State of Louisiana
Department of Health & Hospitals

UnitedHealthcare Community Plan of Louisiana
Annual External Quality Review Technical Report

Review Period: July 1, 2017 – June 30, 2018
Report Issued: April 23, 2019

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

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I. INTRODUCTION

The Centers for Medicare and Medicaid Services (CMS) require 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 Healthy Louisiana Program, and each of the participating MCOs 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, 2017 – June 30, 2018.

The framework for IPRO's assessment is based on the guidelines and protocols established by CMS, as well as Louisiana State requirements. IPRO's assessment included an evaluation of the mandatory activities, which encompass: performance measure validation, Performance Improvement Project (PIP) validation and compliance audits. Results of the most current HEDIS® and CAHPS® surveys are presented and are evaluated in comparison to the NCQA's *Quality Compass*® 2018 South Central – All Lines of Business (LOB) Excluding Preferred-Provider Organizations (PPOs) and Exclusive Provider Organizations (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 MCO 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: MCO Corporate Profile

UnitedHealthcare Community Plan of Louisiana	
Type of Organization	Health Maintenance Organization
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid and LaCHIP
Total Medicaid Enrollment (as of June 2018)	433,860

III. ENROLLMENT AND PROVIDER NETWORK

Enrollment

Medicaid Enrollment

As of June 2018, the MCO's Medicaid enrollment totaled 433,860, which represents 29% of Healthy Louisiana's active members. **Table 2** displays UHCCP's Medicaid enrollment for 2016 to 2018, as well as the 2018 statewide enrollment total. **Figure 1** displays Healthy Louisiana's membership distribution across all Medicaid MCOs.

Table 2: Medicaid Enrollment as of June 2018[1]

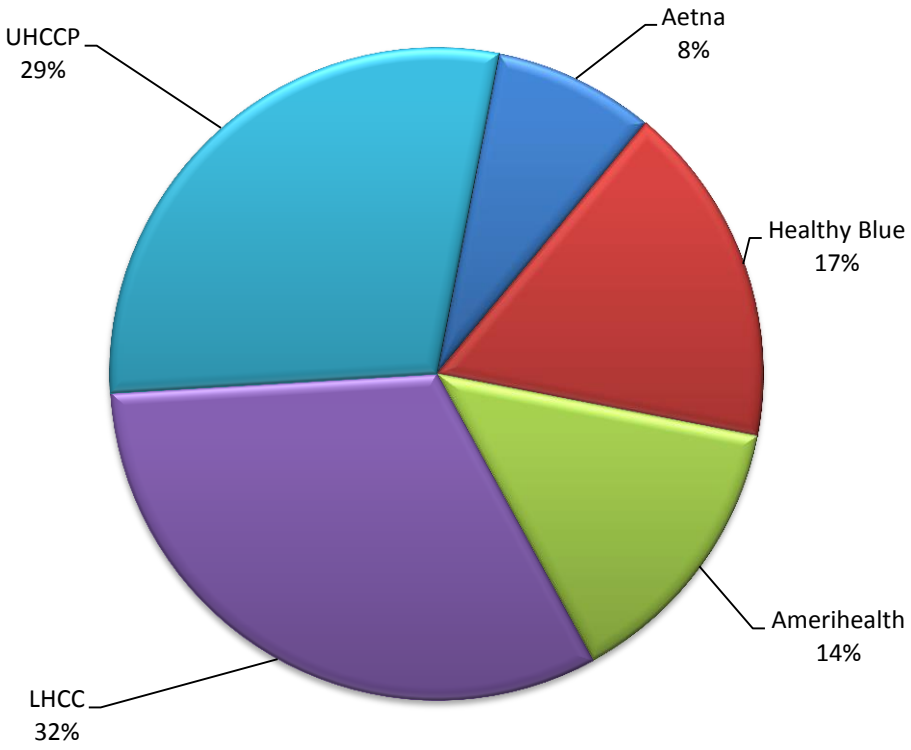
UHCCP	June 2016	June 2017	June 2018	% Change	2017 Statewide Total[2]
Total Enrollment	369,894	428,053	433,860	1.4%	1,473,685

Data Source: Report No. 125-A

[1] This report shows all active members in Healthy Louisiana as of the effective date above. Members to be disenrolled at the end of the reporting month are not included. Enrollees who gained and lost eligibility during the reporting month were not included. Enrollees who opted out of Healthy Louisiana during the reporting month were not included.

[2] Note: The statewide total includes membership of all plans.

Figure 1. Healthy Louisiana Membership by MCO as of June 2018



Provider Network

Providers by Specialty

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 LDH region as of March 20, 2018.

Table 3: Primary Care & OB/GYN Counts by LDH Region

Specialty	United Healthcare Community Plan LDH Region									MCO Statewide Unduplicated[1]
	1	2	3	4	5	6	7	8	9	
Family Practice/ General Medicine	207	163	95	179	100	98	221	159	166	1187
Pediatrics	219	141	59	102	19	38	132	32	88	703
Nurse Practitioners	477	408	176	240	124	163	199	231	361	1999
Internal Medicine	297	150	76	101	55	37	155	56	146	950
RHC/FQHC	12	21	12	23	15	22	30	37	19	171
OB/GYN	169	116	51	82	51	22	89	46	65	613

Data source: Network Adequacy Review 2018

LDH Region 1: New Orleans; Region 2: Baton Rouge; Region 3: Houma Thibodaux; Region 4: Lafayette; Region 5: Lake Charles; Region 6: Alexandria; Region 7: Shreveport; Region 8: West Monroe; Region 9: Hammond

[1]Provide an unduplicated count of contracted providers in the given Region that practice at a location in that region. For example, if Dr. Smith is registered within Region 1 and also practices in a location in Region 2, s/he would be counted in each of the Regions but only ONCE Statewide. Therefore, the total count under "Statewide Unduplicated" may be less than a total of the Regions.

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 2018

Provider Type		Access Standard[1] X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Family Practitioner and General Practitioner	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	100.0%
Pediatrician	Urban	1 within 20 miles	99.7%
	Rural	1 within 30 miles	99.4%
Nurse Practitioner	Urban	1 within 20 miles	99.6%
	Rural	1 within 30 miles	100.0%
OB/GYN	Urban	1 within 20 miles	85.2%
	Rural	1 within 30 miles	87.6%
RHC/FQHC	Urban	1 within 20 miles	87.7%
	Rural	1 within 30 miles	100.0%

Data Source: Network Adequacy Review 2018 Q2

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

IV. QUALITY INDICATORS

To measure quality of care provided by the MCOs, 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

PIPs engage MCO care and quality managers, providers and members as a team with the common goal of improving patient care. The MCO begins the PIP process by targeting improvement in annual baseline performance indicator rates. The next step is to identify barriers to quality of care, and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly intervention tracking measures. Declining quarterly intervention tracking measure rates signal the need to modify interventions and re-chart the PIP course. Improving intervention tracking measures are an indication of robust interventions.

Healthy Louisiana is in the process of conducting two collaborative PIPs: (1) Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth and (2) Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with Attention-Deficit Hyperactivity Disorder (ADHD). The five MCOs agreed upon the following intervention strategies for each PIP:

(1) Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth
- Implement the Notice of Pregnancy communication from provider to MCO
- Implement the High-Risk Registry communication from MCO to provider
- Conduct provider education for how to provide and bill for evidence-based care
- Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

(2) Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with ADHD
- Improve workforce capacity
- Conduct provider education for ADHD assessment and management consistent with clinical guidelines
- Expand PCP access to behavioral health consultation
- Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination

Summaries of each of the PIPs conducted by UHCCP follow.

Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth

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

- Initiation of injectable progesterone for preterm birth prevention between the 16th and 24th week of gestation: increase from 14.59% to 21.89%
- Chlamydia test during pregnancy: increase from 64.00% to 88.10%
- HIV test during pregnancy: increase from 5.40% to 22.00%
- Syphilis test during pregnancy: increase from 81.10% to 84.00%
- Use of most effective contraceptive methods: increase from 9.70% to 12.50%
- Use of moderately effective contraceptive methods: decrease from 23.00% to 21.90%
- Use of long-acting reversible contraception (LARC) during delivery hospitalization: increase from 1.20% to 1.90%
- Use of LARC outpatient within 56 days postpartum: increase 8.50% to 10.60%
- HEDIS *Postpartum Care* measure: increase from 58.72% to 64.48%

Intervention Summary:

- Member:
  - Conduct live outreach with pregnant members to assist with appointment scheduling and PCP assignments.
  - 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
  - Use of Community Health Workers to assist members with removing social barriers to care
- Provider:
  - Medicaid 101/Provider Education Initiative which delivers face-to-face provider education, e.g., 17P and preterm delivery, 37 week delivery, C-section, OB toolkit
  - Online resources easily available regarding antenatal progesterone and ACOG during pregnancy guidelines
  - Reform reimbursement for antenatal progesterone
  - Patient-Centered Medical Home (PCMH) and “backdoor” contact via PCP for care/case management
  - Collaborate with behavioral health resources as needed
  - Provider incentives for Value Based Contracting and Notice of Pregnancy forms submitted
  - Additional interventions include Healthy 1st steps, OB risk assessment completion and routine cervical length assessments.
- MCO:
  - 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
  - Clinical Practice Consultants (CPC) to educate staff on implementing the Notification of Pregnancy (NOP) form, OB risk assessment and coding/billing updates
  - Work with State Division of Medical Assistance and Human Services to improve LEERS File

Results:

- CPC’s delivered face-to-face provider education and distributed OB/GYN toolkits to over 100+ OB/GYN practitioner sites.
- The number of OB providers educated on using the Notice of Pregnancy form increased from 2% to 22%.
- From baseline to interim year, the percentage of women with a prior preterm birth who received injectable progesterone increased from 3% to 15%.

- From baseline to interim year, the percentage of women with a prenatal test for chlamydia increased from 64% to 88%, the percentage of women with a prenatal test for HIV increased from 5% to 86%, and the percentage of women with a prenatal test for syphilis increased from 81% to 89%.

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP performance indicator results is not at risk. Results must be interpreted with some caution due to questionable validity and reliability of the member intervention tracking measures. The Prenatal Care Management (CM) intervention tracking measures (ITMs) are of particular concern due to the magnitude and variability of the denominators across CM ITMs. In addition, interventions were not informed by data on member barriers as reported by members, so there is limited evidence that the new/enhanced interventions addressed barriers sufficiently to attribute performance improvement to interventions.

Strengths The MCO initiated robust interventions that included provider and member education.

Opportunities for Improvement:

- LDH Managed Care Prematurity Prevention Improvement Project is seeking novel ways to engage providers in the fight against prematurity. As a next step, LDH has requested that each Healthy Louisiana Medical Director, together with each MCO's Prematurity Prevention Performance Improvement (PIP) quality team, and a volunteer physician representing the Medicaid Quality Maternity Care Subcommittee, meet with one provider practice to support quality improvement efforts at that practice. Based upon an analysis of opportunities to improve high risk member receipt of 17P (hydroxyprogesterone caproate injection), each PIP quality team has selected one provider to meet with on-site at their practice. At the provider site visit, each MCO team should complete the Practice Engagement Worksheet in collaboration with the practice providers to inform planning of further PDSA cycles and interventions.
- As part of ongoing PDSA efforts to improve early identification and outreach of members at risk for preterm birth and/or preeclampsia, MCOs should identify and address any outstanding care coordination and data integrity challenges. For example; clarification, communication and integration of data sources, collection methods, tasks, persons responsible and timeframes are merited to ensure that members with a history of preterm birth, as well as those at risk for preeclampsia, are identified early for care management outreach, care coordination and engagement.
- The ITM workgroup should continue monitoring the Intervention Tracking Measures (ITMs) and, in response to issues revealed by the pattern analysis using the IHI Rules for Interpreting Charts, conduct barrier analysis to identify root causes, and use barrier analysis findings to inform modifications to interventions on an ongoing basis as part of the PDSA quality improvement process.

Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescent with ADHD

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

- Validated ADHD screening instrument: increase from 43.33% to 63.33%
- ADHD screening in multiple settings: increase from 31.67% to 50.00%
- Assessment of other behavioral health conditions/symptoms: increase from 58.33% to 98.30%
- Referral for evaluation of other behavioral health conditions: increase from 80.00% to 95.60%
- Referral to treat other behavioral health conditions: increase from 72.00% to 77.8%
- Primary care provider care coordination: increase from 43.3% to 80.00%
- MCO care coordination: increase from 0.00% to 3.30%
- MCO outreach with member contact: increase from 0.00% to 1.70%.
- First line behavior therapy for children less than 6 years: increase from 3.33% to 43.30%

- The percentage of members aged 6-12 years as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase: increase from 52.85% to 55.26%
- The percentage of members aged 6-12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended: increase from 64.49% to 70.36%
- The percentage of any ADHD cases, aged 0-20 years, stratified by age, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), with behavioral therapy: increase from 7.30% to 7.40%
- The percentage of any ADHD cases, aged 0-20 years, stratified by age, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotic medication, and/or other psychotropic medication), without behavioral therapy will decrease from 3.00% to 2.80%
- Percentage of any ADHD cases, aged 0-5 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotics, and/or other psychotropics), without behavioral therapy: decreased from 2.14% to 1.79%

Intervention Summary:
- Distribute a PCP Toolkit to provide AAP guidelines, resources for referrals, screening tools and guidelines.
- Increase referrals to evaluate and treat other BH conditions by utilizing Enhanced Case Management to facilitate BH referrals/consultations, increase PCP practice utilization of on-site care coordinator and provide further care plan collaboration amount the CM, PCP, BH therapist, teacher, parent and child.
- Collaborate with LA DH and BH to build a network of providers in all parishes of the state trained in evidence-based treatments for children less than 6 years old.

Results:
- During the third quarterly reporting, of the 231 PCPs with ADHD scorecards, 178 of these PCPs received the ADHD toolkit (77%).
- During the third quarterly reporting, of the 206 pediatric providers targeted in Lafayette, Vermillion, and Acadia parishes that treat children 0-7 years of age, 113 of these providers were educated about Project Launch (55%).

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

Strengths:
- The use of a validated screening instrument by the PCP, along with using the instrument in multiple settings, increased by 20% and 18.33% respectively.
- Assessment of other behavioral health conditions/symptoms at 98.3% increased 40% from baseline, and surpassed the 83.3% target by 15%.
- PCP care coordination almost doubled from 43.33% to 80%, surpassing the 68.4% target by 11.6%.

Opportunities for Improvement:
- Increase the proportion of PCPs who treat children who received the ADHD PCP TOOLKIT with MCO Provider Education on using the Vanderbilt Assessment for ADHD evaluation and diagnosis.
- Increase the proportion of targeted Evidence-Based Practice (EBP) Behavior Therapists Qualified to treat children <6 years of age diagnosed with ADHD who completed EBP training.
- Increase the proportion of PCPs who treat children who received behavioral provider referral list with MCO Provider Education on the EBP qualifications of behavioral providers on the referral list

Performance Measures: HEDIS® 2018 (Measurement Year 2017)

MCO-reported performance measures were validated as per HEDIS 2018 Compliance Audit™ specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS 2018 Compliance Audit are summarized in its Final Audit Report (FAR).

