# State of Louisiana Department of Health

## Medicaid Managed Care Quality Strategy Evaluation
## Review Period: March 20, 2020 – March 19, 2021

**FINAL**

July 2021

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# 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 Medicaid managed care programs include the Social Security Act (Part 1915[i] and Part 1932(a)),[ii] the Balanced Budget Act of 1997 (BBA)[iii] and Title 42, Part 438 of the Code of Federal Regulations (CFR).[iv] 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.[v] The Final Rule modernized Medicaid managed care 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.),[vi] 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 March 2019, and is guided by the Triple Aim of the National Quality Strategy.

To conduct this evaluation, Louisiana Medicaid contracted with Island Peer Review Organization (IPRO), an external quality review organization. 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 35 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 external quality review organization (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, 2020 to March 19, 2021.

## 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 Medicaid managed care 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 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 Behavioral Health PIHP (managed by Magellan of Louisiana CSoC Program) to help children with behavioral health challenges that are at risk for out-of-home placement.

Louisiana Medicaid currently serves nearly 1.7 million enrollees, approximately 37 percent of the state's population. There are five statewide MCOs: Aetna Better Health (ABH); AmeriHealth Caritas Louisiana (ACLA); Healthy Blue (HB); Louisiana Healthcare Connections (LHCC); and UnitedHealthcare Community Plan (UHC). In February 2020, the state announced its intent to contract with two dental Prepaid Ambulatory Health Plans (PAHPs) for Medicaid following a state bid process that began in June 2019 when the Department issued a request for proposals. LDH selected DentaQuest USA Insurance Company, Inc. and MCNA Insurance Company d/b/a MCNA Dental Plans as its dental partners, effective January 1, 2021. On June 24, 2021, LDH initiated procurement for its full-risk Medicaid managed care contracts. Responses to this RFP are due by September 3, 2021.

Healthy Louisiana covers more than 90 percent of Louisiana Medicaid members, including more than 481,000 new adults 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 1,406,048 in June 2019 to 1,561,194 in June 2020. MCO enrollment as of June 2020 ranged from a high of 473,872 for LHC to 129,527 for ABH.

Table 1: List of Current Louisiana Medicaid MCOs by Enrollment

| MCO Name | MCO Acronym | Enrollment June 2019 | Enrollment June 2020 |
|---|---|---|---|
| Aetna Better Health | ABH | 112,513 | 129,527 |
| AmeriHealth Caritas Louisiana | ACLA | 194,944 | 208,885 |
| Healthy Blue | HB | 251,938 | 294,513 |
| Louisiana Healthcare Connections | LHCC | 436,317 | 473,872 |
| UnitedHealthcare Community Plan | UHC | 410,336 | 454,397 |
| Total | | 1,406,048 | 1,561,194 |

Source: Louisiana Department of Health, Report No. 109-A: 1. This report shows all active members in Healthy Louisiana as of the effective date above. Members to be dis-enrolled 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. 2. The statewide total includes membership of all MCOs.
MCO: managed care organization.

## 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[vii] and the aims and priorities selected by CMS for their national quality strategy. Posted on the LDH website, Louisiana's 2019 Quality Strategy identifies the following three aims:

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

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

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

LDH is currently working on an update to the 2019 Quality Strategy. A draft, dated May 2021, was previously posted for public comment on the LDH website.

## 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 Medicaid Managed Care Quality Strategy.

The Louisiana Medicaid Medical Care Advisory Committee (formerly known as the Medicaid Quality Committee) provides consultation on quality improvement activities to promote access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and Children's Health Insurance Program 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 2019 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, 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*®.

Second, IPRO evaluated Louisiana Medicaid's Quality Monitoring activities. This evaluation consisted of a review of Louisiana Department of Health 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 performance measure results, compliance review results, access and availability survey findings, behavioral health member satisfaction, and the Annual EQR Technical Reports.

Third, IPRO evaluated State-MCO-EQRO communications by reviewing online data sources. In addition to the LDH and external quality review 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 reports, MCO withhold of capitation payments to increase the use of Value-Based Payment and improve health outcomes, and the Louisiana Health Information Technology Roadmap.

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

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[i] Social Security Act, Section 1915: http://www.ssa.gov/OP_Home/ssact/title19/1915.htm (Accessed June 6, 2021).
[ii] Social Security Act, Section 1932: http://www.ssa.gov/OP_Home/ssact/title19/1932.htm (Accessed June 6, 2021).
[iii] Balanced Budget Act of 1997: http://www.govtrack.us/congress/bills/105/hr2015 (Accessed June 6, 2021).
[iv] 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 June 6, 2021).
[v] 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 June 6, 2021).
[vi] 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 June 6, 2021).
[vii] Institute for Healthcare Improvement (IHI): Triple Aim: http://www.ihi.org/Topics/TripleAim/Pages/Overview.aspx (Accessed June 9, 2021).

## Core Program Performance Results

LDH requires MCOs to report quality performance measures annually including the HEDIS quality metrics, CMS Adult and Children Core Set[viii], AHRQ Prevention Quality Indicators, CAHPS[ix] 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 reporting MMC MCOs nationwide, and thus allows state policy creators to better identify program strengths and weaknesses and target areas most in need of improvement (**Table 2**).

Table 2: HEDIS Rate Categories and NCQA Quality Compass National Percentiles

| Rate Category | How the HEDIS 2019 Rate Compares to NCQA Quality Compass National Percentiles |
|---|---|
| < 25 | Below the national Medicaid 25th percentile |
| > 25 | At or above the national Medicaid 25th percentile but below the 50th percentile |
| > 50 | At or above the national Medicaid 50th percentile but below the 75th percentile |
| > 75 | At or above the national Medicaid 75th percentile but below the 90th percentile |
| > 90 | At or above the national Medicaid 90th percentile |
| N/A | No national benchmarks available for this measure |

HEDIS: Healthcare Effectiveness Data and Information Set; NCQA: National Committee for Quality Assurance; N/A: not applicable.

The following section of the evaluation presents an analysis of statewide performance metrics selected for the 2019 Quality Strategy and are categorized in three separate tables: Incentive-Based Measures; Non-Incentive HEDIS Measures; and non-HEDIS, State-Specific Measures. Change in rates between reporting years (RY) 2019 and 2020 are presented for all measures, and a benchmark comparison is also included in each table. For the HEDIS Incentive-Based measures **(Table 3)**, each measure rate is compared to a target benchmark rate derived from the NCQA *Quality Compass Medicaid®* [x] 50th percentile for the year prior to the measurement year (MY). All other HEDIS measures **(Table 4)** are compared to the HEDIS 2020 Medicaid *Quality Compass* percentile ranking, where possible. The benchmark selected for non-HEDIS measures **(Table 5)** is the best performance reported to LDH by any MCO for the prior MY.

For the 2019 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 2020. Specification changes in these measures for HEDIS 2020 may cause fluctuation in results when compared to the prior year. This memorandum further suggests that several HEDIS 2020 measures should not be trended with previous years due to significant changes in the measure specifications, and these include: Prenatal and Postpartum Care (PPC) and Plan All-Cause Readmissions (PCR).

