State of Louisiana Department of Health

Medicaid Managed Care Quality Strategy Evaluation
Review Period: March 20, 2021–March 19, 2022

FINAL

June 2022

IPRO
Better healthcare,
realized.

Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
ipro.org

Table of Contents

List of Tables

Introduction

This summary report details an evaluation of the Quality Strategy for Healthy Louisiana, Louisiana's Medicaid Managed Care (MMC) Program.

Authorizing legislation and regulation for state MMC programs include the Social Security Act (SSA; Part 1915[1] and Part 1932(a)),[2] the Balanced Budget Act of 1997 (BBA)[3] and Title 42, Part 438 of the Code of Federal Regulations (CFR).[4] On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program (CHIP) programs: *Medicaid Managed Care*, *CHIP Delivered in Managed Care* and *Revisions Related to Third Party Liability Final Rule in the Federal Register*.[5] This Final Rule modernized MMC regulations to reflect changes in the usage of managed care delivery systems and sought to align Medicaid rules with those of other health insurance coverage programs, modernize how states purchase managed care for beneficiaries, and strengthen consumer experience and consumer protections.

According to federal regulations (42 CFR§438.340 et seq.),[6] all states that contract with a managed care organization (MCO) or prepaid inpatient health plan (PIHP) are required to have a written strategy for assessing and improving the quality of managed care services provided to Medicaid enrollees. Louisiana's *Medicaid Managed Care Quality Strategy*, dated May 2021, and is guided by the Triple Aim of the National Quality Strategy.

To conduct this evaluation, Louisiana Medicaid contracted with IPRO, an external quality review organization (EQRO). IPRO is a non-profit organization that works with government agencies, providers, and patients to implement innovative programs that bring policy ideas to life. For 36 years, IPRO has made creative use of clinical expertise, emerging technology, and data solutions to improve the healthcare system. IPRO holds contracts with federal, state, and local government agencies, as well as private-sector clients, in more than 34 states and the District of Columbia. IPRO is an EQRO in 11 states. IPRO is headquartered in Lake Success, NY, and has offices in Albany, NY; Hamden, CT; Morrisville, NC; Hamilton, NJ; Beachwood, OH; and San Francisco; CA. IPRO conducted this evaluation for the period March 20, 2021 to March 19, 2022.

Medicaid Managed Care in Louisiana

On February 1, 2012, the Louisiana Department of Health (LDH) transitioned approximately 900,000 Medicaid enrollees from the state's fee-for-service (FFS) program to a managed care program. The rollout occurred in phases based on designated geographic service areas, resulting in a completed statewide rollout on June 1, 2012.

In 2014, a request for proposal (RFP) was issued for full-risk MMC contracts, with a start date of February 1, 2015. The RFP provided for an initial 3-year contract term and the option to extend the contracts up to 24 months. Subsequently, the Louisiana Legislature approved a 23-month extension to these contracts, from February 1, 2018 through the contract expiration date of December 31, 2019. In December 2015, LDH integrated specialized behavioral health (BH) services into the managed care program in an effort to improve care coordination for enrollees and facilitate provision of whole-person health care. Louisiana also continued to administer the Coordinated System of Care (CSoC), a single BH PIHP (managed by Magellan of Louisiana CSoC Program) to help children with BH challenges that are at risk for out-of-home placement.

Louisiana's MMC Program currently serves over 1.7 million enrollees. During this report period there are five statewide MCOs: Aetna Better Health of Louisiana (Aetna); AmeriHealth Caritas Louisiana (ACLA); Healthy Blue; Louisiana Healthcare Connections (LHCC); and UnitedHealthcare Community Plan (United). On June 24, 2021, LDH initiated a new procurement for its full-risk MMC contracts. Responses to this RFP were due by September 3, 2021. It was announced in February 2022 that LDH would be contracting with the following five MCOs: Aetna; ACLA; Healthy Blue; Humana; and LHCC. As of this report, new contracts with these five MCOs have not yet been executed. On June 9, 2022 Louisiana Department of Health announced its intent to award a contract to United Healthcare.

Healthy Louisiana covered more than 90% of Louisiana Medicaid members, including adults enrolled since Medicaid expansion took effect in July 2016. In addition to providing benefits as specified in the Medicaid State Plan, state statutes, administrative rules, and Medicaid policy and procedure manuals, these managed care entities (MCEs) also provide case management services and certain value-added Medicaid benefits. Healthy Louisiana statewide enrollment

increased by 11% from 1,561,194 in June 2020 to 1,733,148 in June 2020. MCO enrollment as of June 2020 ranged from a high of 523,653 for LHCC to 146,484 for Aetna.

Table 1: List of Current Louisiana Medicaid MCOs by Enrollment

MCO Name	Enrollment June 2020	Enrollment June 2021
Aetna	129,527	146,484
ACLA	208,885	223,633
Healthy Blue	294,513	341,087
LHCC	473,872	523,653
United	454,397	498,291
Total	1,561,194	1,733,148

Source: Louisiana Department of Health, Report No. 109-A: 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 were 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. The statewide total includes membership of all MCOs.
MCO: managed care organization; ACLA: AmeriHealth Caritas Louisiana; LHCC: Louisiana Healthcare Connections.

Quality Strategy Goals

Louisiana's Quality Strategy is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress can be measured. Louisiana's Quality Strategy is aligned with the Institute of Healthcare Improvement (IHI)'s Triple Aim[7] and the aims and priorities selected by CMS for their national quality strategy. Posted on the LDH website, Louisiana's *2021 Quality Strategy* identifies the following three aims and their seven associated goals:

Better Care: Make health care more person-centered, coordinated, and accessible

- Goal 1: Ensure access to care to meet enrollee needs
- Goal 2: Improve coordination and transitions of care
- Goal 3: Facilitate patient-centered, whole person care

Healthier People, Healthier Communities: Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs

- Goal 4: Promote wellness and prevention
- Goal 5: Improve chronic disease management and control
- Goal 6: Improve population health and address health disparities

Smarter Spending: Demonstrate good stewardship of public resources by ensuring high-value, efficient care

- Goal 7: Minimize wasteful spending

Responsibility for Quality Monitoring

Within LDH, the Bureau of Health Services Financing (BHSF) is responsible for the day-to-day operations of the MMC Program, with support from other LDH program offices, including the Office of Behavioral Health (OBH), Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and the Office for Citizens with Developmental Disabilities (OCDD). The Medicaid Quality Improvement and Innovations Section, in collaboration with these program offices, the Medicaid chief medical officer, and the Medicaid Executive Management Team, are responsible for the development, implementation and evaluation of the MMC Quality Strategy.

The Louisiana Medicaid Medical Care Advisory Committee provides consultation on quality improvement activities to promote access and utilization of evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and CHIP enrollees. Members of the Medicaid Medical Care Advisory Committee and its subcommittees fulfill

the role required by federal regulation 42 CFR 431.12. This committee is interdisciplinary and includes representatives who are familiar with quality improvement and the medical needs of Healthy Louisiana enrollees.

Evaluation Methodology

To evaluate Louisiana's *2021 Medicaid Managed Care Quality Strategy*, a review of federal regulations was initially conducted to clearly define the requirements of the quality strategy and guide the evaluation methodology.

First, IPRO evaluated the core Healthy Louisiana performance results. This evaluation consisted of data analysis of measures identified in the quality strategy from the Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), Agency for Healthcare Research and Quality (AHRQ)'s Preventive Quality Indicators (PQIs), Louisiana vital records, and CMS-developed measures. This analysis included comparisons of Louisiana HEDIS performance to national benchmarks using the Medicaid National Committee for Quality Assurance (NCQA) *Quality Compass Medicaid*®.

Second, IPRO evaluated Louisiana Medicaid's quality monitoring activities. This evaluation consisted of a review of LDH monitoring reports regarding enrollment, network adequacy, quality dashboard, program transparency, medical loss ratio (MLR) and diabetes and obesity reviews. LDH's approach to addressing health disparities and the use of sanctions were also reviewed. Further evaluation of the quality strategy consisted of a review of external quality review (EQR) report documents, including a guide to choosing a Medicaid plan, performance measure (PM) results, annual EQR technical reports, access and availability survey findings and a BH member satisfaction survey.

Third, IPRO evaluated state-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and EQR monitoring reports, other website examples of data transparency such as MCO executed contracts, Medical Care Advisory Committee meeting reports and informational bulletins were reviewed.

Fourth, IPRO evaluated Louisiana Medicaid's strategies and interventions to promote quality improvement by reviewing MCO performance improvement project (PIP) reports, MCO withhold of capitation payments to increase the use of value-based payment (VBP) and improve health outcomes, and the *Louisiana Health Information Technology Roadmap*. Other LDH department-wide quality initiatives, such as Taking Aim at Cancer in Louisiana, Louisiana Perinatal Quality Collaborative, Opioid Strategy and Hepatitis C Elimination Strategy were also reviewed.

Finally, based on key findings, IPRO prepared a comprehensive analysis of program strengths, opportunities for improvement, and recommendations.

Core Program Performance Results

LDH requires MCOs to report quality PMs annually including the HEDIS quality metrics, CMS Adult and Children Core Set[8], AHRQ's PQIs, CAHPS[9] measures, and state-specified quality measures.

NCQA's *Quality Compass Medicaid* is derived from HEDIS data submitted to NCQA by Medicaid MCOs throughout the nation. Using these standardized measures as benchmarks allows states to make meaningful comparisons of their rates to the rates for all MMC MCOs reporting nationwide, and thus allows state policy creators to better identify program strengths and weaknesses and target areas most in need of improvement.

The following section of the evaluation presents an analysis of statewide performance metrics selected from the *2021 Quality Strategy* and categorized by their associated strategy goals. Change in rates between measurement year (MY) 2019 and MY 2020 are presented for all measures. For the HEDIS MY 2020 PMs, each statewide average rate (SWA) is compared to a target benchmark rate derived from the NCQA *Quality Compass Medicaid*[10] 50th percentile for the MY 2020 (**Table 2**). The benchmark selected for non-HEDIS measures is the best performance reported to LDH by any MCO for the prior MY.

For the *2021 Quality Strategy* Core Measures that follow, there are several measures indicated where trending results should be viewed with caution, as per a NCQA memorandum dated February 2021.[11] Specification changes in these measures for HEDIS MY 2020 may cause fluctuation in results when compared to the prior year. This memorandum further suggests that several HEDIS MY 2020 measures should not be trended with the previous year due to significant changes in the measure specifications, and these include:

- Controlling High Blood Pressure (CBP);
- Well Child Visits in the First 30 Months of Life (W30) – new measure; and
- Child and Adolescent Well-Care Visits (WCV) – new measure.