HEDIS Effectiveness of Care Measures

HEDIS Effectiveness of Care measures evaluate how well an MCO provides preventive screenings and care for members with acute and chronic illnesses. **Table 5** displays MCO performance rates for select HEDIS Effectiveness of Care measures for HEDIS 2016, HEDIS 2017 and HEDIS 2018, Healthy Louisiana 2018 statewide averages and *Quality Compass* 2018 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 5: HEDIS® Effectiveness of Care Measures – 2016-2018

Measure	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	2018 Statewide Average
	HEDIS® 2016	HEDIS®2017	HEDIS®2018		
Adult BMI Assessment	71.93%	82.75%	85.89%	33.33rd	81.97%
Antidepressant Medication Management - Acute Phase	51.23%	43.27%	47.81%	33.33rd	54.05%
Antidepressant Medication Management - Continuation Phase	35.19%	28.11%	32.82%	33.33rd	39.84%
Asthma Medication Ratio (5-64 Years)	62.81%	65.85%	65.92%	50th	63.75%
Breast Cancer Screening in Women	53.37%	53.58%	54.34%	50th	56.03%
Cervical Cancer Screening	63.52%	62.76%	57.66%	50th	51.61%
Childhood Immunization Status - Combination 3	71.53%	73.72%	71.29%	50th	68.19%
Chlamydia Screening in Women (16-24 Years)	59.61%	61.59%	65.43%	90th	65.78%
Comprehensive Diabetes Care - HbA1c Testing	81.27%	73.97%	82.97%	10th	84.21%
Controlling High Blood Pressure	42.58%	37.96%	44.53%	33.33rd	37.71%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	60.69%	64.49%	70.13%	90th	67.89%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	47.56%	52.85%	55.28%	75th	54.53%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	25.69%	24.15%	26.70%	33.33rd	32.76%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	36.98%	60.10%	71.53%	50th	62.35%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	52.07%	60.34%	63.50%	33.33rd	55.88%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	31.14%	43.80%	51.34%	25th	45.10%

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 MCO rates for select HEDIS Access to/Availability of Care measure rates for HEDIS 2016, HEDIS 2017 and HEDIS 2018, Healthy Louisiana 2018 statewide averages and *Quality Compass* 2018 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 6: HEDIS® Access to/Availability of Care Measures – 2016-2018

Measure	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2018 Average
	HEDIS® 2016	HEDIS® 2017	HEDIS®2018		
	Children and Adolescents' Access to PCPs				
12–24 Months	96.09%	96.84%	96.89%	66.67th	96.43%
25 Months–6 Years	87.42%	89.61%	90.08%	75th	88.79%
7–11 Years	89.44%	91.83%	92.52%	66.67th	90.61%
12–19 Years	88.42%	91.58%	92.19%	75th	89.96%
	Adults' Access to Preventive/Ambulatory Services				
20–44 Years	81.22%	85.01%	79.42%	50th	76.75%
45–64 Years	89.60%	90.39%	86.75%	33.33rd	84.87%
65+ Years	83.20%	83.54%	86.68%	33.33rd	84.83%
	Access to Other Services				
Timeliness of Prenatal Care	79.85%	85.54%	82.24%	33.33rd	78.40%
Postpartum Care	58.72%	64.84%	64.48%	50th	64.04%

HEDIS® Use of Services Measures

This section of the report details utilization of UHCCP's services by examining selected HEDIS Use of Services rates. **Table 7** displays MCO rates for select HEDIS Use of Services measure rates for HEDIS 2016, HEDIS 2017 and HEDIS 2018, Healthy Louisiana 2018 statewide averages and *Quality Compass* 2018 South Central – All Lines of Business (LOB) (Excluding PPOs and EPOs) Medicaid benchmarks.

Table 7: Use of Services Measures – 2016-2018

Measure	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana 2018 Average
	HEDIS® 2016	HEDIS®2017	HEDIS®2018		
Adolescent Well-Care Visit	55.28%	63.88%	60.34%	66.67th	54.18%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	67.67	72.49	78.36	75th	81.09
Ambulatory Care Outpatient Visits/1000 Member Months	411.93	428.56	432.74	75th	418.74
Frequency of Ongoing Prenatal Care - ≥ 81%	68.80%	72.07%	Retired[2]	Not Applicable	Retired[2]
Well-Child Visits in the First 15 Months of Life 6+ Visits	60.90%	57.55%	72.26%	75th	64.11%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	66.15%	68.19%	68.86%	33.33rd	68.06%

[1] A lower rate is desirable.
[2] NCQA retired this measure from HEDIS 2018.

Member Satisfaction: Adult and Child CAHPS® 5.0H

In 2018, 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 8, **Table 9** and **Table 10** show UHCCP's CAHPS rates for 2016, 2017 and 2018, as well as *Quality Compass* 2018 South Central – All Lines of Business (LOB) (Excluding PPOs) Medicaid benchmarks.

Table 8: Adult CAHPS® 5.0H – 2016-2018

Measure[1]	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2016	CAHPS® 2017	CAHPS® 2018	
Getting Needed Care	77.78%	79.83%	83.71%	50th
Getting Care Quickly	82.74%	79.30%	83.15%	50th
How Well Doctors Communicate	90.30%	91.49%	91.35%	50th
Customer Service	89.97%	87.95%	90.50%	50th
Shared Decision Making	77.97%	78.24%	79.02%	33.33rd
Rating of All Health Care	74.85%	78.17%	77.38%	66.67th
Rating of Personal Doctor	81.00%	83.80%	81.14%	33.33rd
Rating of Specialist	81.13%	85.16%	86.44%	90th
Rating of Health Plan	76.40%	78.82%	80.58%	66.67th

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

Table 9: Child CAHPS® 5.0H General Population – 2016-2018

Measure[1]	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2016	CAHPS® 2017	CAHPS® 2018	
Getting Needed Care	85.99%	87.85%	88.81%	75th
Getting Care Quickly	94.56%	89.46%	95.34%	95th
How Well Doctors Communicate	94.10%	93.42%	94.62%	50th
Customer Service	92.38%	85.53%	91.28%	75th
Shared Decision Making	79.58%	79.66%	81.73%	90th
Rating of All Health Care	88.04%	87.45%	90.35%	75th
Rating of Personal Doctor	88.76%	88.71%	91.03%	66.67th
Rating of Specialist	88.07%	92.98%	88.79%	50th
Rating of Health Plan	87.70%	90.07%	89.06%	33.33rd

[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".

Table 10: Child CAHPS® 5.0H CCC Population – 2016-2018

Measure[1]	UHCCP			QC 2018 South Central – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS® 2016	CAHPS® 2017	CAHPS® 2018	
Getting Needed Care	88.34%	87.99%	88.35%	33.33rd
Getting Care Quickly	94.59%	92.07%	96.01%	75th
How Well Doctors Communicate	94.57%	93.76%	94.92%	50th
Customer Service	93.48%	90.41%	91.12%	75th
Shared Decision Making	83.62%	84.11%	84.83%	50th
Rating of All Health Care	83.04%	84.95%	89.46%	90th
Rating of Personal Doctor	90.27%	88.50%	91.29%	75th
Rating of Specialist	85.29%	86.27%	86.36%	33.33rd
Rating of Health Plan	84.19%	86.01%	88.57%	75th

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

Health Disparities

For this year's technical report, IPRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. This information was obtained through surveying MCOs regarding the following activities:

(1) Characterization, identification or analysis of the MCO's Medicaid population according to at-risk characteristics.
(2) Identification of differences in health outcomes or health status that represent measurable gaps between the MCO's Medicaid population and other types of health care consumers.
(3) Identification of gaps in quality of care for the MCO's Medicaid members and/or Medicaid subgroups.
(4) Identification of determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
(5) Development and/or implementation of interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members with at-risk characteristics.

