures. (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* and *How Well Doctors Communicate.* The Health Plan also performed below the 50th percentile for following Child CAHPS® CCC Population measures: *Shared Decision Making* and *Rating of All Health Care.* (Note: Member satisfaction was an opportunity for improvement in the previous year's report.)

Recommendations

- § The Health Plan should continue to work to improve HEDIS® measures that perform below the 50th percentile. Specifically, the Health Plan should continue with the intervention strategy outlined in its response to the previous year's recommendation as it includes a variety of interventions based on barrier analysis. *[Repeated recommendation.]*

- § The Health Plan should continue to work to improve access to primary and ambulatory care. In addition to the interventions described in the Plan’s response to the previous year’s recommendation, the Health Plan should identify barriers members face when accessing primary care specifically and address these barriers. The Health Plan should also consider conducting “secret shopper” appointment availability surveys, an approach that allows the Health Plan to examine the members’ experience of accessing care. *[Repeated recommendation.]*
- § The Health Plan should conduct root cause analysis for CAHPS® measures performing below the 50th percentile and implement interventions to address these measures. *[Repeated recommendation.]*

Response to Previous Year’s Recommendations

- § 2014-2015 Recommendation: The Health Plan should continue to work to improve HEDIS® measures that perform below the 50th percentile. Specifically, the Health Plan should continue with the improvement strategy outlined in its *2014 Quality Improvement Program Evaluation* as it includes a variety of provider, member and Health Plan initiatives. The effectiveness of the improvement strategy should routinely be assessed and modified as needed. *[Repeat recommendation.]*

Health Plan Response: UHCCP Quality HEDIS team collects and reports HEDIS measures using the specifications outlined in the most current HEDIS technical specifications. Measures for reporting are identified and confirmed annually with each health plan, based on state contract and accreditation requirements.

Data collection methodology includes:

- Administrative: Claims/Encounters
- Hybrid: Claims/Encounters and Medical Record Abstractions

Interim results are sent to the Quality Director throughout the year, and final reports of the measures are submitted to each individual health plan Quality Director and NCQA in June of each year. The results are analyzed by QMC to review trends, identify opportunities, make recommendations, and support identified interventions and develop an action plan to improve HEDIS results.

HEDIS®

HEDIS is a tool used to measure performance on important dimensions of care and service. The results for both HEDIS MY2015 and 2016 HEDIS are analyzed below. United Health Community determines goal(s) to increase the rate of HEDIS performance measures based on New Basic Goals set by UHC and/or NQOC and Louisiana DHH mandated performance goals.

Incentive Measure*	HEDIS MY2015 Interim Rate*	Final HEDIS 2014 Rate	State Benchmark for HEDIS 2015	Needed to Meet Goal
Adults Access (AAP2)	83.14	84.59	82.95	Met
Chlamydia Screening (CHL)	53.45	53.66	59.25	5.85
Hba1c Testing (CDC)	77.82	77.62	80.37	2.55
Well Child 3-6 (W34)	48.68	63.59	64.41	15.73
Adolescent Well Child (AWC)	38.78	46.72	42.36	3.58

*Administrative Data through 11/22/2015. Final 2015 HEDIS scores will be available June 2016

Listed below are the Louisiana LDH performance incentive measures and the Louisiana plans results for 2015 Measure Year Data. Collection will be in 2016. The final for 2015 MY will be reported in June/July 2016.

Analysis of data: The data for MY 2015 is currently incomplete due to hybrid data collection in 2016. The data is reflective as of 11/22/2015 and is administrative only. HEDIS measures that are eligible for hybrid data collection will be addressed during February – May 2016 for MY 2015. Currently tracking higher on 2015MY on 18 measures in 2015.

C&S Accreditation Measures	State Measure Yes/No	2013	2014	2015	Quality Compass Goal – 50th Percentile
Adult BMI (H)	N	64.72	71.54	71.32	On track to meet
Annual Dental Visits (A)	N	NB	NB	NB	NB
Antidepressant Medication Management (Both Rates) (H)	Y	A. 50.21 C. 33.40	A. 50.51 C. 33.66	A. 51.92 C. 35.65	A. On track to meet C. Met
Breast Cancer Screening (A)	Y	NA	52.93	52.50	On track to meet
Cervical Cancer Screening (A)	Y	52.80	61.95	50.54	On track to meet
Chlamydia Screening in Women (Total Rate) (A)	Y	53.66	56.12	58.00	Met
Cholesterol Management for Patients With Cardiovascular Conditions (LDL Screening Only) (A)	N	79.26	NA	NA	NA
Comprehensive Diabetes Care (Eye Examination, LDL-C Screening, Hemoglobin A1c Testing, Medical Attention for Nephropathy) (H)	Y – A1c	A1C 77.62 EYE 47.93 LDL-C 69.10 Neph. 76.40	See below	See below	On track to meet