Table 2: Healthy Louisiana Core Program Performance Measures, MY 2019 and MY 2020

Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentage Point Difference MY 2019–MY 2020	Met Target Objective[1]	Met Improvement Objective[2]
Target Objective: For HEDIS measures: HEDIS MY 2020 rate meets or exceeds the MY 2020 *Quality Compass* national 50th percentile rate; For Non-HEDIS measures: MY 2020 rates are equal to or better than the best performance reported by any MCO for the prior MY					
Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year					
Goal 1: Ensure access to care to meet enrollee needs					
Child and Adolescent Well-Care Visits (WCV)[3]					
WCV: 3-11 years	NA	50.80%	NA	No	NA
WCV: 12-17 years	NA	48.08%	NA	Yes	NA
WCV: 18-21 years	NA	26.36%	NA	Yes	NA
WCV: Total	NA	45.81%	NA	Yes	NA
Well-Child Visits in the First 30 Months of Life (W30)[3]					
W30: First 15 Months	NA	54.28%	NA	No	NA
W30: 15 Months-30 Months	NA	66.98%	NA	No	NA
Adults' Access to Preventive Ambulatory Health Services (AAP)					
AAP: 20–44 years	76.19%	72.93%	-3.26	No	No
AAP: 45–64 years	84.49%	81.45%	-3.04	No	No
AAP: 65+ years	84.71%	71.37%	-13.34	No	No
AAP: Total	79.10%	75.53%	-3.57	No	No
Ambulatory Care: Emergency Department Visits/1000 MM (AMB_ED)[4]	74.57	54.82	-19.75	No	Yes
Ambulatory Care: Outpatient Visits (AMB)	433.98	379.97	-54.01	Yes	No

Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentage Point Difference MY 2019–MY 2020	Met Target Objective[1]	Met Improvement Objective[2]
Target Objective: For HEDIS measures: HEDIS MY 2020 rate meets or exceeds the MY 2020 *Quality Compass* national 50th percentile rate; For Non-HEDIS measures: MY 2020 rates are equal to or better than the best performance reported by any MCO for the prior MY					
Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year					
Goal 2: Improve coordination and transitions of care					
Follow-up After Hospitalization for Mental Illness (FUH)[5]					
FUH: Within 30 Days of Discharge[5]	43.04%	41.74%	-1.30	No	No
FUH: Within 7 Days of Discharge[5]	22.15%	21.66%	-0.49	No	No
Plan All-Cause Readmissions within 30 days (PCR)[4,6]					
PCR: Observed Readmission Rate	10.50%	10.28%	-0.22	NA[6]	No
PCR: Expected Readmission Rate	9.53%	9.59%	0.06	NA[6]	No
PCR: Observed to Expected Ratio	1.1017	1.0714	NA	NA[6]	NA
Goal 3: Facilitate patient-centered, whole person care					
CAHPS Child Rating of Health Plan (8+9+10) (CPC)	87.19%	87.65%	0.46	Yes	No
CAHPS Adult Rating of Health Plan (8+9+10) (CPA)	80.34%	81.36%	1.02	Yes	No
Diabetes Screening for People with Schizophrenia or Bipolar Who are Using Antipsychotic Medications (SSD)	84.00%	79.00%	-5.00	Yes	No
Goal 4: Promote wellness and prevention					
Prenatal and Post-Partum Care (PPC)[5]					
PPC: Timeliness of Prenatal Care[5]	85.85%	80.06%	-5.79	No	No
PPC: Postpartum Care[5]	75.38%	76.50%	1.12	Yes	No
Elective Delivery(PC01)[4]	1.73%	1.20%	-0.53	No	Yes
Low-Risk Cesarean Delivery (LRCD-CH)[4]	27.58%	29.15%	1.57	No	No
Initiation of Injectable Progesterone for Preterm Birth Prevention (PTB)[7]	22.50%	20.89%	-1.61	No	No
Percentage of Low Birthweight Births (LBW-CH)[4]	12.23%	11.98%	-0.25	No	No
Childhood Immunization Status (CIS)					
CIS: DTaP	74.99%	74.04%	-0.95	No	No
CIS: IPV	91.25%	91.92%	0.67	Yes	No
CIS: MMR	88.49%	88.55%	0.06	Yes	No
CIS: HiB	89.23%	89.61%	0.38	Yes	No
CIS: Hepatitis B	91.81%	92.28%	0.47	Yes	No
CIS: VZV	88.27%	88.27%	0.00	Yes	No
CIS: Pneumococcal conjugate	75.97%	75.15%	-0.82	No	No
CIS: Hepatitis A	84.01%	83.76%	-0.25	No	No
CIS: Rotavirus	70.76%	72.13%	1.37	Yes	No
CIS: Influenza	36.23%	35.81%	-0.42	No	No
CIS: Combination 2	73.38%	72.77%	-0.61	Yes	No
CIS: Combination 3	69.99%	68.61%	-1.38	Yes	No
CIS: Combination 4	67.82%	66.45%	-1.37	No	No
CIS: Combination 5	59.67%	59.76%	0.09	Yes	No
CIS: Combination 6	31.82%	30.68%	-1.14	No	No
CIS: Combination 7	57.89%	58.08%	0.19	No	No

Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentage Point Difference MY 2019–MY 2020	Met Target Objective[1]	Met Improvement Objective[2]
Target Objective: For HEDIS measures: HEDIS MY 2020 rate meets or exceeds the MY 2020 *Quality Compass* national 50th percentile rate; For Non-HEDIS measures: MY 2020 rates are equal to or better than the best performance reported by any MCO for the prior MY					
Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year					
CIS: Combination 8	30.91%	30.26%	-0.65	No	No
CIS: Combination 9	28.17%	28.04%	-0.13	No	No
CIS: Combination 10	27.51%	27.69%	0.18	No	No
Immunization Status for Adolescents (IMA)					
IMA: Meningococcal	90.33%	88.78%	-1.55	Yes	No
IMA: Tdap/Td	89.90%	89.06%	-0.84	Yes	No
IMA: HPV	45.09%	46.67%	1.58	Yes	No
IMA: Combination 1	89.26%	87.96%	-1.30	Yes	No
IMA: Combination 2	44.44%	45.78%	1.34	Yes	No
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	43.36%	35.78%	-7.58	No	No
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Body Mass Index Assessment for Children/Adolescents (WCC)[5]					
WCC: BMI Percentile Total	68.57%	67.84%	-0.73	No	No
WCC: Counseling for Nutrition	56.89%	62.72%	5.83	No	Yes
WCC: Counseling for Physical Activity	48.23%	53.57%	5.34	No	Yes
Contraceptive Care—Postpartum (ages 15–20) (CCP-CH)					
CCP-CH: Most or moderately effective, 3 days	4.56%	5.21%	0.65	No	No
CCP-CH: Most or moderately effective, 60 days	51.32%	44.94%	-6.38	No	No
Contraceptive Care – Postpartum (ages 21 – 44) (CCP-AD)					
CCP-AD: Most or moderately effective, 3 days	11.56%	11.19%	-0.37	No	No
CCP-AD: Most or moderately effective, 60 days	48.21%	44.11%	-4.10	No	No
CCP-AD: LARC 3 days	2.19%	2.36%	0.17	No	No
CCP-AD LARC 60 days	12.25%	10.43%	-1.82	No	No
Chlamydia Screening in Women Total (CHL)	66.88%	61.98%	-4.90	Yes	No
Cervical Cancer Screening (CCS)[5]	57.49%	56.11%	-1.38	No	No
Breast Cancer Screening (BCS)[5]	58.13%	55.43%	-2.70	Yes	No
Colorectal Cancer Screening (COL)[5,6]	36.54%	36.06%	-0.48	NA[6]	No
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)					
MSC: Advising Smokers and Tobacco Users to Quit	74.25%	72.68%	-1.57	No	No
MSC: Discussing Cessation Medications	48.52%	50.32%	1.80	No	No
MSC: Discussing Cessation Strategies	46.69%	46.05%	-0.64	No	No
Goal 5: Improve chronic disease management and control					
Controlling High Blood Pressure (CBP)[8]	49.98%	48.24%	NA[8]	No	NA[8]
Diabetes Short Term Complications Rate (PQI)[4]	18.98	20.92	1.94	No	No
Statin Therapy for Patients with Cardiovascular Disease (SPC)[5]					
SPC: Received Statin Therapy: Total[5]	77.54%	80.00%	2.46	No	Yes

Measures	HEDIS MY 2019 Rate	HEDIS MY 2020 Rate	Percentage Point Difference MY 2019–MY 2020	Met Target Objective[1]	Met Improvement Objective[2]
Target Objective: For HEDIS measures: HEDIS MY 2020 rate meets or exceeds the MY 2020 *Quality Compass* national 50th percentile rate; For Non-HEDIS measures: MY 2020 rates are equal to or better than the best performance reported by any MCO for the prior MY					
Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year					
SPC: Statin Adherence 80%: Total[5]	57.54%	64.45%	6.91	No	Yes
Heart Failure Admission Rate (PQI) [4]	28.53	30.81	2.28	No	No
Comprehensive Diabetes Care (CDC)					
CDC: Hemoglobin A1c (HbA1c) Testing	86.28%	81.74%	-4.54	No	No
CDC: HbA1c poor control (>9.0%)[4,5]	48.47%	50.96%	2.49	No	No
CDC: HbA1c control (<8.0%)	42.92%	40.62%	-2.30	No	No
CDC: BP control (<140/90 mm Hg)[8]	47.18%	50.56%	3.38	NA[8]	NA[8]
CDC: Eye Exam[5]	57.52%	56.13%	-1.39	Yes	No
Asthma in Younger Adults Admission Rate (PQI)[4]	3.21	2.62	-0.59	No	No
COPD or Asthma in Older Adults Admission Rate (PQI)[4]	37.76	30.14	-7.62	Yes	Yes
HIV Viral Load Suppression (HIV)	77.85%	78.75%	0.90	No	No
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	51.03%	53.40%	2.37	No	Yes
Follow-up Care for Children Prescribed ADHD Medication (ADD)[5]					
ADD: Initiation Phase[5]	45.42%	41.24%	-4.18	No	No
ADD: Continuation and Maintenance[5]	60.24%	55.84%	-4.40	No	No
Antidepressant Medication Management (AMM)					
AMM: Effective Acute Phase Treatment	48.98%	53.24%	4.26	No	Yes
AMM: Effective Continuation Phase Treatment	33.25%	37.45%	4.20	No	Yes
Total Number of Measures				80	76
Total Number Met Objectives (% total)				26 (33%)	10 (13%)

[1] Target Objective: For HEDIS measures: HEDIS MY 2020 rate meets or exceeds the MY 2020 *Quality Compass* national 50th percentile rate; For Non-HEDIS measures: MY 2020 rates are equal to the best performance reported by any MCO for the prior MY.

[2] Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year

[3] New measure for MY 2020, trending is not possible.

[4] A lower rate indicates better performance.

[5] As per NCQA, HEDIS MY 2020 specifications for this measure were changed and trending between MY 2020 and prior years should be considered with caution.

[6] The Plan All-Cause Readmissions measure and Colorectal Cancer Screening were not included in the *Quality Compass* file.

[7] This is a state-specific measure, not derived from CMS. This measure was calculated by LDH/University of Louisiana Monroe (ULM) and the achievement target for this measure was designated by LDH in the *2021 Healthy Louisiana Performance Measures: Guide for MCO Reporting, 2020 Measurement Year*.

[8] As per NCQA, HEDIS MY 2020 specifications for this measure were significantly changed and trending between MY 2020 and prior years should not be considered.

Grey shaded cells indicate not applicable.

NA: Not applicable – could not be calculated; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MM: member months; ED: emergency department; DTaP: diphtheria, tetanus and acellular pertussis; IPV: polio; MMR: measles, mumps and rubella; HiB: haemophilus Influenza type B; VZV: varicella zoster; Tdap/Td: tetanus, diphtheria, pertussis/ tetanus, diphtheria; HPV: human papillomavirus; COPD: chronic obstructive pulmonary disease; ADHD: Attention-deficit and hyperactivity disorder; LARC: long-acting reversible contraception.