UHCCP reported that the following interventions were implemented in 2017 through 2018 to identify and/or address disparities in health outcomes and/or health care among its Medicaid population:

- Founded the Health Equity Services Program that enables specific efforts of cultural competence in health care
  - Thorough analytics of integrating member age, gender, address, ethnicity, and language data with clinical data to identify any disparities in care that are associated with member demographics
  - Providing clinical and non-clinical cultural competency training to staff to create an awareness of the unique needs of members from various cultures resulting in the delivery of personalized service
  - Customizing member materials and engagement strategies based on identified unique cultural needs and gaps in care
- Providers with Value Based Contracts have Adult Prevention Access and CDC A1C as incentive measures on their scorecard.
- Manage transportation issues to assure sufficient and appropriate access to providers by members.
- Acquisition of new National transportation company in April 2018 to improve member confidence of timely transportation.
- Utilize Clinical Practice Consultants (CPC) to visit high volume providers to discuss:
  - Evidence-Based Quality Performance Guidelines
  - Provider Gap Reports
  - Importance of accurate linkage
  - Incentives available to members engaging in care
  - Value of cultural literacy
  - Availability of free language line
  - Educate OB providers with OB Toolkit
  - Share gaps in care lists for HbA1c, diabetic eye exam measure and Diabetes Toolkit
  - Educate providers on eye care vendor (MARCH Vision) availability
- Established several educational mobile apps available at no charge to the members to include material that reviews health benefits, claims information, and fosters the development of health and fitness goals. Twitter and Text for Baby delivers health and wellness information related to pregnancy and childbirth.

- Conducted telephonic outreach to members and developed a program where the welcome call to a member offers a $20 gift card for completing a primary care visit within 90 days of enrollment and how to access transportation.
- To improve the providers' ability to outreach to their patients, talking points were created for customer service for members, and outreach to providers, to discuss the importance of being linked to the right provider.
- The Baby Blocks program consists of incentives for expectant mothers who attend their prenatal appointments to encourage prenatal health
- Cell phones are made available for high-risk patients (such as those with acute asthma, CHF, COPD, acute diabetes, organ transplant, acute obesity, or high risk pregnancies) who do not have reliable access to a telephone. This allows access to UHC, providers, 911, and unlimited texting.
- Include in Member Handbook information on how to identify PCP on the member card.
- Provider handouts on topics such as; Understanding Cultural Competency and the ADA Act, AHRQ Health Literacy Universal Precautions Toolkit, Took 4: Communicate Clearly and Tool 10: Consider Culture, Customs, and Beliefs.
- Recruit providers in areas where member/provider ratio is high.
- OB Toolkit shared with high volume OB providers to include the promotion of postpartum visits amongst members
- Enhanced Baby Blocks: ongoing program for new mothers. Members can receive eight (8) incentives for achieving health care goals during the 24–month pregnant and post-partum program
- Post-Partum Care Measure addressed at Provider Expositions.
- The "Baby Showers" program was established to educate expecting moms on geographical areas where high pregnancy and low prenatal care have been identified.
- Healthy First Steps (HFS) Program to increase focus on the targeted parishes.
- $50 voucher towards a catalog of over-the-counter items for members who complete their HbA1c labs within 90 days of enrollment.
- Collaborate with DiAMC (Diabetes Assessment and Management Center) to provide education on nutrition, continuous glucose monitoring and frequent physician assessment. DiAMC will provide quarterly follow-up on members, including weight-loss, HgbA1c levels, medication changes and adherence to the program.
- Research opportunities to partner with providers acting as centers of excellence for diabetic patients in their areas.
- Auto-generated faxes to providers alerting of member eligibility for an eye exam and asking to schedule an annual eye exam.

V. COMPLIANCE MONITORING

Please note that the most recent compliance audit for Louisiana took place in 2016, and the next audit is anticipated to take place in 2019.

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 2016 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**.** Corrective action plans were submitted a year ago in reference to the mention of FWA deficiencies. As confirmed by LDH, corrective action plans satisfied the reference.

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 MCO'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

- **HEDIS (Quality of Care) –**
  - UHCCP met or exceeded the 75th percentile for the following HEDIS measures:
    - *Chlamydia Screening in Women (16-24 Years)*
    - *Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Maintenance Phase*
    - *Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase*
    - *Children and Adolescents' Access to PCPs*
      - *25 Months-6 Years*
      - *12-19 Years*
    - *Ambulatory Care Emergency Department Visits/1000 Member Months*
    - *Ambulatory Care Outpatient Visits/1000 Member Months*
    - *Well-Child Visits in the First 15 Months of Life 6+ Visits*
- **CAHPS (Member Satisfaction) –** UHCCP met or exceeded the 75th percentile for the following CAHPS measures:
  - *Adult CAHPS Population*
    - *Rating of Specialist*
  - *Child CAHPS General Population*
    - *Getting Needed Care*
    - *Getting Care Quickly*
    - *Customer Service*
    - *Shared Decision Making*
    - *Rating of All Health Care*
  - *Child CAHPS CCC Population*
    - *Getting Care Quickly*
    - *Customer Service*
    - *Rating of All Health Care*
    - *Rating of Personal Doctor*
    - *Rating of Health Plan*
- **Compliance –** The MCO achieved "full" compliance in two (2) of the nine (9) domains reviewed.

Opportunities for Improvement

- **HEDIS (Quality of Care)** – UHCCP demonstrates an opportunity for improvement in the following areas of care as performance was below the 50th percentile:
  - *Adult BMI Assessment*
  - *Antidepressant Medication Management – Acute Phase*
  - *Antidepressant Medication Management – Continuation Phase*
  - *Comprehensive Diabetes Care – HbA1c Testing*
  - *Controlling High Blood Pressure*
  - *Medication Management for People With Asthma Total – Medication Compliance 75% (5-64 Years)*

- *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*
- *Adults' Access to Preventive/Ambulatory Services*
  - *45-64 Years*
  - *65+ Years*
- *Timeliness of Prenatal Care*
- *Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life*

- **CAHPS (Member Satisfaction) –** UHCCP demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
  - Adult CAHPS
    - *Shared Decision Making*
    - *Rating of Personal Doctor*
  - Child CAHPS General Population
    - *Rating of Health Plan*
  - Child CAHPS CCC Population
    - *Getting Needed Care*
    - *Rating of Specialist*