Table 3: 2020 Healthy Louisiana Incentive-Based Measures – Target and Improvement Objectives

| Identifier | Measures | HEDIS 2020 Rate | HEDIS 2019 Rate | Percentage Point Difference 2019–2020 | Met Target Objective | Met Improve-ment Objective |
|---|---|---|---|---|---|---|
| Target Objective: HEDIS 2020 (MY 2019) rate meets or exceeds the Medicaid national 50th percentile rate for the year prior to the MY (2018 *Quality Compass*) | | | | | | |
| Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year | | | | | | |
| ADD | Follow-up Care for Children Prescribed ADHD Medication – Initiation Phase | 45.42% | 50.65% | -5.23 | Yes | No |
| | Follow-up Care for Children Prescribed ADHD Medication – Continuation Phase | 60.24% | 65.01% | -4.76 | Yes | No |
| AMB-ED | Ambulatory Care – ED Visits/1,000MM[1] | 74.57[1] | 75.02[1] | -0.45 | No | No |
| AWC | Adolescent Well Care Visit | 58.97% | 56.68% | 2.29 | Yes | Yes |
| CPA | CAHPS Adult Rating of Health Plan (8+9+10)[2] | 80.34% | 79.46% | 0.88 | Yes | No |
| CPC | CAHPS Child Rating of Health Plan (8+9+10)[2] | 87.19% | 89.01% | -1.82 | Yes | No |
| CBP | Controlling High Blood Pressure – Total | 49.98% | 47.88% | 2.09 | No | Yes |
| CDC | Comprehensive Diabetes Care – HbA1c Testing | 86.28% | 85.78% | 0.49 | No | No |
| | Eye Exam (retinal) Performed | 57.52% | 58.20% | -0.68 | No | No |
| | Medical Attention for Nephropathy | 90.98% | 90.85% | 0.13 | Yes | No |
| FUH | Follow-up after Hospitalization for Mental Illness – within 30 days of discharge | 43.04% | 43.97% | -0.93 | No | No |
| PPC | Timeliness of Prenatal Care[3] | 85.85% | 79.40% | 6.45 | Yes | Yes |
| | Postpartum Care[3] | 75.38% | 67.63% | 7.75 | Yes | Yes |
| W15 | Well-Child Visits in First 15 Months of Life – Six or more well-child visits | 64.72% | 63.22% | 1.50 | No | No |
| W34 | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 71.86% | 70.05% | 1.80 | No | No |
| PTB | Initiation of Injectable Progesterone for Preterm Birth Prevention[4] | 22.50% | 22.76% | -0.26 | No | No |
| Total Number Meeting Objectives[5] | | | | | 8 | 4 |

[1] A lower rate indicates better performance.

[2] Statewide Rates were extracted from the NCQA *Quality Compass* Statewide Benchmarks: Average Rates.

[3] As per NCQA, HEDIS 2020 specifications for this measure significantly changed how this measure was calculated compared to prior years.

[4] This is a state-specific measure, not derived from CMS. This measure was calculated by LDH/University of Louisiana Monroe (ULM). The achievement target for this measure was designated by LDH in the 2019 Healthy Louisiana Performance Measures: Guide for MCO Reporting, 2019 Reporting Year.

[5] Target Objective: HEDIS 2020 (MY 2019) rate meets or exceeds the Medicaid national 50th percentile rate for the year prior to the MY (2018 *Quality Compass*)
Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior year
Grey shaded cells indicate not applicable.
HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; MM: member months; ED: emergency department.

Table 4: HEDIS 2020 Non-Incentive Performance Measures –Trend and National Medicaid Benchmark Achieved

| Identifier | Measures[1] | HEDIS 2020 Rate | HEDIS 2019 Rate | Percentage Point Difference[2,3] 2020–2019 | Met Improve-ment Objective[4] | HEDIS 2020 Percentile Achieved |
|---|---|---|---|---|---|---|
| Improvement Objective: HEDIS 2020 rate improved by 2.0 or more percentage points compared to HEDIS 2019 | | | | | | |
| AAP | Adults' Access to Preventive/Ambulatory Health Services: Total | 79.10% | 79.61% | -0.51 | No | >25 |
| AAP | AAP: 20–44 years | 76.19% | 76.81% | -0.62 | No | >25 |
| AAP | AAP: 45–64 years | 84.49% | 84.95% | -0.46 | No | >25 |
| AAP | AAP: 65+ years | 84.71% | 86.24% | -1.53 | No | >25 |
| ABA | Adult BMI Assessment | 82.90% | 82.51% | 0.39 | No | <25 |
| AMB | Ambulatory Care – Outpatient Visits Total ages | 433.98 | 413.54 | 20.44 | Yes | >75 |
| AMM | Antidepressant Medication Management – Effective Acute Phase Treatment | 48.98% | 48.17% | 0.81 | No | <25 |
| AMM | Antidepressant Medication Management – Effective Continuation Phase Treatment | 33.25% | 32.56% | 0.69 | No | <25 |
| AMR | Asthma Medication Ratio – Total Rate | 64.50% | 64.08% | 0.42 | No | >50 |
| BCS | Breast Cancer Screening | 58.13% | 57.70% | 0.43 | No | >25 |
| CAP | Child and Adolescents' Access to Primary Care Practitioners: Children 12 – 24 mos.[2] | 96.51% | 95.68% | 0.83 | No | >50 |
| CAP | Children 25 months – 6 years[2] | 88.84% | 88.36% | 0.48 | No | >50 |
| CAP | Children 7-11 years[2] | 91.27% | 91.25% | 0.02 | No | >25 |
| CAP | Children 12-19 years[2] | 90.38% | 90.60% | -0.22 | No | >50 |
| CCS | Cervical Cancer Screening – Total[2] | 57.49% | 56.41% | 1.08 | No | >25 |
| CDC | HbA1c Poor Control (>9.0%)[1] | 48.47% | 45.52% | 2.95[1] | No | <25 |
| CDC | HbA1c Control (<8.0%) | 42.92% | 45.04% | -2.12 | No | <25 |
| CDC | Blood Pressure Control (<140/90 mm Hg) | 47.18% | 50.93% | -3.75 | No | <25 |
| CHL | Chlamydia Screening in Women - Total | 66.88% | 66.19% | 0.69 | No | >75 |
| CIS | Childhood Immunization Status – Diphtheria, Tetanus, and Acellular Pertussis (DTaP) | 74.99% | 75.28% | -0.29 | No | >25 |
| CIS | Polio (IPV) | 91.25% | 90.72% | 0.53 | No | >50 |
| CIS | Measles, Mumps and Rubella (MMR) | 88.49% | 88.74% | -0.25 | No | >25 |
| CIS | Haemophilus Influenza Type B (HiB) | 89.23% | 88.56% | 0.67 | No | >50 |
| CIS | Hepatitis B (HepB) | 91.81% | 91.58% | 0.23 | No | >50 |
| CIS | Chicken Pox (VZV) | 88.27% | 88.84% | -0.57 | No | >25 |
| CIS | Pneumococcal Conjugate (PCV) | 75.97% | 75.92% | 0.05 | No | >25 |
| CIS | Hepatitis (HepA) | 84.01% | 84.73% | -0.72 | No | >25 |
| CIS | Rotavirus (RV) | 70.76% | 69.59% | 1.17 | No | >25 |
| CIS | Influenza (flu) | 36.23% | 34.86% | 1.37 | No | <25 |
| CIS | Combination 2 | 73.38% | 74.12% | -0.74 | No | >25 |
| CIS | Combination 3 | 69.99% | 70.99% | -1.00 | No | >25 |
| CIS | Combination 4 | 67.82% | 68.61% | -0.79 | No | >25 |
| CIS | Combination 5 | 59.67% | 60.03% | -0.36 | No | >25 |
| CIS | Combination 6 | 31.82% | 31.33% | 0.49 | No | <25 |
| CIS | Combination 7 | 57.89% | 58.43% | -0.54 | No | >25 |
| CIS | Combination 8 | 30.91% | 30.76% | 0.15 | No | <25 |
| CIS | Combination 9 | 28.17% | 27.19% | 0.98 | No | <25 |
| CIS | Combination 10 | 27.51% | 26.84% | 0.67 | No | <25 |
| COL | Colorectal Screening | 36.54% | 32.23% | 4.31 | Yes | N/A |