Summary of Core Program Performance Measure Results

Core measure results included a comparison of each MY 2020 rate to a national or state benchmark and an analysis of improvement. For HEDIS measures, the target objective was to meet or exceed the MY 2020 *Quality Compass* 50th percentile. For non-HEDIS measures, the target objective was for MY 2020 rates to meet or exceed the best performance reported by any MCO for the prior MY. The improvement objective was met when the measure rate improved by 2.0 or more percentage points (pps) compared to the prior year. Overall, there were 26 SWA rates out of a total of 80 measure rates with benchmarks (33%) that met the target objective and 10 SWA rates that met the improvement objective out of a total of 76 rates that could be trended (13%; **Table 2**). There are opportunities for improvement in meeting both objectives, but particular attention should address the low proportion of measures that did not improve by at least 2.0 pps between MYs.

In reviewing results for the core program measures, it should be noted that the data measured for HEDIS MY 2020 were collected during the 2019 novel coronavirus (COVID-19) pandemic which presented a challenge for all MCOs. Using remote access, medical record retrieval was hindered by physician offices that may have been closed and by an overall decrease in utilization of services.

Goal 1: Ensure Access to Care to Meet Enrollee Needs

This goal included five HEDIS measures (12 SWA rates) related to access that were collected in MY 2020 (**Table 2**). Four (33%) of these measure rates met or exceeded the national Medicaid 50th percentile. Two of these measures were new for MY 2020 and could not be trended, leaving six SWA rates for evaluating improvement. All of the six measures showed a decline in rates between MY 2019 and MY 2020, but for the AMB-ED measure, this decline indicated better performance (**Table 2**).

Opportunities for improvement should address the four SWA rates of the Adults' Access to Preventive Ambulatory Health Services in this measure set that did not meet either the target objective or the improvement objective: AAP: 20–44 years; 45–64 years; 65+ years and total (**Table 2**).

Goal 2: Improve Coordination and Transitions of Care

This measure set included two measures, Follow-up After Hospitalization for Mental Illness (FUH) and Plan All-Cause Readmissions within 30 days (PCR). There was no improvement in PCR rates for observed readmission rates or for expected readmission rates (**Table 2**). Opportunities for improvement are evident for the FUH measure which did not meet either the target objective or the improvement objective.

Goal 3: Facilitate Patient-Centered, Whole Person Care

There were two CAHPS measures and one HEDIS measure evaluated for this goal. All three SWA rates met or exceeded the national 50th percentile target objective, but none of the measures improved by at least 2.0 pps (**Table 2**).

Goal 4: Promote Wellness and Prevention

This measure set includes 37 HEDIS measures and 10 state-specific measures that are submitted annually by all five Healthy Louisiana MCOs and included measures related to contraceptive care postpartum, low birthweight, elective and cesarean births (**Table 2**). Overall, 17 (37%) of the SWA rates with benchmarks met or exceeded the target benchmark, and only three (6%) SWA rates met the improvement objective. Nine of the 10 state-specific SWA rates failed to meet either the target objective or the improvement objective.

Opportunities for improvement should address the 26 measures (57%) in this measure set where the SWA rate did not meet either the target objective or the improvement objective:

- PPC: Timeliness of Prenatal Care;
- Low-Risk Cesarean Delivery;
- Initiation of Injectable Progesterone for Preterm Birth Prevention;
- Percentage of Low Birth Weight Births;
- CIS: DTap; Pneumococcal conjugate; Hepatitis A; Influenza; Combination 4, 6, 7, 8, 9 and 10;
- FVA: Flu Vaccinations for Adults Ages 18 to 64;
- WCC: BMI Percentile Total;
- All six of the CCP: Contraceptive Care – Postpartum measures;

- CCS: Cervical Cancer Screening; and
- All three of the Medical Assistance with Smoking and Tobacco Use Cessation measures.

Goal 5: Improve Chronic Disease Management and Control

This measure set includes four Preventive Quality Indicator (PQI) measures and 14 HEDIS measures related to chronic disease management and control (**Table 2**). Overall, 2 SWA rates (12%) met or exceeded the target objective and of the 17 measures that could be trended, 6 rates (35%) met the improvement objective. The COPD or Asthma in Older Adults Admission Rate (PQI) met both the target and the improvement objective.

Opportunities for improvement should address the nine SWA rates (53%) in this measure set that did not meet either the target objective or the improvement objective:

- Three PQI rates: Diabetes Short-term Complications; Heart Failure Admission; Asthma in Younger Adults Admissions;
- CDC: Hemoglobin (HbA1c) Testing; HbA1c Poor Control (>9.0%); HbA1c Control (<8.0%);
- HIV Viral Load Suppression (HIV); and
- ADD: Initiation and Continuation and Maintenance Phases.

Goal 6: Improve Population Health and Address Health Disparities

In the 2021 Quality Strategy, this goal includes a list of measures that will be stratified by race/ethnicity and rural/urban status. Stratification was not required for MY 2020 data submissions. The measures to be stratified for MY 2021 are listed in **Table 3**.

Goal 7: Minimize Wasteful Spending

All four measures listed in the *2021 Quality Strategy* for this goal (**Table 3**), were not required to be submitted for MY 2020.

Discussion of Core Program Performance Results

A closer look at the selected core measures should be considered as Louisiana moves forward in evaluating the effectiveness of the *2021 Quality Strategy* in meeting its goals. In preparing this analysis, several core measures listed in the 2021 Quality Strategy were identified as indicators, but MY 2020 data were not collected or available, including several HEDIS measures as well as other measures developed by AHRQ, CMS and the state. **Table 3** outlines the measures listed in the *2021 Quality Strategy* that could not be included in this evaluation including measure descriptions for two goals: improve population health and address health disparities, and minimize wasteful spending.

Table 3: 2021 Quality Strategy Measures Not Included in Core Program Performance Results

Measures Not Included in Core Program Performance Results	Steward
Goal 1: Ensure access to care to meet enrollee needs	
• All measures were collected for MY 2020 and included in analysis	NCQA
Goal 2: Improve coordination and transitions of care	
• Follow-up After Emergency Department Visit for Mental Illness (FUM) • Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	NCQA
Goal 3: Facilitate patient-centered, whole person care	
• Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) • Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) • Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA
Goal 4: Promote wellness and prevention	
• Self-Reported Overall Health (CAHPS Adult and Child) • Self-Reported Overall Mental Health or Emotional Health (CAHPS Adult and Child)	AHRQ
• Developmental Screening in the First Three Years of Life • Percentage of Eligibles Who Received Preventive Dental Services	CMS
• Lead Screening in Children (LSC)	NCQA
• Contraceptive Care – All Women Ages 21-44	OPA
• Hepatitis C Virus Screening	State

Measures Not Included in Core Program Performance Results	Steward
Goal 5: Improve chronic disease management and control	
• Pharmacotherapy for Opioid Use Disorder Total (POD) • Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment (IET) • Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA
Goal 6: Improve population health and address health disparities	
Measures for stratifying by race/ethnicity and rural/urban status: • Percentage of Low Birthweight Births; Contraceptive Care – Postpartum Women Ages 21-44; • W30; CIS: Combination 3; IMA: Combination 2 • COL; HIV Viral Load Suppression; CCS; FUM; FUA; FUH.	Various
Goal 7: Minimize wasteful spending	
• Appropriate Treatment for Children with URI (URI) • Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) • Use of Imaging Studies for Low Back Pain (LBP) • Non-recommended Cervical Cancer Screening Adolescent Females (NCS)	NCQA

HEDIS: Healthcare Effectiveness Data and Information Set; OPA: Office of Population Affairs; NCQA: National Committee for Quality Assurance, AHRQ: Agency for Healthcare Research and Quality; CMS: Centers for Medicare and Medicaid Services; W30: Well-Child Visits in the First 30 Months of Life; CIS: Childhood Immunization Status; IMA: Immunization Status for Adolescents; COL: Colorectal Cancer Screening; CCS: Cervical Cancer Screening; FUM: Follow-up After Emergency Department Visit for Mental Illness; FUA: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence; FUH: Follow-up After Hospitalization for Mental Illness

Quality Monitoring and Review

This section describes and assesses the quality monitoring and review activities of Louisiana Medicaid and Louisiana's EQRO.

Data Reporting Systems Review

Medicaid MCOs in Louisiana are required to maintain a Medicaid management information system (MMIS) to support all aspects of managed care operation, including member enrollment, encounter data, provider network data, quality performance data, as well as claims and surveillance utilization reports, and to identify fraud and/or abuse by providers and members. MCOs verify the accuracy and timeliness of the information contained in their databases through edits and audits. They are expected to screen for data completeness, logic, and consistency. The management administrative reporting subsystem (MARS) is responsible for the day-to-day reporting operations for LDH Medicaid data.

Results of LDH data monitoring are posted on their website and include data from MCO-submitted reports for enrollment, provider network adequacy, member and provider satisfaction surveys, annual audited financial statements, and quality performance. Of the data submitted to LDH, the EQRO is responsible for validating PM data and preparing annual technical reports (ATRs) for each MCO as required by 42 CFR§438.310(2).

Louisiana Department of Health Monitoring Reports

Act 710 Healthy Louisiana Claims Report

This report, entitled *Healthy Louisiana Claims Report*, is prepared in response to Act 710 of the 2018 regular session of the Louisiana Legislature and is submitted to the Joint Legislative Committee on the Budget and the House and Senate Committees on Health and Welfare. Act 710 requires LDH to conduct several activities and analyses pertaining to each MCO to ensure that each MCO is compliant with the terms of its contract with LDH.

The initial report covered claims paid during calendar year (CY) 2017, followed by quarterly update reports. The most recent report available on the LDH website at the time of this writing was for the third quarter of CY 2021. Key MCO findings for each report highlight claims accepted and rejected by MCOs; claims paid and denied by MCOs; average time for MCOs to process claims; top reasons for denied claims; encounter claims submitted to LDH by the MCOs that are accepted and rejected; average time for the MCOs to submit encounters; and provider education. Act 710 also requires LDH to report data on MCO case management programs.

Enrollment Reports

Louisiana's five MCOs submit monthly enrollment data in several specified categories including number of transfers, plan changes, reasons for transfer, new enrollments and enrollment by parish, by plan and parish, by subprogram and subprogram without Medicaid expansion, and plan enrollment by means of enrollment. Report data are presented from 2012 to early 2022. Enrollment figures shown in **Table 1** were derived from enrollment Report 109-A.

Medicaid Managed Care Quality Dashboard

The LDH *Medicaid Managed Care Dashboard* was created to promote data transparency and health care accountability. Responsible for monitoring the performance of its five Medicaid MCOs, the BHSF presents both HEDIS and CAHPS quality metrics on the LDH website in the form of a quality dashboard. Nine domains of care are shown, including: BH care for adults and children; care for children and adolescents; chronic disease care for adults; effective care in appropriate settings; experience of care for adults and children (CAHPS); preventive care for adults; reproductive and pregnancy care; CAHPS results; and retired measures. The user can select a category and view a list of measures. Further details, such as the definition of the measure and a brief statement about why this measure is important, are provided. The currently posted MY 2020 dashboard shows bar charts for each MCO's measure rate, along with the SWA rate and the national Medicaid *Quality Compass* 50th percentile rate. Below the bar chart is a trend chart showing each MCO and statewide rate over the most recent 5 years as well as the MY 2011 baseline rate for measures that were collected since MY 2011.