Recommendations

- As the MCO implements its multipronged quality improvement strategy to address poor performing HEDIS measures, it should routinely monitor the effectiveness of each intervention. Interventions that are deemed successful should be expanded upon while less effective interventions are modified or concluded.
- Using the findings from the CAHPS barrier analysis, the MCO should develop targeted interventions that aim to improve the size and quality of its provider network. The MCO should also utilize the barrier analysis findings to address member complaints and grievances related to access.
- Future PIPs:
  - Initiate data-driven barrier analyses upon receipt of each new PIP template. For example, analyze encounter data by stratifying baseline performance indicator measures by key demographic and pertinent clinical subsets in order to answer these two questions regarding high-volume and high-risk members:
    - High volume: among the PIP eligible population {e.g., members with substance use disorder {SUD} which demographic (e.g., age group, geographic area, race/ethnicity) subsets and which clinical subsets (e.g., Members with co-occurring serious mental illness {SMI} and members with chronic physical health conditions) comprise the highest caseload volumes?
    - High-risk: Among each subset grouping which demographic (e.g., race/ethnicity: black compared to white) and clinical subsets (e.g., with SMI compared to without SMI) are disproportionately lacking in recommended care (e.g., initiation and engagement in treatment for SUD)?
  - Use barrier analysis findings to inform interventions that are targeted and tailored to susceptible subpopulations; however, do not restrict interventions to these subpopulations. Instead, conduct additional data driven barrier analyses (e.g., member and provider focus groups, early inpatient/emergency department admission notification process flow sheet analysis) and use these barrier analysis findings to inform a robust and feasible set of interventions that aim to more broadly reach the entire PIP eligible population.
  - Focus on developing and utilizing ITMs to inform modifications to key interventions. For example, use ITMs to monitor the progress of enhanced care management interventions and, in response to stagnating or declining monthly or quarterly rates, conduct additional barrier/root cause analysis and use findings to modify interventions.

- Deploy quality improvement tools, such process flow charting, PDSA worksheets and IHI run charts, in order to test, evaluate and adapt interventions over the course of the PIP and beyond for ongoing quality improvement.

Response to Previous Year's Recommendations

- **2016-2017 Recommendation:** The MCO should continue to work to improve HEDIS measures that perform below the 50th percentile by addressing identified barriers. The MCO should assess the effectiveness of implement interventions often and routinely, specifically for those rates that have not demonstrated any improvement. The MCO should also leverage its corporate operational structure to identify best practices implemented by other UnitedHealthcare Medicaid MCOs. *[Repeated recommendation.]*

  MCO 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 - Effectiveness of Care:
  HEDIS results are used to monitor performance on important dimensions of utilization and care. The results for HEDIS Effectiveness of Care measures reported to NCQA in 2018 (MY2017) are analyzed below. UHCCP LA monitors against goals such as UnitedHealthcare, and/or NCQA benchmarks. In addition on some metrics are monitored against state goals.

  Objective:
  All HEDIS measures incorporated in the health plan accreditation scoring will be at or above the Accreditation 50th percentile.

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2014	MY 2015	MY 2016	MY 2017		
Adult BMI	No	71.54	71.93	82.75	85.89	Not Met	86.23
Annual Dental Visits	No	NA	NA	NA	NA	NA	NA
Antidepressant Medication Management (Both Rates)	Yes Yes	50.51 C. 33.66	51.23 C. 35.65	43.27 C. 28.11	49.35 C. 35.76	Not Met C. Not Met	51.9 C. 36.21

Breast Cancer Screening (A)	Yes	52.93	53.37	53.58	54.34	Not Met	59.02
Cervical Cancer Screening	Yes	61.93	63.52	62.76	57.66	Not Met	58.44
Childhood Immunizations Combo 10	No	33.09	27.25	25.55	24.33	Not Met	33.09
Chlamydia Screening in Women (Total Rate) (A)	Yes	56.12	59.61	61.59	65.30	Met	56.57
Cholesterol Management for Patients With Cardiovascular Conditions (LDL Screening Only) (A)	No	NA	NA	NA	NA	NA	NA

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2014	**MY 2015**	**MY 2016**	**MY 2017**		
Comprehensive Diabetes Care (Eye Examination, LDL-C Screening, Hemoglobin A1c Testing, Medical Attention for Nephropathy) (H)	Yes	A1c 80.54 EYE 40.96 Neph. 78.10	A1c 81.27 EYE 47.75 Neph. 92.70	A1c 73.97 EYE 40.63 Neph. 87.59	A1c 82.97 EYE 55.23 Neph. 92.46	A1c -Not Met EYE- Met Neph- Met	A1c 87.10 EYE 55.17 Neph. 90.27
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)	Yes-A1c, Eye, Neph	HbA1c 80.54 EYE 40.96 < 8 28.71 Neph. 78.10 B/P 3.34	HbA1c 81.27 EYE 47.75 < 8 12.00 Neph. 92.70 B/P 3.99	A1c 73.97 EYE 40.63 Neph.87.59 A1C<8 36.50 B/P 46.96	A1c 82.97 EYE 55.23 Neph. 92.46 A1C<8 41.12 B/P 52.07	B/P-Not Met <8%-Not Met A1c -Not Met EYE- Met Neph- Met	B/P 60.61 < 8% 48.89 A1c 87.10 EYE 55.17 Neph. 90.51
Comprehensive Diabetes Care—HbA1c Poorly Controlled (>9.0%) (H) Inverse	No	64.23	63.26	57.18	50.36	Not Met	41.12
Controlling High Blood Pressure	Yes	43.55	42.58	37.96	44.53	Not Met	56.93

Frequency of Prenatal Care(H)	No	78.24	68.80	72.07	63.75	Met	61.20
Follow-Up After Hospitalization for Mental Illness (7 Day Rate Only)(A)	Yes	NA	NA	42.13	26.58	Not Met	46.41
Follow-Up for Children Prescribed ADHD Medication (Both Rates)	Yes	I. 41.78 C. 54.87	I. 47.56 C. 60.69	I. 52.85 C. 64.49	I. 55.26 C. 70.36	Met	I. 44.8 C. 55.9
Human Papilloma Vaccine for Female Adolescents	Yes	NA	27.98	22.14	47.93	Met	21.76
Immunizations for Adolescents (Combination 1)(H)	Yes	88.59	90.22	88.81	90.51	Met	77.62

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2014	MY 2015	MY 2016	MY2017		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Engagement of AOD Treatment Rate only)	Yes	NA	3.63	E. 14.34	E. 17.00	Met	12.34
Medical Assistance With Smoking Cessation (Advising Smokers and Tobacco Users to Quit Only)	Yes	NA	NA	NA	67.44	Not Met	77.05
Medication Management for People With Asthma (Medication Compliance 75% Rate only)(A)	No	26.98	25.69	24.15	36.68	Met	33.42
Pharmacotherapy Management of COPD Exacerbation (Both Rates)	No	62.1 88.31	NA	62.09 81.13	S. 78.60 B. 89.24	Met	S. 67.87 B. 83.44
Prenatal and Postpartum Care (Both Rates)(A)	Yes	T. 90.71 P. 55.1	T. 79.85 P. 58.72	T. 85.54 P. 64.84	T. 82.24 P. 64.48	T-Not Met P.-Met	T. 83.56 P. 64.38

C&S Accreditation Measures	State Measure Yes/No	Rate/Accreditation Percentile				Goal Met/Not Met	Goal Quality Compass Goal - 50th Percentile
		MY 2014	**MY 2015**	**MY 2016**	**MY2017**		
Asthma Medication Ratio (Total Rate) (A)	Yes	53.88	62.81	65.85	57.98	Not Met	62.19
Weight Assessment and Counseling for Nutrition, Physical Activity for Adolescents (All Three Rates) (A)	Yes	4.23	1.81	B. 60.1 N. 60.34 P. 43.8	B. 71.53 N. 63.50 P. 51.34	Not Met	B. 72.22 N. 68.05 P. 59.26