| Identifier | Measures[1] | HEDIS 2020 Rate | HEDIS 2019 Rate | Percentage Point Difference[2,3] 2020–2019 | Met Improve-ment Objective[4] | HEDIS 2020 Percentile Achieved |
|---|---|---|---|---|---|---|
| Improvement Objective: HEDIS 2020 rate improved by 2.0 or more percentage points compared to HEDIS 2019 | | | | | | |
| FUH | Follow-up after Hospitalization for Mental Illness within 7 days of discharge | 22.15% | 22.55% | -0.40 | No | <25 |
| FVA | Flu Vaccinations for Adults Ages 18 to 64[5] | 43.36% | 38.85% | 4.51 | Yes | >25 |
| IMA | Immunization Status for Adolescents: Meningococcal | 90.33% | 90.04% | 0.29 | No | >75 |
| IMA | Tdap/Td | 89.90% | 90.23% | -0.33 | No | >50 |
| IMA | HPV | 45.09% | 41.65% | 3.44 | Yes | >50 |
| IMA | Combination #1 | 89.26% | 88.58% | 0.68 | No | >75 |
| IMA | Combination #2 | 44.44% | 40.49% | 3.95 | Yes | >75 |
| MMA | Medication Management for People with Asthma Total – Medication Compliance 50% | 56.83% | 53.85% | 2.98 | Yes | N/A |
| MMA | Medication Management for People with Asthma Total – Medication Compliance 75% | 32.06% | 29.61% | 2.45 | Yes | <25 |
| MPM | Annual Monitoring for Patients on Persistent Medications – Total Rate | 89.60% | 89.23% | 0.37 | No | N/A |
| MPM | ACE Inhibitors / ARBs | 89.70% | 89.44% | 0.26 | No | N/A |
| MPM | Diuretic | 89.47% | 88.96% | 0.51 | No | N/A |
| MSC | Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers and Tobacco Users to Quit[5] | 74.25% | 73.61% | 0.64 | No | <25 |
| MSC | Discussing Cessation Medications[5] | 48.52% | 45.66% | 2.86 | Yes | <25 |
| MSC | Discussing Cessation Strategies[5] | 46.69% | 42.85% | 3.84 | Yes | >25 |
| PCR | Plan All-Cause Readmissions – Observed Readmissions [1,3] | 10.50% | 16.87% | NT | NT | N/A |
| SAA | Adherence to Antipsychotic Medications for Individuals with Schizophrenia[2] | 51.03% | 49.36% | 1.67 | No | <25 |
| SPC | Statin Therapy for Patients with Cardiovascular Disease – Received Statin Therapy Total[2] | 77.54% | 75.32% | 2.22 | Yes | >25 |
| SPC | Statin Adherence 80% Total[2] | 57.54% | 55.34% | 2.20 | Yes | <25 |
| SSD | Diabetes Screening for People with Schizophrenia or Bipolar who are using Antipsychotic Medications[2] | 84.00% | 82.88% | 1.12 | No | >50 |
| WCC | Weight Assessment and Counseling for Nutrition and Physical Activity – BMI Percentile | 68.57% | 65.66% | 2.91 | Yes | <25 |
| WCC | Counseling for Nutrition Total | 56.89% | 58.66% | -1.77 | No | <25 |
| WCC | Counseling for Physical Activity Ages Total | 48.23% | 50.62% | -2.39 | No | <25 |

[1] A lower rate indicates better performance

[2] Trending should be viewed with caution, as per National Committee for Quality Assurance.

[3] Measure should not be trended, as per National Committee for Quality Assurance.

[4] Improvement Objective: HEDIS 2020 rate improved by 2.0 or more percentage points compared to HEDIS 2019.

[5] Measure rate was extracted from the NCQA Quality Compass Statewide Benchmarks: Average Rates.

Note: The HEDIS® Measures Annual Monitoring for Patients on Persistent Medications (MPM); Medication Management for People with Asthma (MMA) Total – Medication Compliance 50%; Colorectal Cancer Screening; and Plan All-Cause Readmissions are not included in the Quality Compass file.

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; N/A: not applicable (no Medicaid *Quality Compass* benchmark); NT: not trended.

Table 5: Non-HEDIS, State-Specific Performance Measures RY 2019–2020 – Target and Improvement Objectives

| Identifier | Measures[1,2] | RY 2020 Rate | RY 2019 Rate | Percentage Point Difference 2019-2020 | Best MCO Rate for Prior MY | Met Target Objective[3] | Met Improve-ment Objective[3] |
|---|---|---|---|---|---|---|---|
| Target Objective: RY 2020 rate meets or exceeds the best performance reported to LDH by any MCO for the prior MY | | | | | | | |
| Improvement Objective: The RY 2020 rate improved by 2.0 or more percentage points compared to the prior MY | | | | | | | |
| CCP-CH | Contraceptive Care – Postpartum (ages 15–20), most or moderately effective, 3 days | 4.56% | 3.81% | 0.75 | 9.15% | No | No |
| CCP-CH | Contraceptive Care – Postpartum (ages 15–20), most or moderately effective, 60 days | 51.32% | 49.53% | 1.79 | 52.57% | No | No |
| CCP-CH | Contraceptive Care—Postpartum (ages 15–20), LARC 3 days | 3.23% | 2.28% | 0.95 | 4.58% | No | No |
| CCP-CH | Contraceptive Care—Postpartum (ages 15–20), LARC 60 days | 16.54% | 13.45% | 3.09 | 17.65% | No | Yes |
| CCP-AD | Contraceptive Care—Postpartum (ages 21–44), most or moderately effective, 3 days | 11.56% | 12.61% | -1.05 | 13.90% | No | No |
| CCP-AD | Contraceptive Care—Postpartum (ages 21–44), most or moderately effective, 60 days | 48.21% | 50.11% | -1.90 | 53.02% | No | No |
| CCP-AD | Contraceptive Care—Postpartum (ages 21–44), LARC 3 days | 2.19% | 2.02% | 0.17 | 2.39% | No | No |
| CCP-AD | Contraceptive Care—Postpartum (ages 21–44), LARC 60 days | 12.25% | 11.42% | 0.83 | 12.16% | Yes | No |
| HIV | HIV Viral Load Suppression[2] | 77.85% | 75.88% | 2.26 | 77.23% | Yes | Yes |
| LBW | Percentage of Low Birth Weight Births[1] | 12.23%[1] | 12.09%[1] | 0.14 | 11.29% | No | No |
| NQF PC-01 | Elective Delivery[1] | 1.73%[1] | 2.02%[1] | -0.29 | 1.15% | No | No |
| NSV | Cesarean Rate for Low-Risk First Birth Women[1] | 27.58%[1] | 28.62%[1] | -1.04 | 27.62% | Yes | No |
| PQI01 | Diabetes Short Term Complications Admission Rate[1,2] | 18.98[1] | 20.30[1] | -1.32 | 17.56 | No | No |
| PQI05 | COPD and Asthma in Older Adults Admission Rate[1,2] | 37.76[1] | 42.47[1] | -4.71 | 31.88 | No | Yes |
| PQI08 | Heart Failure Admission Rate[1,2] | 28.53[1] | 28.92[1] | -0.39 | 20.33 | No | No |
| PQI15 | Asthma in Younger Adults Admission Rate[1] | 3.21[1] | 3.17[1] | 0.04 | 2.73 | No | No |

[1] A lower rate indicates better performance

[2] A University of Louisiana Monroe (ULM)-calculated rate was used when some plan rates were not yet finalized.