The presentation of quality data in this dashboard format is user-friendly and offers a quick and complete picture of how each MCO has performed for each measure over the past 5 years. It also shows how each MCO's performance compares to SWA and the national Medicaid 50th percentile.

Experience of Care Reports

As part of the quality assessment and improvement activities to ensure that Healthy Louisiana MCO enrollees receive high-quality healthcare services (42 CFR Part 438), all MCOs are required to conduct surveys of enrollees' experience with healthcare. Survey results provide important feedback on MCO performance, which can be used to identify opportunities for continuous improvement in the care and services provided to members. The most recent experience of care reports presented in the *Medicaid Managed Care Quality Dashboard* show MY 2020 CAHPS data collected from surveys administered to child and adult MCO enrollees using the CAHPS 5.0 Child and Adult Medicaid Health Plan Surveys. These reports present composite ratings for: health plan, all healthcare, and personal doctor, along with individual survey responses for the Health Plan Ratings, Access to Care, Experience of Care, and Health Status measures.

MY 2020 experience of care reports available on the LDH website include the following:

- Children Without Chronic Conditions Experience of Care;
- Children with Chronic Conditions Experience of Care; and
- Adult Experience of Care.

Medicaid Managed Care Program Transparency Reports

LDH and BHSF prepared this comprehensive compendium from CY 2013 through state fiscal year (SFY) 2020. The 2020 report, issued in August 2021, included descriptions and data related to the following topics:

- MMC, which includes data related to MCEs, employees, payments to MCOs, number of providers, MLR, external quality review, member and provider satisfaction surveys, and financial statements and sanctions levied;
- MMC enrollees;
- healthcare services provided to enrollees;
- adult expansion population; and
- the dental benefits program.

Medical Loss Ratio Reports

Federal regulations and MCO contracts require that a minimum of 85% of payments made by LDH for Medicaid members be used to reimburse providers for services or for certain specified purposes related to quality improvement and health information technology (HIT) costs. Posted on the LDH website are annual, independent auditor's reviews for the adjusted MLR calculation for each of the five prepaid MCOs conducted for CYs ending on December 31, 2015, through the most recent CY ending on December 31, 2019. In CY 2019, all prepaid MCOs met the 85% minimum ratio and no rebates were required. MCO-audited MLR rates for CY 2019 ranged from 91.99% for LHCC to 95.9% for ACLA.

Also posted are the independent auditor's reports for Magellan (CY 2019 adjusted MLR of 77.3%) and for the dental benefit provider, Managed Care of North America Dental (MCNA; fiscal years [FYs] ending June 30, 2018 through June 30, 2020). MCNA's adjusted MLR for the FY ending June 30, 2020 was 76.0%. Both Magellan and MCNA did not meet the minimum 85% MLR.

Diabetes and Obesity Report for Medicaid Managed Care Program, February 2021

The diabetes and obesity report is prepared by BHSF in response to Act 210 of the 2013 State of Louisiana Legislative Session.[12] Annual versions of the report are available from January 2014 through January 2022.

The purpose of this report is to monitor incidence and prevalence of obesity and diabetes in Louisiana by examining costs, complications, and how LDH and the Medicaid MCOs have addressed obesity and diabetes in the populations they serve. Using data on prevalence, utilization, and costs based on 2020 paid healthcare claims submitted by each of the five Medicaid MCOs, the 2022 report presents recommendations for improving the health of Louisianans who are at risk for developing obesity and diabetes. In response to Act 210, Louisiana Medicaid aggregated the data and information submitted by each of the MCOs to create the diabetes and obesity action report for the Healthy Louisiana Program.

Recommendations from LDH and the MCOs on ways to empower the community, promote self-management training and monitor health outcomes included the following:

- Promote Well-Ahead Louisiana's Community Resource Guide as a tool to identify local (by parish) health-related resources.
- Encourage the use of community and faith-based organizations to promote the importance of healthy eating and

physical fitness.
- Encourage the use of outpatient nutritional services provided by registered dietitians for all patients and all diagnoses, not just those patients with diabetes and obesity.
- Promote the use of diabetes self-management education (DSME) programs or incorporate elements of these programs into case management activities for patients with diabetes. DSME programs have been associated with improved health outcomes for patients with diabetes.

External Quality Review Reports

Louisiana Medicaid 2022 Guide to Choosing a Medicaid Plan

This guide, or annual report card, was developed by the EQRO in collaboration with LDH to provide quality performance information for individuals who are choosing a Medicaid MCO for themselves and their families.

The format for the 2022 guide is a two-page document with an MCO comparison of quality metrics for three performance areas: Consumer Satisfaction; Prevention; and Treatment. Each area is further defined by a brief list of what information is evaluated for each area:

- Consumer satisfaction:
  - getting care;
  - satisfaction with plan providers; and
  - satisfaction with plan services.
- Prevention:
  - children and adolescent well-care;
  - women's health; and
  - cancer screening.
- Treatment:
  - asthma;
  - diabetes;
  - heart disease; and
  - mental and behavioral health.

This tool is a consumer-friendly document that assesses each MCO's performance by the number of stars shown (i.e., 5 stars represents highest performance, 4 stars for high performance, 3 stars for average, 2 stars for low performance, and 1 star for lowest performance). A description of what is measured in each area is provided along with a list of MCO phone numbers and website addresses.

The overall rating for all measures shows average performance for Louisiana Medicaid MCOs with Aetna and LHCC receiving 3 stars each and ACLA, Healthy Blue and United each receiving 3.5 stars. The highest ratings by domain was for consumer satisfaction where overall ratings ranged from 3.5 stars each for Aetna, Healthy Blue and LHCC; 4 stars for ACLA and 4.5 stars for United. The prevention and treatment domains showed poorer performance, with overall prevention scores ranging from 2 stars for Aetna to 2.5 stars each for ACLA, Healthy Blue, LHCC and United. Likewise, the overall treatment domain ratings ranged from 2 stars each for Aetna, ACLA and LHCC and 2.5 stars each for Healthy Blue and United.

HEDIS MY 2020 Healthy Louisiana Performance Measure Results and Analysis, Final Report, November 2021

This report summarizes the methods and findings of the analysis by IPRO of HEDIS MY 2020 data submitted by the five Louisiana MCOs serving Medicaid enrollees.

A total of 26 measures, comprising 60 numerators, were selected for analysis based on the Healthy Louisiana designated measure reporting list. The measures selected for reporting were the measures required by LDH and appear in the *Performance Measure Submission Guide for MY 2020* Reporting. Using the HEDIS MY 2020 Interactive Data Submission System (IDSS) data, including audit designations and Final Audit Reports (FARs) from each of the five MCOs, IPRO verified the rates that were deemed reportable via the NCQA HEDIS audit protocol and FARs, and prepared a Microsoft® Excel® file documenting each MCO's rates, the IPRO-computed SWA, and last year's SWAs. Finally, IPRO included comparisons of MCO rates to the NCQA's MY 2020 *Quality Compass* South Central 50th percentile and the National Medicaid *Quality*

Compass 50th percentile, which served as the benchmarks.

Annual External Quality Review Technical Report, Fiscal Year 2021

The BBA requires state agencies that contract with Medicaid MCOs to prepare an annual external, independent review of quality outcomes, timeliness, and access to healthcare services. The *FY 2021 External Quality Review Technical Reports*, completed in April 2022 for review period July 1, 2020, through June 30, 2021, included aggregate results for the five Healthy Louisiana MCOs and for the dental benefit plans DentaQuest and MCNA. Individual plan reports for each of the five prepaid MCOs, the two dental benefit plans and the Magellan CSoC program were also prepared. The reports provide enrollment, provider network adequacy, validation of PIPs, HEDIS quality performance data, CAHPS satisfaction data and results of compliance reviews. MCO strengths and opportunities for improvement were also outlined for each MCO. It is also required that each year's technical report include a section in which each MCO responds to recommendations listed for their MCO in the previous year's report. The Final Rule maintains the importance of the ATR and requires states to finalize and post the annual EQR reports on their website by April 30 of each year. Louisiana MMC ATRs for 2013–2021 can be found on the LDH website.

Network adequacy findings were presented in this ATR for data as of June 2021 (for the period January 1, 2020–June 30, 2020). Healthy Louisiana MCOs are required to meet standards set by LDH to ensure that members have access to providers within reasonable time (or distance) parameters. IPRO evaluated MCO performance by using the MCOs' quarterly GeoAccess reports to assign geographic coordinates to addresses in order to calculate the distance between providers and members.

A high level of compliance with time and distance standards was reported for all MCOs for primary care providers (PCPs). All five MCOs reported 100% compliance with time and distance access standards to adult PCPs for members in rural areas within 30 miles and 60 minutes. All five MCOs also met 100% compliance with time access standards to pediatric providers and obstetrics/gynecology (ob/gyn) providers for members in rural areas within 60 minutes. Four of the five MCOs met 100% compliance with distance access standards to pediatric PCPs for members in rural areas within 30 miles.

The percent of members in urban areas meeting the time and distance access standards to adult PCPs, pediatric providers and ob/gyns was less than 100% for all five MCOs. Opportunities for improvement for all MCOs are particularly evidenced for access to ob/gyns by distance for members in urban areas and for all but one MCO for access to ob/gyns by distance in rural areas.

Network Access and Availability Provider Survey for Reporting State Fiscal Year 2021 Specialists - Ear, Nose and Throat (ENT) and Cardiologists, August 2021

This study assessed the ability to contact providers and make office hour appointments for routine and non-urgent care, employing a "secret shopper" survey methodology. A total of 625 providers were randomly sampled for the survey study and included cardiologists and ENT specialists. Calls were made to schedule routine appointments and non-urgent appointments. At the time of this survey, there were five MCOs: Aetna, ACLA, Healthy Blue, LHCC, and United.

Among providers surveyed for routine calls, 83.5% were able to be contacted. MCO rates ranged from 74.6% (LHCC) to 90.5% (Healthy Blue). Across provider types, rates ranged from 80.0% for cardiologists to 88.8% for ENTs. Results were similar for the non-urgent calls: 80.6% of providers were contacted overall and MCO rates ranged from 75.8% (LHCC) to 87.1% (United), and 80.0% for cardiologists to 81.6% for ENTs. For routine calls, an appointment was made for 54.1% of the providers contacted. MCO rates for appointments for routine calls varied from 47.5% for Aetna to 63.2% for ACLA. For non-urgent calls, an appointment was made for 48.4% of providers with MCO rates varying from 37.9% for Aetna to 60.0% for ACLA.

Overall rates of compliance with timeliness standards were 36.2% for routine calls and 7.5% for non-urgent calls. Both rates are substantially below the appointment compliance standard of 80%. IPRO recommends that LDH work with the MCOs to increase contact and appointment rates for cardiologists and ENTs. It is important for members to be able to access providers and obtain appointments with providers.

Network Access and Availability Provider Survey for Reporting State Fiscal Year 2022 Specialists – Gastroenterologists, Urologists and Obstetrics/Gynecology, December 2021

This study assessed the ability to contact providers and make office hour appointments for routine and non-urgent care, employing a "secret shopper" survey methodology. A total of 625 providers were randomly sampled for the survey study and included gastroenterologists, urologists, and ob/gyns. Calls were made to schedule routine appointments and non-urgent appointments. At the time of this survey, there were five MCOs: Aetna, ACLA, Healthy Blue, LHCC, and United.

