



State of Louisiana Department of Health Aggregate Report Annual External Quality Review Technical Report

FINAL REPORT

Review Period: July 1, 2019 – June 30, 2020

Report Issued: April 2021



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Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS Compliance Audit™ is a trademark of the NCQA. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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, prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and primary care case management plans (managed care entities [MCEs]). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that an MCE 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 MCEs on the accessibility, timeliness, and quality of services.

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 (PM) validation, performance improvement project (PIP) validation, and compliance audits. Results of the most current Healthcare Effectiveness Data and Information Set (HEDIS[®]) and Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) surveys are presented and are evaluated in comparison to the National Committee for Quality Assurance (NCQA)’s *Quality Compass*[®] National – All Lines of Business ([LOBs] Excluding Preferred-Provider Organizations [PPOs] and Exclusive Provider Organizations [EPOs]) Medicaid benchmarks.

To meet 42 CFR 438.364(a)(5) requiring comparative information about all MCEs, this aggregate compares Louisiana managed care entities (MCEs) on EQR tasks. Detailed methodology, review, and assessment of quality, timeliness, and access to healthcare services furnished to Medicaid enrollees can be found in the individual MCE annual technical review reports.

The review period for this report is July 1, 2019 – June 30, 2020.

During the review period, the following five MCOs had enrolled Medicaid members in Louisiana:

- Aetna
- AmeriHealth Caritas Louisiana (ACLA)
- Healthy Blue
- Louisiana Healthcare Connections (LHCC)
- United Healthcare Community Plan (UHC)

Two PAHPs are also included in this aggregate report:

- Magellan of Louisiana CSoC Program (Magellan)
- MCNA Dental (MCNA)

For the review period, Magellan was the only behavioral health PAHP and MCNA was the only dental PAHP. The PAHPs report different PMs, conduct separate PIPs, and have different compliance requirements than the MCOs and so are not compared directly to the MCOs in this aggregate report.

II. Performance Improvement Projects

Full reviews of each MCE's PIP can be found in the individual ATR reports. Reported here are the final assessments of credibility of results and conclusions.

PIP: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

ACLA

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to data correction needed for Indicator 8.

Conclusion: One (1) of the 6 IET performance indicators and 1 of the 2 FUA performance indicators demonstrated that the plan achieved improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Aetna

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the intervention and ITM issues identified, as well as the correction needed to the Indicator 2 calculation.

Conclusion: Three (3) of the 6 IET performance indicators demonstrate that the plan achieved improvement; however, the newly added FUA indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Healthy Blue

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the ITM issues identified, as well as the correction needed to Indicator 5.

Conclusion: Both of the newly added FUA performance indicators demonstrated improvement; however, the IET performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

LHCC

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the ITM issues identified.

Conclusion: Four (4) of the 6 IET performance indicators demonstrated improvement; however, the 2 newly added FUA indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

UHC

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

Conclusion: Each of the 6 IET performance indicators demonstrated improvement; however, the 2 newly added FUA performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Summary of Findings

For all MCOs, it was found that the credibility of the PIP results was not at risk. However, for all MCOs with the exception of UHC, it was found that the results need to be interpreted with some caution due to issues calculating performance indicators and/or intervention tracking measures.

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

ACLA

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the OPH [Office of Public Health] denominator data discrepancy issues identified.

Conclusion: Three (3) of the 4 screening performance indicators and each of the 3 treatment indicators demonstrate that the plan achieved improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Aetna

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the intervention and ITM issues noted, including the inappropriate modification made to the OPH listing.

Conclusion: Each of the 7 performance indicators demonstrated that the plan achieved improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Healthy Blue

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the ITM issues identified.

Conclusion: Each of the 3 treatment performance indicators demonstrated improvement; however, the screening performance indicators did not. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

LHCC

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to ITM issues.

Conclusion: One (1) of the 4 screening performance indicators and 1 of the 3 treatment performance indicators demonstrated improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

UHC

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the ITM and performance indicator issues identified.

Conclusion: One (1) of the 4 screening performance indicators and each of the 3 treatment performance indicators demonstrated improvement. The plan should address the feedback provided with the aim to achieve the targeted rates for all performance indicators.

Summary of Findings

For all MCOs, it was found that the credibility of the PIP results was not at risk. However, for all MCOs, it was found that the results need to be interpreted with some caution due to issues with data collection and/or measure calculation.