[3] Target Objective: RY 2020 rate meets or exceeds the best performance reported to LDH by any MCO for the prior MY
Improvement Objective: The RY 2020 rate improved by 2.0 or more percentage points compared to the prior MY

HEDIS: Healthcare Effectiveness Data and Information Set; RY: reporting year; MCO: managed care organization; LDH: Louisiana Department of Health; MY: measurement year; LARC: long-acting reversible contraception.

## Summary of Core Program Performance Measure Results

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

### 2020 Healthy Louisiana Incentive-Based Measures

There were 16 Incentive-Based measures selected by LDH for 2020, including measures of behavioral health, access to care, preventive care, chronic care, and consumer satisfaction. Fifteen of the measures were submitted by the Healthy Louisiana MCOs as part of their 2020 HEDIS and CAHPS submissions. There was also one state-specific measure, Initiation of Injectable Progesterone for Preterm Birth Prevention, which was calculated by LDH and the University of Louisiana Monroe (ULM).

Statewide rates for 9 of the 16 Incentive Measures (56%) met either the target objective or the improvement objective, or both. Statewide rates for three of the measures met both the national benchmark target and the improvement objective. Of the 12 measures that did not meet the improvement target, 6 measures (50%) showed some improvement, but not as much as 2 percentage points. Excluding the one measure, AMB – ED Visits/1,000 MM, where a lower rate indicates better performance, there were six measure rates that did not show improvement between HEDIS 2019 – HEDIS 2020; however, three of these measure rates still met or exceeded the national 50th percentile target (**Table 3**).

Based on this statewide rate analysis, opportunities for improvement are evident for seven measures (44%) that failed to meet either the national target or the improvement objective:

- Ambulatory Care – ED Visits/1,000MM;
- Comprehensive Diabetes Care – HbA1c Testing;
- Comprehensive Diabetes Care – Eye Exam (retinal) Performed;
- Follow-up after Hospitalization for Mental Illness – Within 30 Days of Discharge;
- Well-Child Visits in First 15 Months of Life – Six or more well-child visits;
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; and
- Initiation of Injectable Progesterone for Preterm Birth Prevention.

### HEDIS 2020 Non-Incentive Performance Measures

This measure set included a total of 62 statewide measure rates submitted by the Healthy Louisiana MCOs as part of their 2020 HEDIS and CAHPS submissions **(Table 4)**. The measures represented a range of HEDIS measures including effectiveness of care, access and availability, utilization, and consumer satisfaction. All but one of the 2020 measures (61 in total) could be compared to 2019 rates. There were 6 measures that were not included in the 2020 Quality Compass file (indicated with N/A in **Table 4**) leaving a total of 56 measures that could be compared to national benchmarks.

Of the 61 measures that could be trended, 40 (66%) showed improvement; however, only 12 of the measures (20%) improved by at least 2.0 percentage points from the prior year. Of the 56 measures that could be compared to the 2020 NCQA *Quality Compass* benchmark rates, 15 measures (27%) had rates at or above the national 50th percentile, including 5 measures with rates at or above the national 75th percentile but lower than the 90th percentile.

A total of 20 of the 61 measures (33%) did not show improvement in statewide rates between HEDIS 2019 and HEDIS 2020, including the CDC HbA1c Poor Control (>9.0%) measure where a lower rate indicates better performance. Of the 56 measures with National Quality Compass benchmarks in this measure set, there are opportunities for improvement evident for 20 statewide measure rates (36%) that are below the national 25th percentile.

### Non-HEDIS, State-Specific Measures: Preventive Quality Indicator Measures, Vital Records and CMS Measures

This measure set includes 16 state-specific measures that are submitted annually by all five Healthy Louisiana MCOs and included measures related to contraceptive care postpartum, low birth weight, elective and cesarean births, HIV viral load suppression, and AHRQ's Preventive Quality Indicators (PQIs) **(Table 5)**. For 7 of the 16 measures, lower rates indicate better performance.

Twelve (12) of the 16 measures (75%) showed improvement in measure rates between RYs 2019 and 2020, including five measures where a lower rate indicates better performance; however, only three measures met the improvement object. The Quality Strategy indicated that the achievement targets for these non-HEDIS measures should be equal to (or better than) the best Healthy Louisiana MCO performance in the prior measurement year. While the 2020 statewide average rates were close to many of the prior year's best MCO performance, there were only three measures (19%) that met the achievement target.

Opportunities for improvement should address the 11 measures (69%) in this measure set that did not meet either the target objective or the improvement objective:

- Six of the eight CCP: Contraceptive Care – Postpartum measures;
- Percentage of Low Birth Weight Births;
- Elective Delivery;
- Diabetes Short Term Complications Admission Rate;
- Heart Failure Admission Rate; and
- Asthma in Younger Adults Admission Rate.

[viii] CMS Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set), Technical Specifications and Resource Manual for Federal Fiscal Year 2019 Reporting, February 2019; https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.htmlhttps://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html. CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), Technical Specifications and Resource Manual for Federal Fiscal Year 2019 Reporting, February 2019; https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-core-set.pdf https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-core-set.pdf (Accessed June 6, 2021)

[ix] 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 June 6, 2021).

[x] NCQA *Quality Compass®: Benchmark and Compare Quality Data*: https://www.ncqa.org/programs/data-and-information-technology/data-purchase-and-licensing/quality-compass/ (Accessed June 6, 2021).

# 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 management information system (MIS) 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, 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 performance measure (PM) data and preparing Annual Technical Reports for each MCO as required by federal regulation 42 CFR§438.310(2).

### Louisiana Department of Health Monitoring Reports

#### *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 is presented from 2012 to early 2021; however, several months in 2019 and 2020 are not currently accessible online. Enrollment shown in **Table 1**: List of Current Louisiana Medicaid MCOs by Enrollment was derived from enrollment Report 106-A.

#### *Network Adequacy Review Report*

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. MCOs monitor their provider network for accessibility and network capacity by using the GeoAccess software program to assign geographic coordinates to addresses in order to calculate the distance between providers and members.

Current findings from the Network Adequacy Review Report 220 were published in the 2020 Annual External Quality Review Technical Report for data as of June 2020 (for the period January 1, 2020 – June 30, 2020). A high level of compliance with time and distance standards was reported for all MCOs for primary care providers. 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.

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.

#### *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 MMC 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: behavioral health 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. A bar chart showing each MCO's rate for the measure, along with the statewide average rate and the national Medicaid

*Quality Compass* 50th percentile rate, are provided. Below the bar chart is a trend chart showing each MCO and statewide rate over the most recent five years as well as the 2012 baseline rate for measures that were collected beginning in 2012.

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 five years. It also shows how each MCO's performance compares to the statewide average 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 health care. 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 present data collected during the 2020 Consumer Assessment of Healthcare Providers and Systems (CAHPS)® administration to child and adult MCO enrollees using the CAHPS 5.0H Child and Adult Medicaid Plan Surveys. These reports present composite ratings for: health plan, all healthcare, and personal doctor, along with individual survey responses for: Health Plan Ratings, Access to Care, Experience of Care, and Health Status.