C&S Accreditation Measures	State Measure Yes/No	2013	2014	2015	Quality Compass Goal – 50th Percentile
Comprehensive Diabetes Care (New Rate- B/P Control <140/90, New Rate HbA1c Control (<8%), HbA1c Poorly Controlled (>9%), Eye Examination, Medical Attention for Nephropathy) (H)	y- A1c	NA	A1C 80.54 EYE 40.96 < 8 28.71 Neph. 78.10 B/P 3.43	A1C 79.63 EYE 36.19 <8 12.00 Neph 75.53 B/P 3.99	On track to meet
Comprehensive Diabetes Care—HbA1c Poorly Controlled (>9.0%) (H)	N	67.10	64.23	TBD	TBD
Controlling High Blood Pressure (H)	Y	45.74	43.55	TBD	TBD
Frequency of Prenatal Care (H)	Y	73.48	78.24	61.58	On track to meet
Follow-Up After Hospitalization for Mental Illness (7 Day Rate Only) (A)	Y	NB	NB	29.03	Met
Follow-Up for Children Prescribed ADHD Medication (Both Rates) (A)	Y	I 32.59 C 45.81	I 41.78 C 54.87	I 47.12 C 60.94	Met
Human Papilloma Vaccine for Female Adolescents (H)	Y	23.62	NR	19.64	On track to meet
Immunizations for Adolescents (Combination 1) (H)	Y	88.27	88.59	70.56	On track to meet

C&S Accreditation Measures	State Measure Yes/No	2013	2014	2015	Quality Compass Goal – 50th Percentile
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Engagement of AOD Treatment Rate only) (A)	Y	NB	NB	3.63	On track to meet
Medical Assistance With Smoking Cessation (Advising Smokers and Tobacco Users to Quit Only) (A)	Y	NR	NR	NR	NR
Medication Management for People With Asthma (Medication Compliance 75% Rate only) (A)	N	31.12	26.98	18.87	On track to meet
Pharmacotherapy Management of COPD Exacerbation (Both Rates) (A)	N	61.38 86.64	62.10 88.31		
Prenatal and Postpartum Care (Both Rates) (A)	Y	T 83.21 P 55.99	T 90.71 P 55.1	T 78.45 P 39.39	On track to meet
Use of Appropriate Medications for People With Asthma (Total Rate) (A)	Y	81.46	84.10	NA	NA
Weight Assessment and Counseling for Nutrition, Physical Activity for Adolescents (All Three Rates) (A)	Y	NR	4.23	1.81	On track to meet

Barriers:

Measurements that are tracking higher in MY 2015 compared to the same time in 2014 (11/22/15):

Measurements	MY2014	MY2015	Goal	Barriers	Interventions/Actions
Postpartum	29.99	39.39	State measure: goal is 63.12	<ul style="list-style-type: none"> § Global bill was not in effect till June 2015. § Members do not see the need for the postpartum visit § C-section visit is thought to be the postpartum visit 	<ul style="list-style-type: none"> § Chanced and unbundled the postpartum code § Education of members for need for postpartum § Education women/member C-section is NOT the postpartum visit
Adolescent Well Care	35.67	45.29	State measure: goal is 40.69	<ul style="list-style-type: none"> § Members do not proceed need § Demographic information is not correct 	<ul style="list-style-type: none"> § Education of members § Work with DHH to get correct demographic
Follow up for Children prescribed ADHD Initiation	33.87	47.12	State measure: goal is 442.07	<ul style="list-style-type: none"> § School require medication before return § Provider not aware of 30 day window § Members call and reschedule visit outside of the 30 day window 	<ul style="list-style-type: none"> § Continue to work with DHH and schools for appropriate ADHD medication usage § Educate providers about 30 day requirement § And incentives providers for adherence to the 30 day window § Have provider make initial return appointment in 10 - 14 days
Children and Adolescent Access to PCP	79.41	88.53	No Quality Compass-chose to increase 3% from 2014-90.80	<ul style="list-style-type: none"> § Members assigned to wrong providers § Members not understating benefit 	<ul style="list-style-type: none"> § Educate member on PCP lineage and benefits