III. Performance Measures: HEDIS 2020 (Measurement Year 2019)

MCO-reported performance measures were validated as per HEDIS 2020 Compliance Audit specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS 2020 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 1** displays performance rates of all five MCOs in Louisiana and the Healthy Louisiana 2020 statewide averages for select HEDIS Effectiveness of Care measures for HEDIS 2020. For each measure, the rates above the statewide average are highlighted green and the rates below the statewide average are highlighted red.

Table 1: HEDIS Effectiveness of Care Measures: MCOs and Healthy Louisiana 2020 Statewide Average

Measure	ACLA	Aetna	Healthy Blue	LHCC	UHC	Healthy Louisiana HEDIS 2020 Average
Adult BMI Assessment	87.04%	85.40%	84.18%	69.10%	91.97%	82.90%
Antidepressant Medication Management - Acute Phase	50.14%	59.00%	48.24%	45.53%	49.26%	48.98%
Antidepressant Medication Management - Continuation Phase	33.83%	44.53%	33.72%	29.96%	32.54%	33.25%
Asthma Medication Ratio (5-64 Years)	57.48%	60.02%	59.16%	69.48%	65.45%	64.50%
Breast Cancer Screening in Women	61.65%	59.93%	58.59%	60.37%	54.57%	58.13%
Cervical Cancer Screening	59.61%	53.04%	55.23%	59.85%	56.93%	57.49%
Childhood Immunization Status – Combination 3	68.37%	73.24%	70.07%	68.13%	71.78%	69.99%
Chlamydia Screening in Women (16-24 Years)	67.83%	64.06%	67.16%	68.21%	65.18%	66.88%
Comprehensive Diabetes Care - HbA1c Testing	88.08%	87.83%	85.64%	85.40%	86.13%	86.28%
Controlling High Blood Pressure	51.58%	50.36%	47.93%	41.61%	57.42%	49.98%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	53.26%	43.43%	49.33%	40.78%	46.24%	45.42%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	70.25%	61.64%	65.12%	56.10%	59.55%	60.24%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	33.87%	43.02%	38.67%	27.88%	31.09%	32.06%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	77.64%	65.45%	65.69%	57.42%	80.54%	68.57%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	68.06%	56.45%	54.01%	46.23%	67.15%	56.89%

Measure	ACLA	Aetna	Healthy Blue	LHCC	UHC	Healthy Louisiana HEDIS 2020 Average
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	63.14%	47.69%	45.74%	35.28%	59.61%	48.23%

Green: rate above statewide average. red: rate below statewide average.

ACLA is the best performing MCO with 14 of 16 measures above the statewide average. LHC is the worst performing MCO with 4 of 16 measures above the statewide average and 12 of 16 measures below the statewide average. Both Aetna and UHC have 9 of 16 measures above the statewide average, and Healthy Blue has 8 of 16 measures above 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 2** displays all five MCOs' rates for select HEDIS Access to/Availability of Care measure rates for HEDIS 2020 and Healthy Louisiana 2020 statewide averages. For each measure, the rates above the statewide average are highlighted green and the rates below the statewide average are highlighted red.

Table 2: HEDIS Access to/Availability of Care Measures

Measure	ACLA	Aetna	Healthy Blue	LHCC	UHC	Healthy Louisiana HEDIS 2020 Average
Children and Adolescents' Access to PCPs						
12–24 Months	96.60%	95.52%	96.41%	96.93%	96.24%	96.51%
25 Months–6 Years	89.40%	85.89%	89.33%	89.76%	87.77%	88.84%
7–11 Years	91.73%	85.57%	91.03%	91.66%	91.15%	91.27%
12–19 Years	90.71%	84.42%	90.57%	90.74%	90.21%	90.38%
Adults' Access to Preventive/Ambulatory Services						
20–44 Years	74.73%	69.39%	76.28%	76.79%	77.99%	76.19%
45–64 Years	84.12%	80.83%	84.18%	84.76%	85.91%	84.49%
65+ Years	77.69%	79.06%	78.19%	75.14%	85.57%	84.71%
Access to Other Services						
Prenatal Care	87.59%	83.45%	87.59%	82.24%	88.32%	85.85%
Postpartum Care	76.64%	76.40%	75.43%	71.53%	78.59%	75.38%

Green: rate above statewide average; red: rate below statewide average.

ACLA and LHCC are the two best performing MCOs with 6 of 9 measures above and 3 below the statewide average. Aetna is the worst performing MCO with only 1 of 9 measures above the statewide average. UHC and Healthy Blue both have 5 of 9 measures above the statewide average.