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 has prepared an annual transparency report from calendar year 2013 through state fiscal year (FY) 2019. Data in these reports is presented for each MCO and includes:

- Provider network summary data from the LDH MARS Data Warehouse, Provider Registry. Each MCO monitors its provider network for accessibility and network capability using a GeoAccess software program, which assigns geographic coordinates to physical addresses. This allows the MCO to determine whether members have access to care within a reasonable time/distance from their homes. MCOs are required to meet the distance and/or time standards set by LDH.
- Member and Provider satisfaction surveys. For member satisfaction, all MCOs use a certified NCQA survey vendor to conduct the CAHPS 5.0H Health Plan Survey for child and adult members. Provider Satisfaction surveys were also conducted by NCQA certified survey vendors for each of the MCOs; however, reporting of results varies by the individual vendors.
- Encounters and claims summary data submitted to the LDH MARS Data Warehouse includes: number of enrollees who received services by provider type; number of denied claims by claims adjustment reason (Denied Claims Report 173); total and out-of-network claims by place of service (Report 177); pharmacy claims submitted, paid, denied or subject to prior authorization; and dental program claims denied prior authorization.
- Survey forms for MCO-Self Reported Items (Myers and Stauffer (MSLC) Survey).

### *Medical Loss Ratio (MLR) Reports*

Each of these reports contains an annual, independent auditor's review for the Adjusted Medical Loss Ratio (MLR) Rebate Calculation for each of the five prepaid MCOs. Reports from calendar year ending on December 31, 2012 through calendar year ending on December 31, 2019 are posted on the LDH website.

### *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. The Act requires the Department to conduct a number of activities and analyses pertaining to each MCO to ensure that each MCO is compliant with the terms of its contract with the Louisiana Department of Health.

The initial report covered claims paid during CY 2017, followed by quarterly update reports. The most recent report

available on the LDH website at the time of this writing is for CY 2020, Second Quarter. 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 the Department to report data on MCO case management programs.

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

The Diabetes and Obesity Report is prepared by the Bureau of Health Services Financing in response to ACT 210 of the 2013 State of Louisiana Legislative Session.[xi] Annual versions of the report are available from January 2014 through February 2021.

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 2019 paid healthcare claims submitted by each of the five Medicaid MCOs, the 2021 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. This resource is available at http://wellaheadla.com/Well-aheadcommunity/community-resource-guide.
- 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 2021 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 2021 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.

### *2020 Healthy Louisiana HEDIS Performance Measure Results and Analysis, Final Report, March 2021*

This report summarizes the methods and findings of the analysis by Island Peer Review Organization (IPRO) of HEDIS 2020 data submitted by the five Louisiana MCOs serving Medicaid enrollees.

A total of 30 measures, comprising 69 numerators, were selected for analysis based on the Healthy Louisiana designated measure reporting list. The measures selected for reporting were the measures required by the LDH and appear in the

Performance Measure Submission Guide for 2020 reporting. Using the 2020 HEDIS 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 an Excel file documenting each MCO's rates, the IPRO-computed statewide average (SWA), and last year's statewide averages. Finally, IPRO included comparisons of MCO rates to the NCQA's 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, April 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 2020 External Quality Review Technical Reports, completed in April 2021 for review period July 1, 2019 through June 30, 2020, include results for each of the five Healthy Louisiana MCOs. The reports provide corporate profiles, enrollment, provider network data and GeoAccess accessibility, validation of PIPs, HEDIS quality performance data, CAHPS satisfaction data and results of compliance reviews. MCO strengths and opportunities for improvement are 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 annual technical report and requires states to finalize and post the annual EQR reports on their website by April 30 of each year. Louisiana MMC annual technical reports for 2013–2020 can be found on the LDH website.

### *Network Access and Availability Provider Survey for Reporting State Fiscal Year 2021 Primary Care Physicians (PCPs), December 2020*

This study assessed the ability to contact providers and make office hour appointments for routine, non-urgent, and after-hours calls employing a "secret shopper" survey methodology. The randomly selected survey population included 310 PCPs, 190 pediatricians and 125 obstetricians/gynecologists (ob/gyns) for a total of 625 providers. Overall, 68.3% of the providers for the routine calls and 68.1% of the providers for the non-urgent calls were able to be contacted. After removing exclusions, 31.3% of the providers for the routine calls and 22.0% of the providers for the non-urgent calls were able to be contacted and an appointment was able to be scheduled within the corresponding timeliness standards (i.e., 6 weeks and 72 hours, respectively). Compliance with timeliness standards varied by provider type and MCO. Overall compliance for routine calls by provider type ranged from 40.8% for pediatricians, followed by 29.6% for ob/gyns and 26.6% for PCPs, while non-urgent call compliance ranged from 31.0% for pediatricians, followed by 22.3% for PCPs and a low of 6.8% for ob/gyns. The overall compliance rate for after-hours calls was 54.0%.

With overall compliance rates for routine, urgent, and after-hours calls all substantially below the standard of 80%, IPRO recommended that LDH work with the MCOs to increase contact and appointment rates for PCPs, pediatricians and ob/gyns in order to ensure that members can access providers and obtain timely appointments.

When the survey portion of this study was 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. Plans 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 Report, Final, March 2021*

LDH requires each MCO to conduct an LDH-approved and standardized behavioral health member satisfaction survey, and to report results annually. While the survey is standardized across MCOs, each MCO's vendor analyzed and reported survey findings individually; thus, it was difficult to compare member responses among MCOs and to provide actionable information by provider/service type. IPRO was tasked with designing and conducting an adult and child behavioral health member satisfaction survey which compares findings by MCO and recommends 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 adults and 1,800 children from each MCO who received one or more specialized behavioral health services during the period February

2019 to February 2020. Overall response rates were low, from 4.81% (433 responses) for the adult survey to 4.47% (402 responses) for the child survey.

Overall, Healthy Louisiana adult and child members expressed satisfaction with their behavioral health providers and their health plan; 71.1% of adult members gave their behavioral health provider the highest ratings of 8, 9, or 10 and 73.6% gave their health plan ratings of 8, 9, or 10. Seventy-one percent (71.1%) of child members gave their behavioral health provider the highest ratings of 8, 9, or 10 and 77.7% gave their health plan ratings of 8, 9, or 10. 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 behavioral health services.

Recommendations from this survey study were directed toward MCOs and the state.

Guidance for MCOs included:

- Conduct further research on members with substance use disorder and their lack of access to mental health treatment;
- Convene focus groups with provider organizations to gain insight into the barriers to evidence-based treatment for mental illness and substance use from the provider perspective;
- Effectively deploy recovery coaches, behavioral health advocates and case managers for direct member contact and outreach to members with emotional/mental health issues and substance use;
- Work to improve network adequacy and availability;
- Outreach to providers to educate how to communicate pharmacologic treatment side effects as well as benefits and include pharmacists in case management outreach to members who are dispensed psychotropic medications.

Recommendations for the State included:

- Conduct access and availability surveys for behavioral health providers and continue to conduct member satisfaction surveys;
- Conduct member focus groups regarding member satisfaction with newly offered peer services;
- Revise survey by deleting items determined to be less informative; and
- Consider ways to improve the low response rate among the black Healthy Louisiana member population.

## Annual Compliance Reviews

Federal regulations require that every state with an MMC program conduct a full review of MCO compliance with state and federal regulations at least once every three years. To meet these federal requirements, LDH contracted with an EQRO to conduct the 2020 Compliance Audit on behalf of the LDH. In Louisiana, full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2020 annual compliance audit was a partial audit of each MCO's compliance with contractual requirements during the period of April 1, 2019 through March 31, 2020. As a partial audit, only elements that were not fully compliant in the prior year's audit were reviewed again for compliance. Consistent with federal regulations, 42 CFR 438.358(b)(iii), this audit included the following nine 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.

The file review component of the audit assessed the MCO's implementation of policies and its operational compliance with regulations related to complaints and grievances, member appeals, informal reconsiderations, care management (physical and behavioral health), utilization management, and provider credentialing and re-credentialing.