Measurements	MY2014	MY2015	Goal	Barriers	Interventions/Actions
Prenatal	77.20	78.45	Quality Compass 90%: 91.61	§ Members unaware of benefits § Transportation to appointments	§ Educate member on benefits § Education member on transportation/LogistiCare benefit

1. Postpartum
2015-39.39
2014-29.99
This is a State measure – goal is 63.12

2. Adolescent Well Care
2015-45.29
2014-35.67
This is a State measure-goal is 40.69

3. Follow up for Children prescribed ADHD - Initiation
2015-47.12
2014-33.87
This is a State measure-goal is 48.49

4. Children and Adolescent Access to PPC
2015-88.53
2014-79.41
No Quality Compass-chose to increase 3% from 2014- 90.80

5. Follow up for Prenatal
2015-78.45
2014-77.20
Goal is Quality Compass 90%- 91.61

6. Adult BMI
2015-2.72
2014-10.80
Goal is Quality Compass 50th-71.54

7. Adult Access
2015-82.30
2014-82.25
Goal is state driver 82.95

8. Diabetic Care A1C Testing
2015-79.63
2014-74.53
Goal is Quality Compass 50th - 81.03

9. Poor Control inverse
2015-84.60
2014-89.31
Goal is Quality Compass 25th - 62.15

10. Eye Exam
2015-36.19
2014-30.84
Goal is Quality Compass 75th - 51.00

11. Nephropathy
2015-75.52
2014-74.80
Goal is Quality Compass 50th - 78.12

12. Breast Cancer Screening
2015-52.50
2014-50.93
Goal is Quality Compass 75th - 56.81

13. Annual Monitoring of Persistent Medication
2015-86.38
2014-83.41
Goal is Quality Compass 25th - 85.00

14. Chlamydia
2015-58.00
2014-51.36
This is a state measure – goal is 57.77

15. Well Child Visits
2015-54.90
2014-45.54
Goal is Quality Compass 50th - 70.34

16. Well Child Visits 3,4,5,6
2015-57.68
2014-44.34
Goal is Quality Compass 50th - 71.42

17. ADHD Initiation
 2015-47.12
 2014-33.87
 Goal is State- 42.07

18. ADHD Continuation
 2015-60.94
 2014-46.59
 Goal is State driven-48.49

- Incomplete data for 2015MY
- 2015 data collection with HealthPort vendor was problematic in obtaining several HEDIS® hybrid measure charts.
- Coordination with commercial and Medicaid providers with overlaying members. Systems did not easily support this coordination.

Number of measurements that declined in MY 2105 compared to the same time in MY2104: 10
 Results below are administrative data only. 2016 hybrid data collection will occur on most of the measures below.

Measurements	MY2014	MY2105	Goal	Barriers	Interventions/ Actions
Childhood Immunization Status (CIS)	64.87	28.61	72.51 (QC 50%)	Members unaware of need Members confusion on need for immunization	Educate member on need and positive reinforcement to attain immunization
Immunizations for Adolescents	88.63	70.56	88.81 (QC 50%)	Members unaware of need Members confusion on need for immunization	Educate member on need and positive reinforcement to attain immunization
Tdap/Td	89.46	71.96	89.52 (QC 50%)	Members unaware of need Members confusion on need for immunization	Educate member on need and positive reinforcement to attain immunization
Cervical Cancer Screening (CCS) (HEDIS®)*	51.08	50.54	66.86 Increase 3%	Member unaware on need Test is uncomfortable	Education of member on the need of screening
Human Papillomavirus Vaccine for Female Adolescents (HPV)***	25.77	19.64	23.84 (QC50%)	Members unaware of need Members confusion on need for immunization	Educate member on need and positive reinforcement to attain immunization

Medication Management for People with Asthma (MMA)	48.55	50.79	53.79 (QC50%)	Member unaware on pharmacy benefits	Educate members
Antidepressant Medication Management (AMM)*** Acute Phase Treatment	52.57	55.92	58.82 (QC 75%)	Member unaware on pharmacy benefits	Educate members
Antidepressant Medication Management Continuation Phase Treatment	38.21	33.66	33.40 (QC 50%)	Member unaware on pharmacy benefits	Educate members
Initiation and Engagement of AOD Dependence Treatment Initiation of AOD Treatment	35.99	29.77	40.52 (QC 50%)	Member unaware on pharmacy benefits	Educate members
Initiation and Engagement of AOD Dependence Treatment Engagement of AOD Treatment	13.78	3.63	6.60 (QC 50%)	Member unaware on pharmacy benefits	Educate members

Action:

- § 2015 data collection was be done by the local plan staff with temporary staff assistance
- § All measures will be collected hybrid (if allowable)
- § Silver links calls to members with appointment made for members was done throughout the year
- § Quality Management staff called members on the gap list
- § CPC delivered gap list to provider offices
- § Worked with ACC on the certain HEDIS® measures to close gaps

Additional State metric which are currently being tracked.