HEDIS Use of Services Measures

This section of the report details utilization of MCOs' services by examining selected HEDIS Use of Services rates. **Table 3** displays all five MCO rates for select HEDIS Use of Services measure rates for HEDIS 2020, and Healthy Louisiana 2020 statewide averages. For each measure, the rates above the statewide average are highlighted green and the rates below the statewide average are highlighted red.

Table 3: HEDIS Use of Services Measures

Measure	ACLA	Aetna	Healthy Blue	LHCC	UHC	Healthy Louisiana HEDIS 2020 Average
Adolescent Well-Care Visit	62.53%	45.50%	62.04%	55.37%	61.80%	58.97%
Ambulatory Care Emergency Department Visits/1,000 Member Months ¹	81.06	81.28	80.65	70.60	71.37	74.57
Ambulatory Care Outpatient Visits/1,000 Member Months	409.04	599.47	432.95	398.70	446.35	433.98
Well-Child Visits in the First 15 Months of Life 6+ Visits	68.09%	66.91%	65.94%	62.77%	64.48%	64.72%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	73.98%	63.75%	70.56%	72.75%	72.02%	71.86%

Green: rate above statewide average; red: rate below statewide average.

UHC is the best performing MCO with 4 of 5 measures above the statewide average. ACLA has 3 of 5 measures above the statewide average. Aetna, Healthy Blue, and LHCC each have 2 of 5 measures above the statewide average and 3 of 5 measures below the statewide average.

Member Satisfaction: Adult and Child CAHPS 5.0H

In 2020, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H survey of adult Medicaid members and child Medicaid with chronic care conditions (CCCs) was conducted by an NCQA-certified survey vendor. 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 4, Table 5, and Table 6 show each MCO’s CAHPS 2020 rates for adult, child, and child CCC population. For each measure, the best performance is highlighted green and the worst performance is highlighted red.

Table 4: Adult CAHPS 5.0H-2020

Measure	ACL A	Aetna	Healthy Blue	LHCC	UHC
Getting Needed Care	81.37%	79.25%	N/A	81.32%	86.81%
Getting Care Quickly	78.53%	80.37%	N/A	N/A	83.92%
How Well Doctors Communicate	91.58%	94.31%	97.49%	87.25%	92.64%
Customer Service	90.98%	N/A	N/A	N/A	N/A
Coordination of Care	N/A	N/A	N/A	N/A	N/A
Rating of All Health Care	77.35%	73.26%	85.37%	71.74%	78.19%
Rating of Personal Doctor	83.33%	83.05%	87.60%	74.26%	84.73%
Rating of Specialist	87.13%	N/A	N/A	N/A	N/A
Rating of Health Plan	78.30%	74.39%	85.98%	77.14%	85.90%

Green: best performance; red: worst performance; N/A: Sample size less than 100.

Due to small sample sizes, we can only compare rates for six of the nine measures. Healthy Blue is the best performing MCO with the highest percentage for 4 of the 6 measures. LHCC is the worst performing MCO with the lowest percentage for 3 of 6 measures and highest percentage for 0 of 6 measures. UHC has the highest percentage for 2 of 6 measures. Aetna has and the lowest percentage for 2 of 6 measures and ACL A has the lowest percentage for 1 of 6 measures.

Table 5: Child CAHPS 5.0H General Population

Measure	ACL A	Aetna	Healthy Blue	LHCC	UHC
Getting Needed Care	86.71%	N/A	86.90%	N/A	86.57%
Getting Care Quickly	91.25%	N/A	94.05%	N/A	95.03%
How Well Doctors Communicate	94.17%	94.55%	95.71%	98.41%	94.89%
Customer Service	N/A	N/A	N/A	N/A	N/A
Coordination of Care	N/A	N/A	N/A	N/A	N/A
Rating of All Health Care	90.21%	88.00%	86.18%	89.83%	93.14%
Rating of Personal Doctor	92.79%	89.13%	93.29%	91.24%	93.39%
Rating of Specialist	N/A	N/A	N/A	N/A	N/A
Rating of Health Plan	89.09%	84.24%	88.59%	86.45%	87.59%

Green: best performance; red: worst performance; N/A: Sample size less than 100.

Due to small sample sizes, we can only compare rates for six of the nine measures. UHC is the best performing MCO with the highest percentage for 3 of 6 measures and the lowest percentage for one measure. Aetna is the worst performing MCO with the lowest percentage for 2 of 6 measures and highest percentage for 0 of 6 measures. ACL A has the lowest percentage for 2 of 6 measures and the highest percentage for 1 of 6 measures. LHCC has the highest percentage for 1 of 6 measures. Healthy Blue has the lowest percentage for 1 of 6 measures and the highest percentage for 1 of 6 measures.