For each audit, determinations of compliance are made for each element under review as follows: full compliance, substantial compliance, minimal compliance, non-compliance or not applicable. Each of the review determinations is defined 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 the 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.

Overall determinations from the 2020 audit of MCO compliance with state and federal regulations is shown in **Table 6**. The percent of elements achieving full compliance determination and the number of elements with less than full compliance is shown for each Medicaid MCO by domain category. A total of 244 elements were reviewed overall; the number of elements rated N/A, which varied by MCO and domain, were removed when calculating percentages.

Table 6: Overall Final MCO Compliance Results by Audit Domain: Reviews Conducted in 2020

| Audit Domain | ABH[1,2] | | ACLA[1,2] | | HB[1,2] | | LHCC[1,2] | | UHC[1,2] | |
|---|---|---|---|---|---|---|---|---|---|---|
| | % Full | Less than full | % Full | Less than full | % Full | Less than full | % Full | Less than full | % Full | Less than full |
| Reporting | 0% | 1 | 100% | 0 | | | | | 100% | 0 |
| Core Benefits and Services | 83% | 1 | 83% | 1 | 100% | 0 | 88% | 1 | 54% | 6 |
| Utilization Management | 100% | 0 | | | | | 75% | 1 | 100% | 0 |
| Quality Management | 100% | 0 | 100% | 0 | 100% | 0 | 100% | 0 | | |
| Member Grievances and Appeals | 100% | 0 | | | 100% | 0 | 75% | 1 | | |
| Fraud Waste and Abuse | | | | | 100% | 0 | | | 100% | 0 |
| Marketing/Member Education | 40% | 12 | 100% | 0 | 100% | 0 | 100% | 0 | 100% | 0 |
| Provider Network | 31% | 20 | 48% | 11 | 47% | 9 | 23% | 10 | 44% | 10 |
| Eligibility, Enrollment and Disenrollment | 0% | 7 | | | 100% | 0 | | | 100% | 0 |
| Elements Reviewed/ %[3] | 31 (43%) | 41 (57%) | 19 (61%) | 12 (39%) | 60 (87%) | 9 (13%) | 18 (58%) | 13 (42%) | 25 (61%) | 16 (39%) |

[1] % Full: indicates the proportion of elements rated full compliance.
[2] Less than full: indicates the number of elements that were less than fully compliant and may require corrective action plan.
[3] The number of elements rated N/A were removed from the denominator for calculating percentages.
Grey shaded cells indicate that this domain was not reviewed for 2020.
MCO: managed care organization; ABH: Aetna Better Health; ACLA: AmeriHealth Caritas Louisiana; HB: Healthy Blue; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan; CAP: corrective action plan.

### *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 requirements. This domain was reviewed for 3 of the 5 MCOs, but only one element was reviewed for each MCO. Two MCOs (ACLA and UHC) received full compliance, while ABH had one element less than fully compliant.

*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 behavioral health, 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. Of the 42 total elements reviewed in this domain, one MCO (HB) had 100% full compliance determination. There were a

total of nine elements that were less than fully compliant for this domain ranging from six elements for UHC to one element each for ABH, ACLA and LHCC.

*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 7 elements reviewed overall. ABH and UHC received 100% full determinations. LHCC had 4 elements reviewed in this domain and one element was less than fully compliant.

*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, performance measure reporting, provider and member satisfaction surveys, and evidence-based practices. This domain, reviewed for 4 of the 5 MCOs, had 10 elements reviewed overall. All four MCOs received 100% full compliance (ABH, ACLA, HB and LHCC).

*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, 2 MCOs (ABH and HB) each had 100% full compliance. LHCC had 4 elements reviewed in this domain, 3 received full compliance while 1 was substantially compliant.

*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 between two MCOs and both HB and UHC received 100% full compliance.

*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, four MCOs, ACLA, HB, LHCC and UHC achieved 100% full compliance. ABH had 20 elements reviewed in this domain, with 12 elements less than fully compliant. ABH needs to direct improvement efforts in this area, especially 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. The percent of full compliance ranged from 48% full compliance for ACLA, followed by HB at 47%, UHC at 44%, ABH at 31% and LHCC with 23% of reviewed elements rated fully compliant. 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 ABH received substantial compliance determinations for the 7 elements reviewed, audit recommendations regarding the MCO's Member Disenrollment/Disruptive Member Transfer Policy need to be addressed.

Overall determinations from the 2020 audit of Magellan PIHP compliance with state and federal regulations are shown in **Table 7**. The Louisiana Department of Health did not require IPRO to conduct a compliance review of Managed Care of North America Dental (MCNA) during the review period (July 1, 2019 – June 30, 2020).

Table 7: Overall Final PIHP Compliance Results by Audit Domain: Reviews Conducted in 2020

| Audit Domain | Magellan | | |
|---|---|---|---|
| | # of Elements | % Full[1] | Less than Full[2] |
| Reporting | | | |
| Core Benefits and Services | | | |
| Utilization Management | | | |
| Quality Management | 1 | 100% | 0 |
| Member Grievances and Appeals | 5 | 0% | 5 |
| Fraud Waste and Abuse | | | |
| Marketing/Member Education | | | |
| Provider Network | 12 | 92% | 1 |
| Eligibility, Enrollment and Disenrollment | 1 | 100% | 0 |
| Member Services | 3 | 100% | 0 |
| Program Integrity | 9 | 100% | 0 |
| Total # of elements [3] | 31 | 25 | 6 |

[1] % Full: indicates the proportion of elements rated full compliance.
[2] Less than Full: indicates the number of elements receiving less than full compliance and may require corrective action.
[3] Total # of elements: the number of elements rated 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.

The 2020 compliance review for Magellan was a partial review of the 31 elements that received less than full compliance in the prior year. Four of the 6 domains reviewed received 100% full compliance. Magellan received less than 100% full compliance determinations for Provider Network, with one element rated substantially compliant and Member Grievances and Appeals with 2 elements substantially compliant and 3 minimally compliant.

## Evaluating Health Disparities

As stated in the Louisiana Quality Strategy, "LDH is committed to ensuring that improvements in health outcomes lead to equitable improvements in all groups." 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, sex, disability status and primary language spoken. The data collected are processed through the Louisiana Medicaid Eligibility Determination System and downloaded to the Medicaid Management Information System (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 Louisiana Department of Health's (LDH) Office of Community Partnerships and Health Equity, in partnership with 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.[xii]
- As a participant in CMS's Adult and Child Core Data Sets, LDH Medicaid is required to report to CMS on select performance measures for adult and child health. These measures are stratified by race, ethnicity, gender, geographic location (urban/rural), age, and disability (Supplemental Security Income [SSI]).
- In developing PIPs, MCOs are instructed to identify barriers that represent disparities (e.g., geographic, racial, behavioral health) and to implement interventions to address these barriers. PIP data results can be stratified by race, region, and MCO.