Among providers surveyed for routine calls, 80.3% were able to be contacted. MCO rates ranged from 73.0% (United) to 90.5% (Healthy Blue). Across provider types, rates ranged from 74.2% for gastroenterologists, 81.3% for urologists and 84.1% for ob/gyns. Results were similar for the non-urgent calls, 81.3% of providers were able to be contacted and rates ranged from 61.3% (Aetna) to 91.9% (LHCC) among MCOs; and 82.6% for gastroenterologists, 81.1% for urologists and 80.5% for ob/gyns. For routine calls, an appointment was made for 44.4% of the providers contacted including 44.0% for gastroenterologists, 41.2% for urologists and 46.2% for ob/gyns. MCO rates for appointments for routine calls varied from 30.4% for ACLA to 56.3% for United. For non-urgent calls, an appointment was made for 41.3% of providers including 32.3% for gastroenterologists, 31.8% for urologists and 52.4% for ob/gyns. MCO rates for non-urgent appointments varied from 29.6% for United to 51.7% for Healthy Blue.

Overall rates of compliance with timeliness standards were 24.7% for routine calls and 4.6% for non-urgent calls. Both rates are substantially below the timeliness standards (i.e., 6 weeks and 72 hours, respectively). IPRO recommends that LDH work with the MCOs to increase contact and appointment rates for gastroenterologists, urologists and ob/gyns. It is important for members to be able to access providers and obtain appointments with providers.

When both above-described access and availability surveys were completed, the EQRO prepared a listing for each MCO that included the providers who could not be contacted and reasons; those where no appointment could be made and reasons; those who offered appointments that were not within the compliant time frame; and providers who offered timely, compliant appointments. MCOs were given 30 days to review the files and submit explanations regarding the contacts and appointments that were not made. MCOs were also instructed to update their provider directory systems to edit any provider data that were found to be inaccurate.

Healthy Louisiana Behavioral Health Member Satisfaction Survey 2021, Final, December 2021

LDH requires each MCO to conduct an LDH-approved and standardized BH member satisfaction survey, and to report results annually. In 2021, IPRO designed and conducted this adult and child BH member satisfaction survey to compare findings by MCO and recommend actionable improvement for Healthy Louisiana overall.

The adult and child surveys were conducted using a two-phase mailing to a random sample of 1,800 members from each MCO's adult file and 1,800 members from each MCO's child file who received one or more specialized BH services during the period February 1, 2020, to January 31, 2021. Overall response rates were low, from 3.99% for the adult survey to 3.50% for the child survey. MCO adult response rates ranged from 3.39% (LHCC) to 4.78% (ACLA), while MCO child survey response rates ranged from 2.9% (Aetna and ACLA) to 4.2% (United).

The percentage of Healthy Louisiana members surveyed who gave their BH providers the highest ratings of 8, 9, or 10 was 69.6%, with rates by MCO ranging from 62.9% (Aetna) to 74.5% (Healthy Blue). The percentage of Healthy Louisiana members who gave their health plan the highest ratings of 8, 9, or 10 was 78.5%, with rates by MCO ranging from 64.1% (Aetna) to 86.6% (United).

Analysis of survey findings indicated variability in survey responses by MCO and identified several access-related survey items that could provide insights into how MCOs could improve member satisfaction and the quality of BH services. The MCO variability in BH provider and health plan ratings suggests opportunities for MCO interventions to improve member satisfaction with adult BH services and this interpretation is supported by the multiple logistic regression analysis finding that the MCO of enrollment was significantly associated with health plan rating. Recommendations were also made to the state regarding modifications in the sampling methodology and number and type of questions asked in order to improve the low response rates for future surveys.

Annual Compliance Reviews

Federal regulations require that every state with a MMC program conduct a full review of MCO compliance with state and federal regulations at least once every 3 years. To meet these federal requirements, LDH contracted with IPRO, an EQRO, to conduct annual compliance audits every 3 years, followed by partial audits in the intervening years. IPRO conducted compliance audits on behalf of the LDH in 2019 and 2020. The last full compliance audit occurred in 2019. 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. Final results were issued February 2021. Compliance audits were not conducted in 2021. The next full audit is scheduled for July/August 2022, covering the time period January 1, 2021, to December 31, 2021.

In the absence of a compliance audit conducted in 2021, this section of the report summarizes findings from the 2020 compliance audit. As a partial audit, only elements that were not fully compliant in the prior year's audit were reviewed again for the 2020 audit. Consistent with federal regulations, 42 CFR 438.358(b)(iii), this audit included the following domains: Eligibility and Enrollment; Marketing and Member Education; Member Grievances and Appeals; Provider Network Requirements; Utilization Management; Quality Management; Fraud, Waste and Abuse; Core Benefits and Services; and Reporting. Two additional domains, Program Integrity and Member Services were reviewed for the BH PIHP, Magellan.

For each audit, determinations of compliance are made for each element under review as follows:

- **Full** – The MCO is compliant with the standard.
- **Substantial** – The MCO is compliant with most of the requirements of the standard, but has minor deficiencies.
- **Minimal** – The MCO is compliant with some of the requirements of the standard, but has significant deficiencies that require corrective action.
- **Non-compliance** – The MCO is not in compliance with the standard.
- **Not Applicable** – The requirement was not applicable to the MCO.

It is the expectation of both IPRO and LDH that a corrective action plan (CAP) is submitted for each of the elements determined to be less than fully compliant. Further, if the EQRO indicates that the quality of care is not within acceptable limits according to the contract, then LDH may sanction the MCO by suspending automatic assignment of new enrollees to the MCO until a satisfactory level of care is determined by the EQRO.

The percent of elements achieving full compliance determination from the 2020 audit is shown in **Table 4**. A total of 244 elements were reviewed for the five MCOs resulting in 62% full compliance overall.

Table 4: Overall Final MCO Compliance Results by Audit Domain – Reviews Conducted in 2020

Audit Domain[1]	Aetna	ACLA	Healthy Blue	LHCC	United	MCO Average
Reporting	0%	100%			100%	67%
Core Benefits and Services	83%	83%	100%	88%	54%	82%
Utilization Management	100%			75%	100%	92%
Quality Management	100%	100%	100%	100%		100%
Member Grievances and Appeals	100%		100%	75%		92%
Fraud Waste and Abuse			100%		100%	100%
Marketing/Member Education	40%	100%	100%	100%	100%	88%
Provider Network	31%	48%	47%	23%	44%	39%
Eligibility, Enrollment and Disenrollment	0%		100%		100%	67%
Elements reviewed (% full)	72(43%)	31(61%)	69 (87%)	41 (61%)	25 (61%)	**62%**

[1] The number of elements rated not applicable (N/A) were removed from the denominator for calculating "percent full compliance" shown here.

Grey shaded cells indicate that this domain was not reviewed for 2020. MCO: managed care organization; ACLA: AmeriHealth Caritas Louisiana; LHCC: Louisiana Healthcare Connections.

Compliance Results by Review Domain

Reporting: The evaluation of this area included, but was not limited to, review of policies and procedures related to ownership disclosure and financial interest provisions, encounter data, financial reporting, and health information system (HIS) requirements. Elements in this domain were reviewed for three of the five MCOs, but only one element was reviewed for each MCO. The MCO average for this domain was 67% full compliance, two MCOs (ACLA and United) received full compliance, while Aetna had one element less than fully compliant (**Table 4**).

Core Benefits and Services: The evaluation of this area included, but was not limited to, review of policies and procedures to ensure that required benefits were provided including BH, emergency services, post stabilization, and special needs, as well as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), eye care, and pharmacy benefits. This area also includes a review of care planning, care management, and transitions of care. With 42 total elements reviewed in this domain, the overall MCO average was 82% fully compliant. Healthy Blue had 100% full compliance determination, while the percent of full compliance ranged from 54% to 88% for the four remaining MCOs (**Table 4**).

Utilization Management (UM): The evaluation of this area included, but was not limited to, review of UM policies and procedures, clinical practice guidelines, prior authorization, and over/under utilization reviews. Additionally, file review of adverse benefit determinations was conducted. Three MCOs had elements reviewed for this domain for a total of seven elements reviewed overall. Aetna and United each received 100% full determinations and LHCC had 75% full compliance for an MCO average of 92% full compliance for this domain (**Table 4**).

Quality Management: The evaluation of this area included, but was not limited to, review of the MCO Quality Assessment and Performance Improvement (QAPI) Program, program description, QAPI Work Plan, QAPI Committee structure and function, accreditation, provider monitoring, PIPs, PM reporting, provider and member satisfaction surveys, and evidence-based practices. With 10 elements reviewed overall for this domain, all four MCOs received 100% full compliance (**Table 4**).

Member Grievances and Appeals: The evaluation of this area included, but was not limited to, the review of policies and procedures for processing member grievances and appeals, notice of action, and resolution and notification. Additionally, file review of member grievances and member appeals was conducted. Of the 14 elements reviewed overall in this domain, two MCOs (Aetna and Healthy Blue) each had 100% full compliance and LHCC had 75% full compliance. The overall MCO average for Member Grievances and Appeals was 92% full compliance (**Table 4**).

Fraud, Waste and Abuse: The evaluation of this area included, but was not limited to, review of the policies and procedures related to provider fraud, waste, and abuse compliance, required disclosures, background checks, and prohibited affiliations. Thirty-two elements were reviewed overall in this domain for two MCOs and both MCOs received 100% full compliance (**Table 4**).

Marketing and Member Education: The evaluation of this area included, but was not limited to, review of policies and procedures related to marketing materials and activities, member informational materials, member handbook, and member services functions. With 27 elements reviewed for this domain overall, the MCO average was 88%. Four MCOs, ACLA, Healthy Blue, LHCC and United achieved 100% full compliance (**Table 4**). Aetna had 20 elements reviewed in this domain and only 40% were fully compliant. It was recommended that Aetna direct improvement efforts to ensure that its member policies and procedures are up to date and reflect the state's regulations.

Provider Network Requirements: The evaluation of this area included, but was not limited to, review of policies and procedures for appointment availability, geographic access, monitoring and reporting on provider networks, provider credentialing and re-credentialing, enrollment of out-of-network providers, and the provider directory. Additionally, file review of credentialing and re-credentialing for PCPs and specialists was conducted. With 98 total elements reviewed for this domain, there were no MCOs achieving 100% full compliance (**Table 4**). The percent of full compliance ranged from 48% full compliance for ACLA, followed by Healthy Blue at 47%, United at 44%, Aetna at 31% and LHCC with 23% for an overall MCO average of 39%. All five MCOs need to address issues raised in their compliance with provider network

adequacy and conduct outreach to recruit providers, especially in key areas including PCPs, specialists, and subspecialists, as this is a common problem in the Louisiana MMC Program.

Eligibility, Enrollment and Disenrollment: The evaluation of this area included, but was not limited to, review of policies and procedures for MCO enrollment and disenrollment. There were 11 elements reviewed in this domain overall. Two MCOs received 100% full compliance, while Aetna had substantial compliance determinations for the seven elements reviewed (**Table 4**). Audit recommendations regarding the MCO's Member Disenrollment/Disruptive Member Transfer Policy needed to be addressed.

Overall determinations from the 2020 audit of Magellan PIHP compliance with state and federal regulations are shown in **Table 5**. The Louisiana Department of Health did not require IPRO to conduct a compliance review of MCNA during the review period (July 1, 2019–June 30, 2020).