State Measurements	MY2015	MY2016	MY2017	Goal	Barriers	Interventions/Actions
Postpartum	58.72	64.84	64.48	State measure: goal is 64.38	1. Members do not see the need for the postpartum visit 2. C-section visit is thought to be the postpartum visit 3. Providers were not giving plan Notice of Pregnancy	1. Education of members for need for postpartum 2. Education women/member C-section is NOT the postpartum visit 3. Worked with providers to encourage use of notice of Pregnancy (NOP) forms.
Adolescent Well Care	55.28	63.88	60.34	State measure: goal is 50.12	1. Members do not perceive need 2. Demographic information is not correct	1. Education of members 2. Work with LDH to get correct demographic
Follow up for Children prescribed ADHD Initiation	47.56	52.85	55.26	State measure: goal is 44.8	1. School require medication before return 2. Provider not aware of 30 day window 3. Members call and reschedule visit outside of the 30 day window	1. Continue to work with LDH and schools for appropriate ADHD medication usage 2. Educate providers about 30 day requirement 3. Incentivize providers for adherence to the 30 day window 4. Have provider make initial return appointment in 10 -14 days
Children and Adolescent Access to PCP	88.93	91.58	92.19	QC goal 92.05 (75th)	1. Members assigned to wrong providers 2. Members not understanding benefit	1. Educate member on PCP linkage and benefits
Prenatal	79.85	85.54	82.24	State measure: goal is 83.56	1. Members unaware of benefits 2.	1. Educate member on benefits 2. Education member on transportation

State Measurements	MY2015	MY2016	MY2017	Goal	Barriers	Interventions/Actions
					Transportation to appointments 3 Providers were not giving plan Notice of Pregnancy	benefit 3. Worked with providers to encourage use of notice of Pregnancy (NOP) forms.

Analysis:
HEDIS measures that were eligible for hybrid data collections for measurement year 2017 had data collected during Jan – May 2018.
Total number of Measures Improved: **15**

The 2017 MY HEDIS results for the measurement year were finalized in June 2018.
Measures demonstrating improvement:

1) Follow up for Children prescribed ADHD
   Initiation 2017-55.26
   2016-52.85
   2015-47.56
   Goal is State driven -44.8.

2) Adult BMI 2017-85.89
   2016-82.75
   2015-71.93
   Goal is Quality Compass 50th-86.23

3) Poor Control inverse 2017-50.36
   201-57.18
   2015-63.26
   Goal is Quality Compass 50th – 41.12

4) Breast Cancer Screening 2017-54.34
   2016-53.37
   2015-50.93
   Goal is Quality Compass 50th – 59.02

5) Chlamydia 2017-65.3
   2016-61.59
   2015-59.61
   Goal is Quality Compass 75th – goal is 63.73

6) Well Child Visits 3,4,5,6 2017-68.86
   2016-68.19
   2015-66.15
   Goal is State driven – 72.45

7) ADHD Initiation 2017-55.26
2016-52.85
2015-47.56
Goal is State driven- 44.8

8) ADHD Continuation 2017-70.36
2016-64.49
2015-60.69
Goal is State driven-55.9

9) Immunizations for Adolescents Meningococcal 2017-91.73
2016-90.27
2015-90.22
Goal is Quality Compass 95th- 89.78

10) Medication Management for People with Asthma (MMA) total
Compliance 75% 2017-36.68
2016-24.15
2015-25.69
Goal is Quality Compass 50th- 33.42

11) Initiation and Engagement of AOD Dependence Treatment
Engagement of AOD Treatment 2017-17
2016-14.4
2015-3.63
Goal is Quality Compass 50th- 12.34

12) Comprehensive Diabetes Care Eye Exam 2017-55.23
2016-40.63
2015-47.75
Goal is State driven- 55.17

13) Comprehensive Diabetes Care Medical attention for Nephropathy 2017-92.46
2016-87.59
2015-92.7
Goal is State driven 50th- 90.27

14) Well Child Visits W15 2017- 72.26
2016-57.55
2015-60.9
Goal is State driven- 62.06

15) Immunization for Adolescents Human Papillomavirus Vaccine (HPV) 2017-47.93
2016-22.14
2015-27.98
Goal is Quality Compass 90th- 32.87

- MY2017 data collection with CIOX vendor was problematic in obtaining several HEDIS hybrid measure charts.
- Coordination with Commercial, Medicare and Medicaid providers with overlaying members. Systems did not easily support this coordination.

Measures demonstrating decreases or gaps from goal:

Number of measurements that were trending lower during MY 2017 compared MY2016 and were addressed with interventions: 3

HEDIS MY 2017 Reported in 2018 Final numbers showed significant improvement even though goal not met: 11

Measurements	MY 2015	MY 2016	MY 2017	Goal	Barriers	Intervention Actions
Antidepressant Medication Management (AMM)*** Acute Phase Treatment	51.23	43.27	49.35	51.9 (QC 50%)	1.Member unaware of pharmacy benefits 2. Provider is unaware of the metric	1. Educate members 2.Pilot study with outreach to members by pharmacy 3. Provider given gap report to identify member
Comprehensive Diabetic Care A1C Testing	81.27	73.97	82.97	87.1 (State Goal 50%)	1. Member unaware of benefits of testing 2. Provider unaware of diabetic members	1. Educate members 2. Highlighted in member newsletter 3.Member outreach by Silver link 4. Provider given gap reports to identify members
Annual Monitoring of Persistent Medication	88.31	88.23	88.87	89.98(QC75%)	1.Member unaware of benefits 2. Provider unaware of members	1. Educate members 2. Provider given gap reports to identify members
Immunization for Adolescents Tdap/Td	91.3	88.81	91	93.82 (QC 95%)	1. Member unaware of benefits 2. Provider unaware of the metric	1. Educate members 2. Provider given gap reports to identify members
Antidepressant Medication Management Continuation Phase Treatment	35.19	28.11	35.76	36.21 (QC 50%)	1. Member unaware of benefits 2. Provider unaware of the metric	1. Educate members 2. Pilot study with outreach to members by pharmacy 3. Providers given gap reports to identify members

Measurements	MY 2015	MY 2016	MY 2017	Goal	Barriers	Intervention Actions
Adult BMI	71.93	82.75	85.89	86.23 (QC 50%)	1. Member unaware of benefits 2. Provider unaware of the metric	1. Educate members 2. Pilot study with outreach to members by pharmacy 3. Providers given gap reports to identify members
Weight Assessment & Counseling for Nutrition and Physical Activity in Children & Adolescents (WCC) (HEDIS®) BMI	36.98	60.1	71.53	72.22 (QC 50%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members
Weight Assessment & Counseling for Nutrition and Physical Activity in Children & Adolescents (WCC) (HEDIS®) Nutrition Counseling	52.07	60.34	63.5	68.05 (QC 50%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members
Weight Assessment & Counseling for Nutrition and Physical Activity in Children & Adolescents (WCC) (HEDIS®) Physical Activity	31.14	43.8	51.34	59.26 (QC 50%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members
Controlling Blood Pressure	42.58	37.96	44.53	56.93 (QC 50%)	1.Member unaware of benefits 2. Provider unaware of members	1. Educate members 2. Provider given gap reports to identify members
Children and Adolescent Access to PCP	88.93	91.58	92.19	92.45 (QC 75%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members
Initiation and Engagement of AOD Dependence	29.77	50.93	49.34	40.67 (QC 50%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate Members 2. Educate Providers

Measurements	MY 2015	MY 2016	MY 2017	Goal	Barriers	Intervention Actions
Treatment Initiation of AOD Treatment						
Childhood Immunization Status (CIS) Combo #3	71.53	73.72	71.29	79.32 (QC 90%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members
Adult Access	83.66	86.48	81.64	88.09 (QC 90%)	1. Member unaware of need 2.Provider is unaware of the metric	1. Educate members 2. Provider given gap report to identify members

Action:

- MY2017 Data collection was done by the local plan staff with temporary staff assistance
- Silver links calls to members with appointment made for members was done throughout the year
- Targeted calls were done to promote scheduling for women's health
- Collaborated with MARCH Vision to Educate Members about Diabetes
- Quality Management staff called members on the gap in care list
- CPC reviewed and delivered Patient care opportunity report (PCOR) to provider offices
- CPCs engaged in educating Primary care providers about Healthcare Effectiveness and Data Information Set (HEDIS)
- Fax blast to providers on the importance of dilated retinal exams ("DREs")
- Worked with ACC on the certain HEDIS measures to close gaps for ACC practices.
- Conducted provider visits and delivered provider scorecards with provider incentives and discussed ways to improve their HEDIS scores.
- IVR calls to new moms on the importance of the postpartum visit
- Targeted Live outreach calls to promote scheduling for annual well child visits and postpartum visits.
- A telephonic health risk assessment which includes monitoring for risk of diabetes was completed

Additional metrics which are currently being tracked in MY2017:

Additional Prioritized Measures	State Measure	2016	2017	2018	MY2017 Goal
Initiation of Injectable Progesterone for Preterm Birth Prevention	Yes	Reportable	PS -14.59	18.06	20.00
HIV Viral Load Suppression	Yes	Reportable	20.25	75.77	Baseline being established by State
Cesarean Rate for Low Risk 1st Birth Women	Yes	NA	11.87	27.57	26.47
Diabetes Short Term Complication Rate	Yes	Accountable	35.98	13.79	17.15 (inverse)

Additional Prioritized Measures	State Measure	2016	2017	2018	MY2017 Goal
(HEDIS®)					
Ambulatory Care (ED visits-HEDIS®)	Yes	67.67	72.49	78.36	62.7 (inverse)
(FUH) Follow-Up After Hospitalization for Mental Illness 7 day Follow-Up	Yes	NA	42.13	26.58	43.94
(FUH) Follow-Up After Hospitalization for Mental Illness 30 day Follow-Up	Yes	NA	61.25	50.18	65.42

- **2016-2017 Recommendation:** As access to primary care rates have met or exceeded the 50th percentile for all age groups except for the 65 years and older group, the MCO should continue with its current improvement strategy with an increased focus on access to care barriers for its older population. Interventions for this group should be assessed for effectiveness and modified as needed. *[Repeated recommendation.]*

MCO Response: The Adults' Access to Preventive/Ambulatory Health Services (AAP) performance measure indicates the percentage of members 20 years and older who had an ambulatory or preventive care visit in the measurement year. The improvement strategy of assessing member experiences allows insight into the "why" the performance measure does or does not meet the desired goal. Assessment of member experience is performed annually to identify opportunities for improvement and to develop plans to correct process deficiencies and improve experiences. The review is accomplished using two main data sources:

1. Member Reported Issues (Complaints/Grievance and Appeal Data)
2. Consumer Assessment of Healthcare Provider and Systems (CAHPS® 5.01) survey. Note: behavioral health member experience questions have been added as supplemental questions to the CAHPS survey. Each of the Supplemental CAHPSs questions contains qualifying language to assure members accessed behavioral and/or substance abuse health care.

Member reported issues are grouped into high-level categories (Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site) to identity trends and improvement opportunities. Additional categories and/or subcategories are analyzed as needed to identify root causes. Each system uses standardized issue codes to support consistency in reporting and analysis.

Results from CAHPS® surveys are incorporated into the member experience analysis. The 2017 CAHPS surveys were fielded in the first half of 2017 using the CAHPS® questionnaires and NCQA protocols. Surveys were mailed to random, statistically valid samples of eligible members in the health plan, with a telephone follow-up of non-respondents.

Member-reported issues and CAHPS® data are analyzed separately and together at several levels, to:
- Identify unfavorable trends, key drivers, root causes of dissatisfaction and barriers to improvement.
- Identify and prioritize opportunities for improvement.

Overall, the plan did not exceed the threshold of 4 total complaints/grievances/1000 members. Total complaints/grievances decreased from 987 in 2015-2016 to 894 in 2016-2017. For both reporting years, Access was the category with the most complaints / grievances.
Overall, the plan met the goal in 4 out of 7 survey measures for the Adult CAHPS survey.

Table 1: CAHPS Barrier Analysis

Getting Needed Care (% Always or Usually)
Adult: • Member satisfaction with getting needed care increased by 2.05 percentage points from the previous year • Member satisfaction with getting needed care did not meet the goal by 2.84 percentage points • Getting an appointment with a specialist as soon as needed scored 72.89 indicating that getting specialist appointments may have negatively impacted member experience with getting needed care • Getting the care, tests, or treatment needed scored 86.76 indicating getting needed care, tests, or treatment did not negatively impact member experience with getting needed care • One member noted that every ENT in town had a waiting list of several months. However, when the member informed the PCP of the problem, the PCP's office was able to schedule an appointment with an ENT the next day. • One possible barrier is the lack of understanding by the member that the PCP or the MCO can assist with getting appointments with specialists.
Getting Care Quickly (% Always or Usually)
Adult: • Member satisfaction with getting care quickly decreased by 3.44 percentage points from the previous year • Member satisfaction with getting care quickly did not meet the goal by 2.92 percentage points • Getting urgent care as soon as needed away scored 79.17 indicating getting urgent care right away may have negatively impacted member experience with getting care quickly • Getting a routine appointment as soon as needed at a doctor's office or clinic as soon as needed scored 79.43 indicating getting routine care at a doctor's office or clinic may have negatively impacted member experience with getting care quickly • The lowest scoring age group for getting urgent care as soon as needed was 18-34, closely followed by 35-44. The highest scoring group was 55+. • Barriers may include member expectations, particularly regarding time, may not be uniform across the age continuum.
Customer Service (% Always or Usually)

Adult:

- Member satisfaction with customer service decreased by 2.02 percentage points from the previous year
- Member satisfaction with customer service did not meet the goal by 0.43 percentage points
- Getting the information or help from your health plan you needed scored 81.7 indicating getting information or help from the health plan may have negatively impacted member experience with customer service
- Getting treated with courtesy and respect by the health plan's customer service staff scored 94.19 indicating getting treated with courtesy and respect by the health plan's customer service did not negatively impact member experience with customer service
- Member responses to problems encountered when using website included 24% indicating it was hard to find the information the member was looking for, a 2.5% increase from 2016. 26% indicated the information was wrong, an 8.3% increase from 2016. The lowest scoring age group for getting needed information from customer service was 55+.
- Barriers may include members may not understand how to navigate the website. There may be differences in how members understand information, depending upon their age group.