- Beginning in 2018, LDH's EQRO has conducted a health disparities survey of each MCO and reports responses in each MCO's Annual Technical Report. The survey requests that the MCOs provide a description of actions being conducted to reduce disparities in health outcomes. For the 2021 Annual Technical Report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. MCO's were asked to respond to the following questions for the period July 1, 2019 –June 30, 2020: 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, socioeconomic status, geography, education)?
- The EQRO was also recently tasked by LDH to design and conduct a behavioral health 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, sex, 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, sex, 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. Corrective Action Plans (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 actions and/or assess monetary penalties to obtain the level of performance required for successful operation of the Healthy Louisiana program;
- 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 dis-enroll;
- Suspension of all new enrollments, including automatic assignment;
- 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 2020 and 2021.[xiii] 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 2020, the following issues resulted in receipt of a Notice of Action for potential sanction for two or more MCOs:

- Failure to adhere to independent review requirements;
- Failure to update fee schedule;
- Failure to update Preferred Drug List (PDL);
- Payment of Prohibited fees – Pharmacy Benefits Management (PBM);
- Failure to meet requirements of Disclosure of Ownership and Controls (DOO);
- Failure to update Provider Directory;
- External Quality Review compliance;
- Failure to adhere to Health Plan Advisory (HPA) directive;
- Failure to implement drug updates;
- Failure to maintain Non-Emergency Medical Transportation (NEMT) records properly;
- Failure to provide NEMT;
- Inappropriate use of Non-Emergency Ambulance Transportation (NEAT);

Other notices of action directed to only one MCO included: failure to implement pharmacy claim edits; inappropriate claim denials; independent review excessive overturns; failure to reprocess claims timely; failure to update rates – Medicare Economic Index (MEI) rate; failure to update Preferred Drug List (PDL); payment of prohibited fees Pharmacy Benefits Management (PBM); failure to timely process grievances and appeals; failure to void encounters – Fraud, Waste and Abuse (FWA); failure to conduct quarterly Member Advisory Council meetings; failure to provide NEMT timely.

[xi] ACT 210 of the 2013 State of Louisiana Legislative Session: http://www.legis.la.gov/legis/ViewDocument.aspx?d=857223.
[xii] Louisiana Department of Health, Phase I Health Equity Plan: https://ldh.la.gov/assets/cphe/Equity_Framework.pdf
[xiii] LDH website link: http://ldh.la.gov/index.cfm/page/1610. (Accessed June 13, 2021).

## 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 communicates regularly with both LDH, and with each MCO by email and telephone, to gather information for EQR activities and to provide technical assistance. IPRO follows each Performance Improvement Project (PIP) through to completion including quarterly conference calls with each MCO to discuss progress and problems and if needed, 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 performance measure 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 performance measure results.
- CMS-required posting of the Louisiana Quality Strategy document, EQR annual technical reports, and current NCQA health plan accreditation status can also be found on the LDH website.

LDH contracts with an Enrollment Broker that is 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 dis-enrollments. 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, value-based payments (VBP), health information technology (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[xiv] 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 behavioral health PIP each contract year and may require up to two additional projects for a total of five active PIPs. Behavioral Health Prepaid Inpatient Health Plan (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 that can help quantify opportunities for improvement.

**Table 8** lists the PIPs that are currently in process or completed in 2020.

Table 8: 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); and Pharmacotherapy for Opioid Use Disorder (POD) | 2018 - 2021 | Baseline measurement period for IET PIP: 1/1/2018 – 12/31/2018.<br>PIP extension from 2019 to 2020 to include the FUA measure, as well as IET measure.<br>On 1/12/21, IPRO sent IET/FUA PIP Final 2020 PIP Report reviews to MCOs.<br>PIP extension from 2020 to 2021 to include the POD measure, as well as the FUA and IET measures.<br>5/17/21: IPRO met with LDH, incorporated LDH comments and sent IET/FUA/POD QTR 1 PIP reports to plans.<br>Plans report quarterly at Collaborative PIP meetings using the power point template provided by IPRO. |
| All MCOs | Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation | 2019 - 2021 | Baseline measurement period: 1/1/2019 – 12/31/2019. On 2/1/21, IPRO sent the HCV PIP Final 2020 PIP Report reviews to the plans.<br>PIP extension from 2020 to 2021: 5/17/21: IPRO sent HCV QTR 1 PIP review comments to plans.<br>Plans report quarterly at Collaborative PIP meetings using the power point template provided by IPRO. |
| All MCOs | Improving Receipt of Global Developmental Screening in the First Three Years of Life | 2020 - 2021 | Baseline statewide rate measurement period: 1/1/2018-12/31/2018 (calculated by ULM, not available for 2019).<br>MCO Baseline Measurement period: 1/1/2020-12/31/2020.<br>On 2/12/21, IPRO sent Developmental PIP Baseline Report reviews to the plans.<br>5/3-5/6/21: IPRO reviewed Developmental Screening QTR 1 PIP reports, sent to LDH, then to the plans.<br>Plans report monthly at Collaborative PIP meetings using the power point template provided by IPRO. |
| All MCOs | Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees | 2021 | Baseline period: 12/15/2020-3/28/2021 (calculated by ULM for each plan, with weekly updates).<br>5/17/21: IPRO sent COVID-19 vaccine Baseline reviews to plans.<br>Plans report monthly at Collaborative PIP meetings using the power point template provided by IPRO.<br>IPRO creates power point presentation to show trends (based upon ULM data in COVID-19 vaccine reports as of the first week in each month). |
| Dental (PAHP) and Behavioral Health (PIHP) Performance Improvement Projects | | | |
| MCNA Dental | Improving Enrollee Receipt of Oral Health Services | 2016 – 2020 | Baseline measurement period: 1/1/2015 – 12/31/2015; 3 re-measurement periods included an extension year from 1/1/2018 – 12/31/2018 and from 01/01/19 – 12/31/19. The Final Extension PIP Report was submitted on 3/20/20. Validation findings indicated that the credibility of the PIP results is not at risk. This PIP is closed. |

| MCO | PIP Topic | PIP Period | Status |
|---|---|---|---|
| | Prevention: Sealant Receipt on Permanent 1st Molars | 2020-2021 | Baseline measurement period: 1/1/2020-12/31/2020. Proposal/Baseline Report due 6/4/21, with possible extension to 6/11/21 to allow for completion of Analysis of Disproportionate Representation. On 6/8/21, IPRO offered a meeting this week (ending 6/11/21) to provide guidance on completion of Analysis of Disproportionate Representation. |
| DentaQuest | Prevention: Sealant Receipt on Permanent 1st Molars | 2021- | Baseline Measurement Period for new plan: 1/1/2021-3/31/2021.<br>Proposal/Baseline Report due 6/4/21, with possible extension to 6/11/21 to allow for completion of Analysis of Disproportionate Representation. On 6/4/2021, IPRO met with MCNA to provide guidance on 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 is due 6/8/21 and the Final Report is due 5/1/2022. The final measurement period is January 1, 2021, to December 31, 2021. |

MCO: managed care organization; PIP: performance improvement project; PAHP: prepaid ambulatory health plan; PIHP: prepaid inpatient health plan; 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 (VBP)

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 two percent (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 state fiscal year reported use of VBP.

For the quality and health outcomes portion of the capitation withhold, 16 incentive-based measures were selected by LDH, including 15 measures submitted by the Healthy Louisiana MCOs as part of their 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 ULM **(Table 3).** All incentive-based measures are equally weighted in terms of earning back the quality withholds. 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 percentage point difference from the prior year's rate.

For the 16 incentive-based measures, the Medicaid MCOs performed well. ACLA met the target rate or improved by 2.0 percentage points for 13 of the 16 incentive-based measures (81%); ABH, HB and UHC met the target rate or the

improvement objective for 9 of these measures (56%), and LHCC met the target rate or improvement objective for 8 measures (50%).