Table 5: Overall Final PIHP Compliance Results for Magellan by Audit Domain – Reviews Conducted in 2020

Audit Domain[1]	Percent Fully Compliant
Reporting	
Core Benefits and Services	
Utilization Management	
Quality Management	100%
Member Grievances and Appeals	0%
Fraud Waste and Abuse	
Marketing/Member Education	
Provider Network	92%
Eligibility, Enrollment and Disenrollment	100%
Member Services	100%
Program Integrity	100%
Total # of elements reviewed (% full)	25 (81%)

[1] The number of elements rated not applicable (N/A) were removed from the denominator for calculating percentages.
Grey shaded cells indicate domains that were not applicable to this MCE.
PIHP: prepaid inpatient health plan; MCE: managed care entity.

The 2020 compliance review for Magellan was a partial review of the 31 elements that received less than full compliance in the prior year. With an overall PIHP average of 81% full compliance, 4 of the 6 domains reviewed received 100% full compliance, including Quality Management; Eligibility, Enrollment and Disenrollment; Member Services and Program Integrity (**Table 5**). Magellan received less than 100% full compliance determinations for Provider Network (92% full compliance) and Member Grievances and Appeals (0% full compliance).

Evaluating Health Disparities

As stated in the Louisiana Quality Strategy, one of the goals for Healthier People, Healthier Communities is to: "Partner with communities to improve population health and address health disparities." Accordingly, Section 2.6 of the Quality Strategy outlines procedures for identifying, evaluating, and reducing health disparities. Going forward, LDH has continued to implement the following strategies to address health disparities in the Healthy Louisiana population:

- In LDH's Medicaid application process, the applicant is asked to identify age, race, ethnicity, gender, disability status and primary language spoken. The data collected are processed through the Louisiana Medicaid Eligibility Determination System and downloaded to the MMIS. This information is provided to MCOs upon a member's enrollment and is used by LDH to better understand the impact of health disparities.
- The Medicaid MCOs are required to report to LDH on select HEDIS PMs for adult and child health. These measures are stratified by age, race, ethnicity, gender, primary language and disability status, where feasible.
- LDH Office of Community Partnerships and Health Equity, in partnership with other LDH agencies, formed a Medicaid Health Equity Action Team to review Medicaid policy, procedures and processes to better implement

health equity initiatives and to deliver intentional strategies to foster health equity through knowledge and understanding of Louisiana's health disparities and inequities.

- In developing PIPs, MCOs are instructed to identify barriers that represent disparities (e.g., geographic, racial, BH) and to implement interventions to address these barriers. PIP data results can be stratified by race, region, and MCO.
- The MCOs are required to offer translation services for written marketing and enrollee education materials for any language that is spoken as a primary language for 200 or more MCO enrollees within the MCO's service area.
- Beginning in 2018, LDH's EQRO has conducted a health disparities survey of each MCO and reports responses in each MCO's ATR. The survey requests that the MCOs provide a description of actions being conducted to reduce disparities in health outcomes. For the 2022 Annual Technical Report, the EQRO evaluated MCOs with respect to their activities in response to this question: "Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO's Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?"
- In collaboration with LDH, the EQRO also designs and conducts a BH member satisfaction survey with the aim of producing a report that compares member satisfaction findings by MCO and recommends actionable improvement for Healthy Louisiana overall. This report interprets findings and identifies demographic disparities in experience of care by age, gender, race/ethnicity, and MCO. The report presents a disparity analysis of the adult and child survey sample findings stratified by member characteristics including race/ethnicity, gender, primary language, disability status, and members with and without substance use disorder.

Use of Sanctions

Louisiana's Quality Strategy outlines the state's use of sanctions including requiring an MCO to take remedial action, imposing intermediate sanctions and/or assessing liquidated damages due to non-compliance with contract requirements or federal or state laws. CAPs are often requested as a remedial action for MCOs with less than full compliance for elements reviewed in the annual compliance audit.

Healthy Louisiana MCOs must meet the requirements of their contract with LDH. If a contractor is deficient or non-compliant with contract requirements or federal or state laws, LDH may apply the following types of sanctions:

- administrative action or civil monetary penalties;
- appointment of temporary management for an MCO;
- granting enrollees the right to terminate enrollment without cause and notifying the affected enrollees of their right to disenroll;
- suspension of all new enrollments, including automatic assignment, after the date of the sanction;
- suspension of payment for enrollees enrolled after the effective date of the sanction and until CMS or LDH is satisfied that the reason for the sanction no longer exists and is not likely to recur; and
- additional sanctions allowed under state statutes or regulations that address the area of non-compliance.

Reports of administrative actions applied and/or monetary penalties assessed against each Healthy Louisiana MCO are posted on the LDH website for CY 2020 and 2021.[13] MCOs are notified by letter when there is a failed deliverable or non-compliance with contract requirements and are advised if a monetary penalty could or will be assessed. MCOs are allowed the opportunity to respond prior to a penalty being imposed. During CY 2021, there were a total of 140 issues and potential monetary penalties totaling $5.3 million. The number of issues and amount of penalties varied by MCO from 16 issues/$395,000 in penalties for ACLA to 40 issues/$1.7 million in penalties for United.

The following issues resulted in receipt of a notice of action for potential sanction for two or more MCOs:

- Claims and Encounter Management
  - Failure to implement pharmacy diagnosis codes
  - Failure to reprocess claims timely
- Program Integrity
  - Failure to timely void encounters (FWA)
- Provider Network:
  - Failure to update provider directory

- Quality Management
  - EQR compliance
- Reporting
  - Failure to timely submit required reports
- Services and Benefits
  - Failure to conduct assessments
  - Failure to provide non-emergency medical transportation (NEMT)
  - Failure to provide NEMT timely
  - Inappropriate use of non-emergency ambulance transportation (NEAT)
  - Community case management implementation
- Claims and Encounters
  - Failure to comply with encounter data requirements
  - Failure to program denials of 340B claims

State-MCO-EQRO Communications

Communication and collaboration are important in promoting effective quality monitoring and improvement. On a regular basis and sometimes ad hoc, communication between the state, MCOs, and the EQRO has evolved over time. IPRO continues to communicate regularly with LDH and with each MCO by email and telephone, to gather information for EQR activities and to provide technical assistance. IPRO follows each PIP through to completion including quarterly conference calls with each MCO to discuss progress and problems and if needed. IPRO also conducts training for MCOs on PIP development and implementation.

LDH convenes meetings with the Medicaid Quality Committee and Medicaid Quality Subcommittees. The LDH website provides information regarding the Medicaid Quality Committee including upcoming events, meeting minutes and materials, links to resources and relevant reports, and a list of the committee and subcommittee members.

LDH effectively communicates with the MCOs, enrollees, and the public through a well-designed internet website which includes the following informational references:

- Informational bulletins are posted on the "Provider and Plan Resources" webpage. Each bulletin is dated and identified by year and a sequential number. The purpose of the bulletin is to provide a centralized source of reference for new policies and/or procedures, and to clarify changes to current policies and procedures, thus offering a beneficial method of communicating this information with the MCOs and their provider network.
- Health plan advisories are also used to provide MCO notifications and are identified by year and a sequential number.
- A high level of data transparency is evidenced by links on the website to the MCO executed contracts, EQRO and other subcontractor contracts, quality PM reports, compliance review findings, MCO PIP reports and other LDH monitoring reports. There is also a user-friendly, interactive quality dashboard that provides visual comparisons of MCO quality PM results.
- CMS-required posting of the *Louisiana Quality Strategy* document, EQR ATRs, and current NCQA health plan accreditation status can also be found on the LDH website.

LDH contracts with an enrollment broker responsible for MMC enrollment and disenrollment activities. The enrollment broker provides daily updates on new enrollees and, at specified times each month, notifies each MCO on enrollments, re-enrollments, and disenrollments. MCOs use this information to maintain an enrollment file that includes race/ethnicity, primary language spoken, and selective health information, which assists the MCOs in determining what interpreter services are required in order to effectively communicate with enrollees.

Strategies and Interventions to Promote Quality Improvement

Louisiana's Quality Strategy includes several activities focused on quality improvement that are designed to build an innovative, well-coordinated system of care that addresses both medical and non-medical drivers of health such as PIPs, financial incentives, VBPs, HIT and other LDH department-wide quality initiatives. This section discusses the current projects completed or ongoing in Louisiana.

Performance Improvement Projects

A protocol for conducting PIPs was developed by CMS[14] to assist MCOs in PIP design and implementation. Federal regulations require that all PIPs be validated according to guidelines specified by CMS. In Louisiana, the EQRO is responsible for validating all PIPs.

Each state's MMC program determines the number of PIPs required to be conducted each year. In Louisiana, MCOs are required to perform two LDH-approved PIPs and a minimum of one additional LDH-approved BH PIP each contract year and may require up to two additional projects for a total of five active PIPs. The BH PIHP and the Dental prepaid ambulatory health plans (PAHP) also conduct PIPs that are validated by the EQRO.

The EQRO uses a systematic approach for validating MCO PIPs, including an EQRO and LDH review. The process begins with an EQRO and LDH review of the MCO's PIP proposal (topic rationale, aim, methodology, barrier analysis, planned interventions, and study indicators) using a PIP Report Checklist, created by IPRO. Each PIP component has a list of subcomponents which are rated as either: Met, Partially Met, or Not Met. Specific comments are also included to further explain Partially Met and Not Met review determinations. IPRO's review of each PIP final report includes an analysis of indicator results compared to target rates, assessment of interventions to address barriers, PIP strengths and opportunities for improvement, and an overall determination of the credibility of the results.

In addition to baseline, interim and final reports, the MCOs also submit quarterly update reports. The quarterly update report includes performance indicator results, intervention status, intervention tracking measures, and a discussion of barriers. The EQRO follows each PIP through to completion with conference calls with each MCO to discuss progress and problems and collaborative PIP meetings for all MCOs together. If needed, the EQRO also conducts training for MCOs on PIP development and implementation.

Louisiana's statewide collaborative PIP model offers an opportunity for shared learning and an avenue to address the same message to all MMC providers and members. Individual MCO conference calls with the EQRO, quarterly update reports, and monthly or quarterly collaborative PIP meetings provide valuable insight on PIP progress, especially through the use of intervention tracking measures (ITMs) that help quantify opportunities for improvement.

Table 6 lists the PIPs that are currently in process or completed during the review period of March 20, 2021–March 19, 2022.

Table 6: Status of Healthy Louisiana Performance Improvement Projects

MCO	PIP Topic	PIP Period	Status
All MCOs	Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET); (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA);	2018–2021	Baseline measurement period for IET PIP: 1/1/2018 – 12/31/2018. PIP extension from 2019 to 2020 to include the FUA measure, as well as IET measure. On 1/12/21, IPRO sent IET/FUA PIP Final 2020 PIP Report reviews to MCOs. PIP extension from 2020 to 2021 to include the POD measure, as well as the FUA and IET measures. 5/17/21: IPRO met with LDH, incorporated LDH comments and sent IET/FUA/POD QTR 1 PIP reports to plans. Plans report quarterly at collaborative PIP meetings. The PIP continued into 2021 and the final PIP report was submitted December 31, 2021.