Additional Prioritized Measures-	State Measure Yes/No	2013	2014	2015
Initiation of Injectable Progesterone for Preterm Birth Prevention	Y	NA	NA	Baseline being established
Adolescent Well Care (HEDIS®)	Y	NA		Baseline being established
HIV Viral Load Suppression	Y	NA	NA	Baseline being established
Cesarean Rate for Low Risk 1 st Birth Women	Y	NA	NA	Baseline being established
Diabetes Short Term Complication Rate (HEDIS®)	Y	NA	NA	Baseline being established
Ambulatory Care (ED visits-HEDIS®)	Y	NA	NA	Baseline being established

Analysis/Barriers

The data for measurement year 2015 is not complete at this time. The data is reflective as of 11/22/2015 and is administrative only for both 2015 and 2014. HEDIS® measures that are eligible for hybrid data collections will be addressed during Feb – May 2016 for measurement year 2015.

Total number of Measures Improved: 18

Since 2015 measure year does not include hybrid data the measures were pulled from administrative data November 22, 2015 and compared to the same time in November 2014. HEDIS® 2015 measure year hybrid data collection and additional administrative data (claim run out) will increase the 2015 HEDIS results which will be finalized in June 2016.

Total number of Measures Declined: 10

- § 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:

CAHPS

Results are calculated by Decision Support Systems (DSS) Research following the NCOA guidelines published in HEDIS 2015, Volume 3: Specifications for Survey Measures.

Measure	UHCCP LA 2015	UHCCP LA 2015
Getting Needed Care		
2013	78.93%	89.69%
2014	76.84%	90.71%
2015	80.31% n=239.5	86.24% n=252

Measure	UHCCP LA 2015 Adult	UHCCP LA 2015 CCC-General
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Improve	Decline
QC 50th Percentile 2015	81.35	84.96
QC Percentile Goal 50 th Met/Not Met	Not Met	Met
Getting Care Quickly		
2013	78.7%	91.01%
2014	81.31%	91.82%
2015	80.5% n=246.5	94.62% n= 285
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Decline	Improve
QC 50th Percentile 2015	81.55	89.54
QC Percentile Goal 50 th Met/Not Met	Not Met	Met

Analysis/Barriers

Overall the plan met the goal in 5 out of 8 categories for the Adult CAHPS survey and met the goal in all categories for the Child CAHPS survey.

Actions/Interventions

Getting Needed Care
§ Member satisfaction with getting needed care increased from the previous year for the Adult population
§ Member satisfaction with getting needed care did not meet the goal by 1.04 percentage points for the Adult population

Getting Care Quickly
§ Member satisfaction with getting care quickly decreased from the previous year for the Adult population
§ Member satisfaction with getting care quickly did not meet the goal by 1.05 percentage points for the Adult population

Practitioner Availability

The UHCCP LA met the Routine Care standard for 2014. The 2014 results show an increase from 2013 by 29% percentage points. The urgent care for UHCCP LA met the Urgent Care standard for 2014. The 2014 results show an increase from 2013 by 34% percentage points. The After- Hours care for UHCCP LA met the standard for 2014. The 2014 results show an increase from 2013 by 29 percentage points.

During the years of 2013 – 2014 only one After Hours Survey was performed by McGahee and Associates for UHC LA. The dates of the survey were Sept 2013 thru August 2014. A decision by Sr. Leadership to monitor this survey closely changed the timing to quarterly vs. annually.

UHC in the second cycle of the contract changed from a Shared Savings Model to a Prepaid Model which prompted evaluation of surveys and vendors.

In the first quarter 2015, the last quarterly survey took place. Upon evaluation it was determined that our providers during the second cycle of the contract were established, stable and there was little shift in our providers and network. In the second cycle of the contract, Sr. Leadership changed vendors due to contractual requirements and quality controls to Morpace for 2015. This change will allow comparative data year over year with defined data requests on an annual basis per calendar year in the months of September - October each year to assure accurate data and analysis. A meeting took place with Morpace on Friday June 12, 2015 to discuss the data needed along with changes in the scripting to align with the new contract and the National P & P on Accessibility that was adopted on June 4, 2015.