Table 2: Opportunities for Improvement for Non-Behavioral Health

Issue	**Source:**	**Interventions**
Getting Needed Care- Getting an appointment to see a specialist as soon as you needed – 1) Improve data available to members in provider directory. 2) Improve coordination of appointments by facilitating communication with member and provider. Getting Care Quickly- Getting Needed Care Right Away – Improve access to obtaining care	CAHPS-Adult	**Reduce the Impact of Provider Data Issues:** This initiative is designed to decrease the member's frustration when errors are found in our provider search tools and misinformation provide by customer representatives using the same tool. This creates the need for repeat calls to call the customer service center. The initiative includes the following: • Provider Verification Organization team verifies basic provider demographic data when providers call regarding benefits, eligibility and claims • Screen pop up to gather frequency, type and state of origin around provider data issues. Corrections to provider data inaccuracies identified in customer service result in system updates. • Partnering with Provider Network teams to identify opportunities for data improvement. **Appointment Setting Campaign:** Q1-Q2 2017, campaign consisted of monitoring appointment scheduling at an agent level (agent calls doctor's office for the member to schedule their appointment). Based on findings, a communication plan was shared that consisted of opportunities to schedule appointments, value of this service to our members, as well as recognizing top agents/best practices. Supervisors coached agent's desk side on the process, as

		well as how to document the activity appropriately. Appointment scheduling increased from 2,360 appointments scheduled in June to 5,707 in August due to these efforts.
Customer Service-Getting Needed Information or Help– 1) Improve accuracy of information provided to members.	CAHPS-Adult	**Advocate4Me:** Advocate4Me is an established service delivery model developed to enhance the member experience. Member Advocates are the connection hub for both inbound and outbound activity, providing services from answering benefit questions, to connecting members with clinicians for ongoing support – all delivered seamlessly and individually focused on each member. The services provided by Advocate4Me that would most impact Customer Service issues are: • New Member Onboarding process • Benefits, Eligibility and Provider information • Appeals and Grievances **Healthify:** New tool designed to bring additional benefits, such as housing, access to food, financial support, legal support, etc. Provides details for Member Advocates on how to access the Healthify website and available options for members (10-2016) **Technology Enhancements:** Q2-2017 Enhancements: • IVR advanced natural Spanish language engage caller in 2-way conversation allow for easier navigation **Health4Me Application:** This is a member mobile application that can be installed on a smart phone or mobile device • Members select the type of questions they have about their claims and benefits, and request a callback on their smart phone or mobile device from a UnitedHealthcare customer service representative • Virtual ID card: members can download their

		health plan ID card to their device and email or fax the ID card directly from a mobile device to the physician's office or hospital. They can also print their ID card. • Access to a digital Member Handbook • Members have 24/7 access to a registered nurse, enables them to locate a nearby in-network physician, hospital or other medical facility, and gives them access to their personal health benefits information. • Checks transportation services that are available to members

Table 3: AAP Performance Measure

Measure AAP	HEDIS® 2016	HEDIS® 2017	HEDIS 2018®	GOAL
20–44 Years	81.22%	85.01%	79.42%	86.70 (90th)
45–64 Years	89.60%	90.39%	86.75%	91.53 (90th)
65+ Years	83.20%	83.54%	86.68%	86.88 (50th)

The AAP measure for the 65+ Years is below the 50th percentile by 0.3%, but has improved 3 percentage points from the 2017 measurement year. The UHC plan will continue to seek out barriers to access, and prioritize resources to facilitate their removal.

- **2016-2017 Recommendation:** The MCO should continue to improve member satisfaction, specifically the CAHPS® measures that perform below the 50th percentile. The MCO should supplement its current CAHPS® improvement strategy with best practices used by other UnitedHealthcare Medicaid MCOs. *[Repeated recommendation.]*

MCO Response: The UHC Plan in Louisiana continues to perform at a level better than the average of both Quality Compass and other UHC plans in terms of the following Adult Medicaid CAHPS Ratings and Composites: Rating of Health Plan, Rating of Health Care, Rating of Specialist, Customer Service, and How Well Doctors Communicate.
Year over Year improvement was seen in the following CAHPS Ratings and Composites: Rating of Health Plan, Rating of Specialist, Getting Needed Care, and How Well Doctors Communicate.
Opportunities for improvement still exist in both Getting Needed Care and Getting Care Quickly Composites.
UHC has formed a CAHPS Workgroup to discuss best practices across all plans and coordinate national interventions, where possible.

The UHC Plan in Louisiana continues to perform at a level better than the average of both Quality Compass and other UHC plans in terms of the following Child Medicaid-General Population CAHPS Ratings and Composites: Rating of Health Plan, Rating of Health Care, Customer Service, Getting Needed Care, and Getting Care Quickly.
Year over Year improvement was seen in the following CAHPS Ratings and Composites: Rating of Health Care, Rating of Personal Doctor, and Rating of Health Plan.
Opportunities for improvement still exist in Getting Care Quickly, Customer Service, and How Well Doctors Communicate Composites.
UHC has formed a CAHPS Workgroup to discuss best practices across all plans and coordinate national interventions, where possible.

Table 1: Results are calculated by DSS Research following the NCQA guidelines published in HEDIS 2017, Volume 3: Specifications for Survey Measures.

Measure	Goal- 50th percentile		2016		2017		Increase/Decrease 2016 to 2017	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Getting Needed Care	81.35	84.96	77.78	89.64	79.83	**87.85**	Increase	Decrease
Getting Care Quickly	81.55	89.54	82.74	94.56	79.30	89.46	Decrease	Decrease
How Well Doctors Communicate	90.70	93.50	90.30	94.10	**91.49**	93.42	Increase	Decrease
Customer Service	87.34	87.67	89.97	92.38	**87.95**	**85.53**	Decrease	Decrease
Rating of Personal Doctor	80.02	88.32	81.00	88.76	**83.80**	**88.71**	Increase	Decrease
Rating of Specialist Seen Most Often	80.67	84.81	81.13	88.07	**85.16**	**92.98**	Increase	Increase
Rating of All Health Care	72.82	85.33	74.85	88.04	**78.17**	**87.45**	Increase	Decrease
Rating of Health Plan	76.14	84.78	76.40	87.70	**78.82**	**90.07**	Increase	Increase

Overall the plan exceeded the 50th percentile in 6 out of 8 categories for the Adult CAHPS survey and exceeded 5 out of 8 categories for the Child CAHPS survey.

Analysis/Limitations/Barriers:

- Lack of provider availability, especially in rural areas.
- Limitations related to member preference.
- Lack of thoroughness from providers relevant medical member information
- Lack of communication and collaboration between provider and member.
- Lack of evening and weekend appointments offered by providers.
- Minimize wait times and long delay with appointment times.
- Some providers not accepting new referrals.
- Lack of awareness by enrollees of resources that are available to manage mental health and substance abuse conditions.
- Practitioners may not use language that is easily understandable to enrollees.
- Lack of awareness by practitioners of co-existing medical conditions that may require coordination of care with other practitioners.
- Lack of knowledge by practitioners of community resources that could assist/support member with mental health and substance abuse conditions.
- Lack of prescription knowledge and coordination between provider and pharmacies.

Actions and Interventions:

1. **Advocate4Me:** One of the many services provided through the Advocate4Me delivery model is connecting members with clinicians for ongoing support. The services provided by Advocate4Me that would most impact Getting Needed Care Quickly issues new:
    a. Health Education and Referrals
    b. Clinical Gap Closure
    c. Addressing complex and recurring conditions
    d. Addressing immediate triage needs
    e. Readmission issues
    f. Decision Support and Shared Decision Making
    g. Addressing Pre-Authorization Denials
    h. Second opinion for diagnosis
2. In 2016, the local plan approved an after-hours/extended-hours payment modifier for provider's offering our members non-traditional appointment times. The ACO and QM staff educated the providers on this payment availability.
3. Partnering with provider networks to identify opportunities for data improvements.
4. Inform practitioners of the availability of patient education materials on liveandworkwell.com via behavioral health provider newsletters.
5. Improve provider communication skills/language differences/cultural differences.
6. Toolkit – Cultural awareness
7. Educate members on nurse line and when to go to ED. ED Toolkit, Posters and Brochures.
8. Expand specialty access, recruit specialty providers.
9. Provider offer after-hour telephone messages, instructions for emergencies, how to access the on call practitioner (Next Health)
10. Healthify App – Mobile app with link to over 210,000 social services resource to enhance medical providers to collaborate and incorporate behavioral health resource