MCO	PIP Topic	PIP Period	Status
	and Pharmacotherapy for Opioid Use Disorder (POD)		Overall final indicator results of performance: 2% of indicators met the target and improvement was demonstrated; 81% of indicators did not meet the target, but improvement was demonstrated; and 17% of indicators did not meet the target and did not demonstrate improvement.
All MCOs	Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	2019–2021	The baseline measurement period of this PIP was January 1, 2019, to December 31, 2019, with interventions initiated February 1, 2020. On 2/1/21, IPRO sent the HCV PIP Final 2020 PIP Report reviews to the plans. PIP extension from 2020 to 2021: 5/17/21: IPRO sent HCV QTR 1 PIP review comments to plans. Plans report quarterly at collaborative PIP meetings. Overall final indicator results of performance: 23% of indicators met the target and improvement was demonstrated; 71% of indicators did not meet the target, but improvement was demonstrated; and 6% of indicators did not meet the target and did not demonstrate improvement.
All MCOs	Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees	2021	This PIP was started on April 9, 2021 and utilized a baseline measurement from the *COVID-19 Vaccine Report* from December 15, 2020 to March 3, 2021. PIP Interventions were initiated on April 9, 2021. On 5/17/21, IPRO sent COVID-19 vaccine Baseline reviews to plans. Plans report monthly at collaborative PIP meetings. IPRO created power point presentation to show trends (based upon ULM data in COVID-19 vaccine reports as of the first week in each month).
All MCOs	Improving Receipt of Global Developmental Screening in the First Three Years of Life	2020–2021	This PIP was started in January 2021 and utilized a baseline measurement from January 1, 2020 to December 31, 2020. PIP Interventions were initiated on February 1, 2021. Baseline statewide rate measurement period: 1/1/2018-12/31/2018 (calculated by ULM, not available for 2019). On 2/12/21, IPRO sent Developmental PIP Baseline Report reviews to the plans. 5/3-5/6/21: IPRO reviewed Developmental Screening QTR 1 PIP reports, sent to LDH, then to the plans. Plans report monthly at collaborative PIP meetings.
Dental (PAHP) and Behavioral Health (PIHP) Performance Improvement Projects			
Dental Benefit Program Manager: MCNA	Increase Utilization of Sealants on First Permanent Molar by Age Ten	2020–2022	Baseline measurement period: 1/1/2020-12/31/2020. The PIP has since been extended to December 31, 2022. Interventions were initiated in May 2021. Proposal/Baseline Report was due 6/4/21, with possible extension to 6/11/21 to allow for completion of Analysis of Disproportionate Representation.
Dental Benefit Program	Increase Utilization of Sealants on First	2021–2022	Baseline Measurement Period for new plan: 1/1/2021-3/31/2021. The PIP has since been extended to December 31, 2022.

MCO	PIP Topic	PIP Period	Status
Manager: DentaQuest	Permanent Molar by Age Ten		Proposal/Baseline Report was due 6/4/21, with possible extension to 6/11/21 to allow for completion of Analysis of Disproportionate Representation.
Behavioral Health: Magellan of Louisiana CSoC Program	Monitoring Hospitalization Follow-up Practices	2019–2021	The revised proposal was submitted on 7/30/2019, Proposal /Baseline Report submitted on 10/3/2019, and the First Interim Report submitted on 5/1/2020. Second Interim Report was submitted 5/1/2021. A revised Second Interim Report was reviewed by IPRO on 6/9/21. The Final Report was due 5/1/2022. The final measurement period is January 1, 2021, to December 31, 2021. Overall interim indicator results of performance: Both indicators did not meet the target and did not demonstrate improvement.

MCO: managed care organization; PIP: performance improvement project; PAHP: prepaid ambulatory health plan; PIHP: prepaid inpatient health plan; DBPM: Dental Benefit Program Manager; MCNA: Managed Care of North America; ULM: University of Louisiana Monroe; CSoC: Coordinated System of Care.

Financial Incentives

Pay for Performance (P4P) incentive award programs have been implemented in states across the country as a means of improving quality performance. Some states have opted for a select set of measures while others include a much broader set of measures. State methodologies evaluate whether MCOs meet targeted goals, or improve year to year, or both. Several state methodologies also include penalties, such as failure to comply with submission requirements for reports or data or failure to meet benchmarks.

Managed Care Incentive Payment (MCIP) Program and Value-Based Payments

Beginning in 2018, LDH Medicaid introduced an MCO withhold of capitation payments to increase the use of VBP and improve health outcomes. MCO contracts required a 2% withhold of capitation payments; half of the withhold was tied to achievement of quality and health outcome targets for a selected set of incentive-based quality measures, while the other half was linked to increasing MCOs' use of VBP. LDH will increasingly require its MCOs to implement VBP strategies that reward providers for improving quality and efficiency of care for Medicaid enrollees. The MCO model contract sets the guidelines for earning back half or all of the VBP withhold amount based on the MCO maintaining or increasing its SFY reported use of VBP.

For the quality and health outcomes portion of the capitation withhold, 13 incentive-based rates were selected by LDH, including 12 measures submitted by the Healthy Louisiana MCOs as part of their MY 2020 HEDIS and CAHPS submissions, plus 1 non-HEDIS, state-specific measure, Initiation of Injectable Progesterone for Preterm Birth Prevention, which was calculated by LDH and University of Louisiana Monroe (ULM; **Table 2**). To earn back the full withhold amount associated with each incentive-based measure, the MCO must either meet the achievement target for that measure or show improvement in the measure rate by at least a 2.0-pp difference from the prior year's rate. While MCO measure rates are the focus of the incentive-based program, it should be noted that this analysis is from a statewide perspective.

Two of the incentive-based measures, Child and Adolescent Well-Care Visits (WCV) and Well-Child Visits in the First 30 Months (W30), were report-only and were not compared to the achievement or improvement targets. Excluding these 2 report-only measures, and looking only at SWA results (**Table 2**), 4 out of 11 statewide average incentive-based rates (36%) met either the achievement target for that measure or showed improvement:

- CAHPS Child Rating of Health Plan;
- CAHPS Adult Rating of Health Plan;
- PPC: Postpartum Care; and

- CDC: Eye Exam.

By choosing a select set of measures, as opposed to using all reported measures, LDH provides a more defined focus for MCO interventions that encourage provider behavior change leading to improvement of health outcomes. This incentive-based measure set continues to be comprehensive in that it addresses a concern for adult, child, and adolescent preventive care, BH, access to care and chronic conditions, as well as consumer satisfaction. It is important to use financial incentive strategies in the context of a broader quality improvement agenda, which LDH has in place. However, it is difficult to determine if the measure rates would have occurred without the incentive, or if the incentives for selected measures result in disincentives for improvement of other measures.

Health Information Technology

LDH's long-term approach to HIT and health information exchange (HIE) began with the creation of the *2018–2021 Louisiana HIT Roadmap*, prepared by Myers and Stauffer. The roadmap includes suggested areas to advance the state's HIT infrastructure and related timelines, potential methods to promote information exchange among various data sources, and possible approaches for enhanced stakeholder involvement to support integrated service delivery and alternative payment models in order to produce measurable improvements in health and financial outcomes. The roadmap is intended to be used as a resource for LDH and its stakeholders as they invest in HIT and data exchange models throughout the state.

Other LDH Department-wide Quality Initiatives

The MMC Program has benefitted from collaboration within the department in support of several ongoing quality initiatives as follows: stopped here

- **Taking Aim at Cancer in Louisiana**: This statewide initiative was launched in May 2018 with a 3-year grant from UnitedHealth Group to the Louisiana Cancer Consortium. Taking Aim at Cancer in Louisiana (TACL), an organization formed to address Louisiana's high rates of cancer, reached a milestone in early 2019 when its executive committee adopted bylaws and elected officers to establish TACL (pronounced 'tackle') as a 501(c)(3) nonprofit corporation. LDH is currently providing leadership and support for the initiative.
- **Louisiana Perinatal Quality Collaborative (LaPQC)**: This initiative of the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality, is a voluntary network of perinatal care providers, public health professionals and patient and community advocates supported by the LDH OPH, Bureau of Family Health. The goal of the collaborative is to promote evidence-based practices to be followed for every family, every time, at every birth facility. By participating in this collaborative, Louisiana hospitals benefit from participation in a similar national effort, the Alliance for Innovation on Maternal Health, which has shown that best practices can result in real change for a state's maternal health outcomes. The Collaborative Safe Birth Initiative continues to support progress related to maternal morbidity associated with hemorrhage and hypertension, and serves as a vehicle for a new focus on reducing Louisiana's low-risk, primary Cesarean section rate. A total of 42 Louisiana birthing facilities are currently participating in the Safe Births Initiative, covering over 96% of births in Louisiana.
- **Opioid Strategy:** Taking advantage of expanded federal grants from CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA), LDH and OBH continue to expand access to opioid use disorder treatment in primary care settings. The LDH website page entitled "Opioids: the Problem and Challenge in Louisiana"[15] offers information and tools for getting help, finding opioid treatment, accessing opioid surveillance data, patient and provider educational material and links to other opioid related resources. Louisiana's Advisory Council on Heroin and Opioid Prevention and Education (referred to as the HOPE Council) has prepared annual reports of state and local responses to the opioid crisis from 2017 through the most recent report for 2021.[16] Louisiana's Opioid Response Plan 2019 and The Louisiana Comprehensive Opioid Abuse Program Action Plan dated October 23, 2019 provide comprehensive and strategic approaches to addressing the opioid crisis in Louisiana. The Bureau of Health Informatics (BHI) in OPH continues to support these strategies by making data accessible from multiple internal and external sources through the Louisiana Opioid Data and Surveillance System tool.[17] The Addiction Treatment Locator, Assessment and Standards (ATLAS)[18] online platform continues to be available in Louisiana to provide standardized information on the quality of treatment facilities in the state that could appropriately assist an individual who is seeking addiction treatment services.
- **Hepatitis C Elimination Strategy:** In 2019, LDH and the Louisiana Department of Corrections launched an innovative payment model as part of Louisiana's plan to eliminate hepatitis C. By partnering with Asegua Therapeutics LLC, this

model allows the state to provide an unrestricted amount of the pharmaceutical company's direct-acting antiviral medication to treat patients who are on Medicaid or who receive care through the state's correction system for the next five years. Prior to the program beginning, 288 people had started treatment in the second quarter of 2019 and in the third quarter of 2019 the number of people starting treatment had increased drastically to 1,534. During 2021, the number of people starting treatment has appeared to level off at an average of 866 per quarter, which is still 3 times greater than the number starting treatment prior to the program beginning. Under this program, through the end of 2021, 10,991 people have started treatment since July 15, 2019.[19]

Strengths, Opportunities for Improvement and Recommendations

The strengths and opportunities for improvement in Louisiana's MMC Program are presented in this section as a culmination of this quality strategy evaluation summary.