Issue Type	Source: CAHPS, Issues, Provider Survey	Analysis (Root Cause or Barrier)	Opportunities	Actions
Getting Needed Care (A)	CAHPS	Network was PCP only. Specialists not held by contract with the plan	Access to other specialists	Included in Network in 2015
Getting Care Quickly	CAHPS	Although met, this is one of our lowest scores	Expand network	<ol style="list-style-type: none"> 1. Network in 2015 is expanded to include all types of practitioners 2. CPC education of providers on standards 3. Provider's manual and website has access to standards.

	<p>CAPHS (Adult and CCC) Routine, Urgent, and After Hours Care</p>	<ul style="list-style-type: none"> · Members/providers unaware of appointment availability standards · Member's willingness to wait for appointment does not match severity of illness · Member unaware of correct level of care needed for severity of illness 	<ul style="list-style-type: none"> · All non-compliant After-Hours Availability providers were notified of lack of compliance by certified mail, and will be re-surveyed telephonically approximately 60 days after the date of the letter. · The Provider Relations team and/or the Clinical Practice Consultants will provide education about appointment availability standards to non-compliant providers · Clinical Practice Consultant (CPC) educate providers on appointment availability as well as after-hours coverage standards · The Provider Relations team and/or the Clinical Practice Consultants will provide education about appointment availability standards to non-compliant providers 	
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An assessment of the evaluation of the practitioner geographic, numeric, and cultural availability was completed in 2015. The following is a summary identifying where goals were met or not met regarding geographic and numeric availability.

Geo Access Executive Summary

Presented: Quality Management Committee- 2015 Geo Access survey Date: January 14, 2016

Presenter: Angela Olden

Background: Geo Access survey is conducted at least annually for our membership. The results of this report are utilized in planning any direction or interventions on what type of provider is needed to meet our membership needs.

Findings: See attached document for details

Analysis: Any provider type that has a 90% of access or less is reviewed in Service Quality Subcommittee as well as work teams. The following providers that scored below 90% are:

Pediatrician Allergy	60 miles	83.3%
Pediatrician Critical Care	60 miles	71.4%
Pediatrician Critical Care	90 miles	86.3%
Pediatrician Emergency Care	60 miles	75.1%
Pediatrician Emergency Care	90 miles	77.1%
Pediatrician Endocrinology	60 miles	82.8%
Pediatrician Gastro	60 miles	82.0%
Pediatrician Hematology	60 miles	81.7%
Pediatrician Infectious Disease	60 miles	71.0%
Pediatrician Infectious Disease	90 miles	86.1%
Pediatrician Nephrology	60 miles	81.6%
Pediatrician Pneumatology	60 miles	58.5%
Pediatrician Pneumatology	90 miles	70.2%
Pediatrician Surgery	60 miles	82.3%
RHC	20 miles	38.2%
Surgery Colon Rectal	60 miles	84.9%

In review of the above information the following was discussed:

1. The providers that did not meet both 60 and 90 miles requirements were the priority concerns.
 - a. Pediatrician Critical Care
 - b. Pediatrician Emergency Care
 - c. Pediatrician Infectious Disease
 - d. Pediatrician Pneumatology
2. RHC's met the 30 miles 91.4% (20 was 38.2%)

Barriers:

1. All of the specialist above practice in urban settings in Louisiana. These specialists are not located in rural settings. Therefore members do have to travel in Louisiana to urban settings to receive this care.
2. The plan has offered a contract to all RHC in the state. The RHC are not required to join all 5 MCO's.
3. Louisiana specialists are located in mostly urban areas of the state. This is due to referral patterns from the PCP's as well as access to acute care settings that can support these provider type needs (i.e. testing and inpatient care).

Intervention:

1. Review of the GEO Access with Service Quality members DHH (state) representatives are also a part of the committee and their input is sought as well.
2. Continue to work with contracting to see if any specialists (mentioned above) that are not in our network be approached during 2016 to see if the provider is open to sign with United.
3. Continue to educate members where they can receive specialists care.
4. Ensure that PCP's are knowledgeable concerning specialists availability in their region. This is accomplished by clinical practice consultants visiting the PCC's to educate them as well as advocating the PCP's to call member/provider services for direction.

Accessibilty of Services

An evaluation of accessibility of services was completed in 2015. The following is a summary identifying where goals were met or not met and where opportunities exist, in regards to results from the CAHPS 5.0H survey and access complaints.