It is difficult to assess the impact of applying a financial incentive to improve quality of care as indicated by these incentive-based measures. By choosing a select set of measures, as opposed to using all reported measures, LDH can provide a more defined focus for MCO interventions that encourage provider behavior change leading to improvement of health outcomes. This incentive-based measure set is also comprehensive in that it addresses a concern for adult, child, and adolescent preventive care, ambulatory care, behavioral health, 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 results 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 health IT 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 health IT 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 on-going quality initiatives as follows:

- **Taking Aim at Cancer in Louisiana**: This statewide initiative was launched in May 2018 with a three-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. The Louisiana Department of Health 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 Office of Public Health, 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's 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 92% 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 the Office of Behavioral Health has continued to expand access to opioid use disorder treatment in primary care settings. LDH released Louisiana's Opioid Response Plan 2019 and The Louisiana Comprehensive Opioid Abuse Program Action Plan dated October 23, 2019 providing a comprehensive and strategic approach to addressing the opioid crisis in Louisiana. The Bureau of Health Informatics (BHI) in the Office of Public Health (OPH) supported these strategies by making data from multiple internal and external sources accessible through the Louisiana Opioid Data and Surveillance System tool.[xv] In July 2020, the ATLAS[xvi] (Addiction Treatment Locator, Assessment and Standards) on-line platform was created 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.

[xiv] Available on the CMS website: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf.
[xv] Louisiana Opioid Data and Surveillance System tool: https://lodss.ldh.la.gov/ (Accessed June 26, 2021).
[xvi] ATLAS Addiction Treatment Locator, Assessment and Standards tool: https://www.treatmentatlas.org/

# 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

- Aligned with IHI's Triple Aim[xvii] and the aims and priorities selected by CMS for their national quality strategy, Louisiana's Quality Strategy established three aims:
  - **Better Care**: Make healthcare more person-centered, coordinated, and accessible.
  - **Healthier People, Healthier Communities**: Improve the health of Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.
  - **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.
- LDH requires all 5 Healthy Louisiana MCOs to annually report quality performance measures including HEDIS quality metrics, CMS Adult and Children Core Data Sets, AHRQ Prevention Quality Indicators, CAHPS consumer satisfaction, and several state-specified quality measures.
  - Louisiana Medicaid MCOs showed a good level of performance for achieving either the national benchmark target or the improvement objective or both for the 16 Incentive-Based measures selected by LDH. Statewide rates for 9 of the 16 incentive-based measures (56%) met either the target objective or the improvement objective, or both. Statewide rates for three of the measures met both the national target and the improvement objective.
  - Of the 61 non-incentive HEDIS performance measures that could be trended, 40 statewide measure rates (66%) showed improvement between HEDIS 2019 – 2020; however, only 12 of the measures (20%) improved by at least 2.0 percentage points from the prior year.
  - Of the 56 non-incentive HEDIS measures that could be compared to the 2020 NCQA *Quality Compass* benchmark rates, 15 measures (27%) had rates at or above the national 50th percentile, including 5 measures with rates at or above the national 75th percentile but lower than the 90th percentile.
  - For the state-specific measures submitted by the MCOs in 2020, 12 of the 16 statewide measure rates (75%) showed improvement between RYs 2019 and 2020, including five measures where a lower rate indicates better performance. Three of the 16 statewide measure rates met the improvement object.
- LDH conducted a robust set of monitoring activities tracking enrollment, network adequacy, quality of care, member satisfaction, program transparency, medical loss ratio, claims and diabetes and obesity.
- In compliance with federal regulations, the EQRO prepared federally required MCO Annual Technical Reports. Results for each MCO and a state summary are posted on the LDH website.
- The 2020 annual compliance audit was a partial audit of each of the five MCOs' compliance with federal and state contractual requirements during the period of April 1, 2019 through March 31, 2020. Overall results indicated a good level of full compliance, for HB with 87% of total elements reviewed with full compliance, followed by ACLA and UHC each achieving 61% of total elements at full compliance; and LHCC with 58% at full compliance.
- 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.

## Opportunities for Improvement

- Opportunities for improvement are evident for seven statewide incentive-based measures (44%) that failed to meet either the national target or the improvement objective:
  - Ambulatory Care – ED Visits/1,000MM
  - Comprehensive Diabetes Care – HbA1c Testing
  - Comprehensive Diabetes Care – Eye (retinal) Exam Performed
  - Follow-up after Hospitalization for Mental Illness – Within 30 Days of Discharge
  - Well-Child Visits in First 15 Months of Life – Six or more well-child visits
  - Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life, and
  - Initiation of Injectable Progesterone for Preterm Birth Prevention.
- A total of 20 of the 61 non-incentive-Based HEDIS performance measures (33%) did not show improvement in statewide rates between HEDIS 2019 and HEDIS 2020, including the CDC HbA1c Poor Control (>9.0%) measure where a lower rate indicates better performance. Of the 56 measures in this measure set with national Quality Compass benchmarks, opportunities for improvement are evident for 20 measures (36%), with rates below the national 25th percentile.
- Opportunities for improvement should also address the following state-specific performance measures that did not meet either the target objective or the improvement objective:
  - 6 of the 8 Contraceptive Care – Postpartum measures;
  - Percentage of Low Birth Weight Births;
  - Elective Delivery;
  - Diabetes Short Term Complications Admission Rate;
  - Heart Failure Admission Rate; and
  - Asthma in Younger Adults Admission Rate.
- The following 2019 Compliance Review findings indicate opportunities for improvement:
  - Of a total of 244 elements reviewed overall, 91 (37%) were not fully compliant including: 41 elements for ABH, 16 elements for UHC, 13 elements for LHCC, 12 elements for ACLA, and 9 elements for HB.
  - For the five MCOs, a total of 60 elements were not fully compliant for the Provider Network Requirement domain. The EQRO suggested that MCOs conduct outreach to recruit providers, especially in key areas such as specialists and subspecialists, as this is a common problem in the Louisiana Medicaid managed care program.

## Recommendations

Overall, LDH is successfully implementing the 2019 Quality Strategy, but it is recommended that LDH, in collaboration with the EQRO and the MCOs, address the above listed opportunities for improvement and the following recommendations.

- While the statewide results of the incentivized measures demonstrated success in terms of the number of measures resulting in withhold payments returned to the MCOs, each of the MCOs has a different set of measures that present opportunities for their improvement. There were 3 Incentive-Based measures where all five MCOs met either the achievement target, or the improvement objective, or both, while there were 13 measures that had at least one MCO not meeting either objective. Each MCO needs to examine their own results to determine how best to target interventions for improvement.
- For the non-incentive HEDIS performance measures and the state-specific measures, LDH should examine each of the measures that have statewide average 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 20 HEDIS measure rates that were below the Medicaid *Quality Compass* 25th percentile for HEDIS 2020. 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 focused clinical studies.
- 2020 Compliance audit results and the PCP Access and Availability Survey results continue to indicate a need to further address provider network adequacy, which was identified in both reports as a common problem. LDH may want to consider methods of supporting the MCOs in their outreach to recruit providers, especially in key areas such as specialists and subspecialists in urban areas. This problem area and how it will be addressed should be a focus in the upcoming review of MCO applications in response to the recent procurement for Louisiana Medicaid managed care. It should also be noted that Network Adequacy Validation is now a mandatory EQR activity, but CMS has not

yet published a protocol to support the activity. Once the protocol is created, states will have one year to begin implementation. In anticipation of this requirement, 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 face in providing and/or accessing medical services through Louisiana's Medicaid managed care system.

- Louisiana's 2019 Medicaid Managed Care Quality Strategy includes a thorough set of HEDIS, CAHPS and state-specific measures to assess quality performance, along with well-considered targets for achievement and improvement. These measures, however, are not specifically aligned with the strategy goals and objectives. An appropriate alignment of measures with goals and objectives would allow LDH to better evaluate their level of success in achieving the stated goals and is recommended that this be included in the state's next updated Quality Strategy.

[xvii] Institute for Healthcare Improvement (IHI): Triple Aim: http://www.ihi.org/Topics/TripleAim/Pages/Overview.aspx (Accessed June 26, 2021).