Table 6: Child CAHPS 5.0H CCC Population

Measure	ACL A	Aetna	Healthy Blue	LHCC	UHC
Getting Needed Care	88.88%	87.06%	86.01%	N/A	91.80%
Getting Care Quickly	92.06%	94.93%	95.33%	N/A	96.98%
How Well Doctors Communicate	95.62%	96.25%	93.54%	N/A	97.31%
Customer Service	N/A	N/A	N/A	N/A	N/A
Coordination of Care	N/A	N/A	N/A	N/A	77.37%
Rating of All Health Care	93.03%	86.27%	83.20%	N/A	90.30%
Rating of Personal Doctor	94.17%	92.12%	89.78%	90.18%	92.25%
Rating of Specialist	N/A	N/A	N/A	N/A	90.00%
Rating of Health Plan	87.97%	88.00%	82.99%	85.59%	88.52%

Green: best performance; red: worst performance; N/A: Sample size less than 100.

Due to small sample sizes, we can only compare rates for six of the nine measures. UHC is the best performing MCO with the highest percentage for 4 of 6 measures. Healthy Blue is the worst performing MCO with the lowest percentage for 5 of 6 measures. ACL A has the highest percentage for 2 of 6 measures and the lowest percentage for 1 of 6 measures. Aetna has neither lowest nor highest percentage for all 6 measures. LHCC has neither lowest nor highest percentage for all 6 with most of the measures having a sample size less than 100.

IV. Compliance

IPRO conducted the 2020 Compliance Audit on behalf of the LDH. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The 2020 annual compliance audit was a partial review of each MCO's compliance with contractual requirements during the period of April 1, 2019, through March 31, 2020.

For this audit, compliance determinations of "full," "substantial," "minimal," "non-compliance," and "not applicable" were used for each element under review.

Please note this ATR represents a partial review. **Table 7** excludes full items from the prior review. Total compliance for each tool (including full items from prior year) will be higher for domains scoring less than 100%. Additionally, some items were new requirements for this review and might have an impact on overall percentages.

Table 7: MCO Performance by Review Domain

Review Domain	CFR 438 Crosswalk	Aetna	ACL A	Healthy Blue	LHCC	UHC	MCO Average
Reporting	438.242 Health information systems	0%	100%	N/A	N/A	100%	67%
Core Benefits and Services	438.208 Coordination and continuity of care	83%	83%	100%	88%	54%	82%
Utilization Management	438.210 Coverage and authorization of services 438.236 Practice guidelines	100%	N/A	N/A	75%	100%	92%
Quality Management	438.224 Confidentiality 438.330 Quality assessment and performance improvement program	100%	100%	100%	100%	N/A	100%
Member Grievances and Appeals	438.210 Coverage and authorization of services	100%	N/A	100%	75%	N/A	92%
Fraud, Waste and Abuse	438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection	N/A	N/A	100%	N/A	100%	100%
Marketing/Member Education	No crosswalk	40%	100%	100%	100%	100%	88%
Provider Network	438.206 Availability of services 438.207 Assurances of adequate capacity and services 438.208 Coordination and continuity of care 438.210 Coverage and authorization of services 438.214 Provider selection 438.230 Subcontractual relationships and delegation 438.224 Confidentiality	31%	48%	47%	23%	44%	39%

Review Domain	CFR 438 Crosswalk	Aetna	ACL A	Healthy Blue	LHCC	UHC	MCO Average
Eligibility, Enrollment and Disenrollment	No crosswalk	0%	N/A	100%	N/A	100%	67%
Total		43%	61%	87%	58%	61%	62%

Green: review domains with 100% compliance; N/A counts as 100% compliance as the requirement domain received 100% compliance in the prior compliance review; red: review domains with less than 100% compliance.

Healthy Blue was compliant in all 9 domains with the exception of provider network; note that N/A indicates the MCO received 100% compliance in the prior compliance and therefore did not have any requirements to review in the RY 2020 compliance review. ACL A and UHC had 100% compliance with the exception of provider network, and core benefits and services domains. LHCC was not fully compliant in 4 of 9 domains: core benefits and services, utilization management, member grievances and appeals, and provider network. Aetna was the least compliant MCO with less than 100% compliance in 5 domains: reporting, core benefits and services, marketing/member education, provider network, and eligibility, enrollment and disenrollment.