Results

- § PCPs/Pediatricians: Compliance is over 90% for all appointment standards tested. Urgent Care is lowest for PCPs.
- § OB/GYNs: Compliance is lowest for Second- and Third-Trimester Prenatal Care.
- § Specialists: 90% of specialists can see patients within the one month standard for specialty consultations.

Overall compliance is generally lower than compliance for the individual appointment types. This is because the office is considered non-compliant if one or more appointment type standards are not met, or if the respondent refused to take the survey. For example, if 10 of 100 providers do not meet the Urgent Care standard, and a different 10 providers do not meet the Sick Care standard, overall compliance is 80%. However, Urgent Care and Sick Care compliance are both 90% in this example.

23 offices were non-compliant due to refusal to participate (11 PCP, 2 Ped, 2 OB/GYN, and 8 Non-OB/GYN Specialists)

After Hours Compliance				
	#Providers	#Compliant	# non-compliant	% Compliant
Total	266	214	52	80%

Appointment Availability Compliance Summary					
	Total	PCP	Pediatricians	OHB/GYNS	Non-OB/ GYN
Overall	87%	83%	94%	49%	87%
Urgent	92%	90%	97%	NA	90%
Sick	97%	96%	99%	NA	NA
Routine	98%	97%	99%	NA	NA
Preventive	99%	99%	98%	NA	NA
Emergent	100%	100%	100%	NA	NA

Analysis/Barriers

Phone numbers not all correct. File with incorrect phone numbers given back for research for next Quarter. Educate providers on the appointment standards and requirements for after-hours access.

- § 2014-2015 Recommendation: The Health Plan should continue to work to improve CAHPS® rates that perform below the 50th percentile. Specifically, the Health Plan should continue to address associated

barriers identified in its 2014 Quality Improvement Program Evaluation and modify initiatives as needed. [Repeat recommendation.]

Health Plan Response:

How Well Doctors Communicate		
2013	92.58%	94.91%
2014	88.46%	95.3%
2015	90.65% n=272.75	93.75% n= 372.75
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Improve	Decline
QC 50 th Percentile 2015	90.7	93.5
QC Percentile Goal 50 th Met/Not Met	Not Met	Met
Customer Service		
2013	88.94%	85.68%
2014	86.94%	88.03%
2015	87.35%	87.67%

Measure	UHCCP LA 2015	UHCCP LA 2015
	n=162	n= 121.5
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Improve	Decline
QC 50th Percentile 2015	87.34	87.67
QC Percentile Goal 50 th Met/Not Met	Met	Met
Rating of Personal Doctor		
2013	76.13%	88.31%
2014	76.97%	90.64%
2015	80.61% 266/330	89.23% 381/427
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Improve	Decline
QC 50th Percentile 2015	80.02	88.32
QC Percentile Goal 50 th Met/Not Met	Met	Met
Rating of Specialist Seen Most Often		
2013	79.28%	NA
2014	79.87%	92.66%
2015	84.62%	NA
Statistical Change 2015 VS 2014	No	--
Result Direction 2015 VS 2014	Improve	--
QC 50th Percentile 2015	80.67	84.81
QC Percentile Goal 50 th Met/Not Met	Met	--
Rating of All Health Care		
2013	70.53	80.77
2014	73.01%	90.72%
2015	73.52%	88.08%

Measure	UHCCP LA 2015	UHCCP LA 2015
	236/321	362/411
Statistical Change 2015 VS 2014	No	No
Result Direction 2015 VS 2014	Improve	Decline
QC 50th Percentile 2015	72.82	85.33
QC Percentile Goal 50 th Met/Not Met	Met	Met
Rating of Health Plan		
2013	75.07%	83.25%
2014	77.08%	92.16%
2015	77.49% 327/422	86.14% 404/469
Statistical Change 2015 VS 2014	No	Yes
Result Direction 2015 VS 2014	Improve	Decline
QC 50 th Percentile 2015	76.14	84.78
QC Percentile Goal 50 th Met/Not Met	Met	Met

NA is used for results to indicate that the result is not reportable by NCQA due to insufficient denominator (less than 100 responses).

Analysis/Barriers

Overall the plan met the goal in 5 out of 8 categories for the Adult CAHPS survey and met the goal in all categories for the Child CAHPS survey.

How Well Doctors Communicate	
§	Member satisfaction with how well doctors communicate increased from the previous year for the Adult population
§	Member satisfaction with how well doctors communicate did not meet the goal by 0.05 percentage points for the Adult population