Strengths

- Louisiana's *2021 Medicaid Managed Care Quality Strategy*, updated May 2021, is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress in attaining the goals can be quantitatively measured.
- Quality metrics used to assess progress in achieving the quality strategy's goals were derived from all five Healthy Louisiana MCOs required to annually report quality PMs including HEDIS quality metrics, CMS Adult and Children Core Data Sets, AHRQ PQIs, CAHPS consumer satisfaction measures, and several state-specified quality measures. The following strengths are identified by goal:
  - *Ensure access to care to meet enrollee needs:* 4 (33%) of the 12 SWA rates met or exceeded the national Medicaid 50th percentile target objective.
  - *Facilitate patient-centered, whole person care:* All (100%) SWA rates for the three measures for this goal met or exceeded the national Medicaid 50th percentile target objective.
  - *Promote wellness and prevention:* 17 (37%) of the SWA rates with benchmarks met or exceeded the national Medicaid 50th percentile target objective and three SWA rates met the improvement objective.
  - *Improve chronic disease management and control:* Two (11%) SWA rates met or exceeded the national Medicaid 50th percentile target objective and seven (41%) SWA rates for this goal met the improvement objective.
  - Overall, there were 26 (32%) SWA rates out of a total of 81 measures with benchmarks that met the target objective and 11 (14%) SWA rates that met the improvement objective out of a total of 77 rates that could be trended. SWA rates for one of the measures (COPD or Asthma in Older Adults Admission Rate) met both the national target and the improvement objective.
- LDH continues to report on a robust set of monitoring activities including enrollment, network adequacy, quality of care, member satisfaction, program transparency, medical loss ratio, claims, and diabetes and obesity.
- The EQRO monitoring reports included a guide to choosing a health plan; PM results and analysis; two network access and availability provider surveys, and a BH member satisfaction survey. In compliance with federal regulations, the EQRO prepared federally required MCO ATRs. Results for each MCO; a state MCO aggregate; a dental benefit aggregate; and a Magellan CSoC program report are posted on the LDH website.
- A high level of compliance with time and distance standards was reported in the aggregate ATR for all MCOs for PCPs. All five MCOs reported 100% compliance with time and distance access standards to adult PCPs for members in rural areas within 30 miles and 60 minutes. All five MCOs also met 100% compliance with time access standards to pediatric providers and ob/gyn providers for members in rural areas within 60 minutes. Four of the five MCOs met 100% compliance with distance access standards to pediatric PCPs for members in rural areas within 30 miles.
- LDH has shown its commitment to ensuring that improvements in health outcomes lead to equitable improvements in all groups as it continues to integrate procedures for identifying, evaluating, and reducing health disparities throughout the Healthy Louisiana program.
- There is effective communication between the state, MCOs, and the EQRO as evidenced by regularly scheduled meetings and conference calls for EQR activities. LDH commendably communicates with the MCOs, enrollees and the public through a well-designed and informative internet website.
- There is a structured and standardized approach in place for conducting and validating PIPs. Louisiana's statewide collaborative PIP model offers an opportunity for shared learning and an avenue to address the same message to all MMC providers and members. Individual MCO conference calls with the EQRO, quarterly update reports and monthly or quarterly collaborative PIP meetings provide valuable insight on PIP progress, and through the use of intervention tracking measures can help quantify opportunities for improvement.
- Healthy Louisiana has successfully integrated quality as a fundamental aspect of the managed care program by introducing an MCO withhold of capitation payment program to improve health outcomes and increase the use of VBP.
- LDH effectively collaborates with other LDH department-wide initiatives for the benefit of Healthy Louisiana members.

Opportunities for Improvement

- Opportunities for improvement are evident for numerous quality metrics identified by the following Quality Strategy goals:
  - *Ensure access to care to meet enrollee needs:* Five of the six SWA rates evaluated for improvement showed a decline in rates between MY 2019 and MY 2020. The statewide average rates for all four age groups of the Adults' Access to Preventive Ambulatory Health Services (AAP) did not meet either the target objective or the improvement objective: AAP: 20–44 years; 45–64 years; 65+ years and total.
  - *Improve coordination and transitions of care:* Of the five statewide average rates in this measure set, there was no improvement in Plan All-Cause Readmission SWA rates for observed readmissions or for expected readmission rates; and SWA rates for the two Follow-up After Hospitalization for Mental Illness (FUH) measures did not meet either the target or the improvement objective.
  - *Facilitate patient-centered, whole person care:* While all of the SWA rates for the three measures in this goal met or exceeded the national Medicaid 50th percentile, none of the measures improved by at least 2.0 pps.
  - *Promote wellness and prevention:* Opportunities for improvement are evident for the 26 SWA rates in this measure set (57%) that did not meet either the target objective or the improvement objective:
    - PPC: Timeliness of Prenatal Care;
    - Low-Risk Cesarean Delivery;
    - Initiation of Injectable Progesterone for Preterm Birth Prevention;
    - Percentage of Low Birth Weight Births;
    - CIS: DTap; Pneumococcal conjugate; Hepatitis A; Influenza; Combination 4, 6, 7, 8, 9 and 10;
    - FVA: Flu Vaccinations for Adults Ages 18 to 64;
    - WCC: BMI Percentile Total;
    - All six of the CCP: Contraceptive Care – Postpartum measures;
    - CCS: Cervical Cancer Screening; and
    - all three of the Medical Assistance with Smoking and Tobacco Use Cessation measures.
  - *Improve chronic disease management and control:* Opportunities for improvement are evident for the nine SWA rates in this measure set (53%) that did not meet either the target objective or the improvement objective:
    - Three PQI rates: Diabetes Short-term Complications; Heart Failure Admission; Asthma in Younger Adults Admissions;
    - CDC: Hemoglobin (HbA1c) Testing; HbA1c Poor Control (>9.0%); HbA1c Control (<8.0%);
    - HIV Viral Load Suppression; and
    - ADD: Initiation and Continuation and Maintenance Phases.
- Several core measures listed in the 2021 Quality Strategy were identified as indicators, but MY 2020 data was not collected or available, including several HEDIS measures as well as other measures developed by AHRQ, CMS and the state as listed in **Table 3**. Including these measures in the required MY 2021 measure set will provide a more complete evaluation of how well the Healthy Louisiana MMC Program is doing in achieving its quality strategy goals.
- As reported in the *FY 2021 Aggregate Annual Technical Report*, the percent of members in urban areas meeting the time and distance access standards to adult PCPs, pediatric providers and ob/gyns was less than 100% for all five MCOs. Opportunities for improvement for all MCOs are particularly evidenced for access to ob/gyns by distance for members in urban areas and for all but one MCO for access to ob/gyns by distance in rural areas.
- The access and availability provider surveys, conducted by the EQRO, found overall compliance with timeliness requirements were substantially below the MCO contracted timeliness standards. For ENT and cardiology specialists, overall compliance with timeliness standards were 36.2% for routine calls and 7.5% for non-urgent calls. For gastroenterologists, urologists and ob/gyns, the overall compliance with timeliness standards were 24.7% for routine calls and 4.6% for non-urgent calls.
- The low overall response rates for the *Healthy Louisiana Behavioral Health Member Satisfaction Survey* conducted by the EQRO resulted in recommendations for the state regarding sampling methodology and survey questions.

Recommendations

It is recommended that LDH, in collaboration with the EQRO and the MCOs, address the above listed opportunities for improvement and the following recommendations:

- Overall, LDH is successfully implementing the *2021 Quality Strategy*, which includes a thorough set of HEDIS, CAHPS and state-specific measures to assess quality performance, along with well-considered targets for achievement and

improvement. The measure set is now specifically aligned with the strategy goals and objectives which should allow LDH to better evaluate their level of success in achieving the stated goals. Requiring the MCOs to submit all the measures listed in the *2021 Quality Strategy* measure set for MY 2021, will enable LDH and the EQRO to better prepare a more complete assessment of how well the Healthy Louisiana MMC Program is doing in achieving its goals.

- LDH should examine each of the measures with SWA rates that are not improving over time or that are below the desired benchmarks. To prioritize where improvement is most needed, LDH could start with the measures that did not meet either the target or the improvement objective. Out of the 74 measures where the target and the improvement objective could be assessed, 41 (55%) of the SWA rates did not meet either objective. Another focus could be directed at the low level of improvement evidenced by only 11 (14%) SWA rates exceeding the prior year's rate by at least a 2.0-pp improvement. Further analysis by MCO may indicate whether poor performance is mainly a problem with one or two MCOs, or if it is an issue for most MCOs. Conducting barrier analysis on these prioritized areas may suggest the need to implement interventions such as future PIPs or focus clinical studies.
- The access and availability survey results continue to indicate a need to further address provider network adequacy, which was identified in both survey reports as a common problem. LDH may want to consider methods of supporting the MCOs in their outreach to recruit providers, especially specialists and subspecialists in urban areas. It should also be noted that Network Adequacy Validation is a mandatory EQR activity, but CMS has not yet published a protocol to support the activity. Once the protocol is created, states will have 1 year to begin implementation. LDH could consider initiating validation activities such as regular provider directory and web-based directory validations and/or provider and member focus groups to better understand the barriers both providers and members encounter in providing and/or accessing medical services through Louisiana's MMC system.

References and Notes

[1] Social Security Act, Section 1915: http://www.ssa.gov/OP_Home/ssact/title19/1915.htm (Accessed May 21, 2022).

[2] Social Security Act, Section 1932: http://www.ssa.gov/OP_Home/ssact/title19/1932.htm (Accessed May 21, 2022).

[3] Balanced Budget Act of 1997: http://www.govtrack.us/congress/bills/105/hr2015 (Accessed May 21, 2022).

[4] Electronic Code of Federal Regulations, 438 Managed Care: https://www.ecfr.gov/cgi-bin/text-idx?SID=8f10bd38d96ac3f7d64bdda24a553e1c&mc=true&node=pt42.4.438&rgn=div5 (Accessed May 21, 2022).

[5] Medicaid and CHIP Managed Care Final Rule, Federal Register, April 25, 2016: https://www.federalregister.gov/articles/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered (Accessed May 21, 2022).

[6] U.S. Government Publishing Office, Title 42 Public Health: https://www.govinfo.gov/app/details/CFR-2016-title42-vol4/CFR-2016-title42-vol4-sec438-340 (Accessed May 21, 2022).

[7] Institute for Healthcare Improvement (IHI): Triple Aim: http://www.ihi.org/Topics/TripleAim/Pages/Overview.aspx (Accessed May 21, 2022).

[8] CMS Core Set of Adult and Child Health Care Quality Measures for Medicaid; Technical Specifications and Resource Manual for Federal Fiscal Year 2020 Reporting, September 2021; https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html (Accessed May 21, 2022)

[9] Consumer Assessment of Healthcare Providers and Systems (CAHPS) provided by the Agency for Healthcare Research and Quality; http://www.ahrq.gov/cahps/index.html (Accessed May 21, 2022).

[10] NCQA *Quality Compass®: Benchmark and Compare Quality Data*: https://www.ncqa.org/programs/data-and-information-technology/data-purchase-and-licensing/quality-compass/ (Accessed May 21, 2022).

[11] NCQA Letter regarding HEDIS trending determinations: https://www.ncqa.org/wp-content/uploads/2021/02/20210226_HEDIS_MY_2020_Measure_Review_Memo.pdf (Accessed May 21, 2022).

[12] ACT 210 of the 2013 State of Louisiana Legislative Session: http://www.legis.la.gov/legis/ViewDocument.aspx?d=857223 (Accessed May 21, 2022).

[13] LDH website link: http://ldh.la.gov/index.cfm/page/1610 (Accessed May 21, 2022).

[14] Available on the CMS website: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf (Accessed May 22, 2022).

[15] Louisiana Department of Health: https://ldh.la.gov/subhome/54 .

[16] Louisiana Department of Health: https://ldh.la.gov/page/2970 (Accessed May 22, 2022).

[17] Louisiana Opioid Data and Surveillance System tool: https://lodss.ldh.la.gov/ (Accessed May 22, 2022).

[18] ATLAS Addiction Treatment Locator, Assessment and Standards tool: https://www.treatmentatlas.org/ (Accessed May 22, 2022).

[19] Louisiana Department of Health: Louisiana Health Report Card: Hep C, https://ldh.la.gov/assets/hepc/prod/ (Accessed May 20, 2022).