



**External Quality Review  
Annual Technical Report  
Louisiana Healthcare Connections  
Louisiana Department of Health  
State Fiscal Year 2022  
Review Period: July 1, 2021–June 30, 2022  
April 2023**

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# I. Executive Summary

## Purpose of Report

The Balanced Budget Act (BBA) of 1997 established that state agencies contracting with managed care organizations (MCOs) provide for an annual external, independent review of the quality outcomes, timeliness of and access to the services included in the contract between the state agency and the MCO. *Title 42 Code of Federal Regulations (CFR) Section (§) (c) 438.350 External quality review (a) through (f)* sets forth the requirements for the annual external quality review (EQR) of contracted MCOs. States are required to contract with an external quality review organization (EQRO) to perform an annual EQR for each contracted MCO. The states must further ensure that the EQRO has sufficient information to carry out this review, that the information be obtained from EQR-related activities and that the information provided to the EQRO be obtained through methods consistent with the protocols established by the Centers for Medicare and Medicaid Services (CMS). Quality, as it pertains to an EQR, is defined in *Title 42 CFR § 438.320 Definitions* as “the degree to which an MCO, PIHP<sup>1</sup>, PAHP<sup>2</sup>, or PCCM<sup>3</sup> entity increases the likelihood of desired health outcomes of its enrollees through: (1) its structural and operational characteristics. (2) The provision of health services that are consistent with current professional, evidence-based knowledge. (3) Interventions for performance improvement.”

*Title 42 CFR § 438.364 External review results (a) through (d)* requires that the annual EQR be summarized in a detailed technical report that aggregates, analyzes and evaluates information on the quality of, timeliness of and access to health care services that MCOs furnish to Medicaid recipients. The report must also contain an assessment of the strengths and weaknesses of the MCOs regarding health care quality, timeliness, and access, as well as make recommendations for improvement.

To comply with *Title 42 CFR § 438.364 External review results (a) through (d)* and *Title 42 CFR § 438.358 Activities related to external quality review*, the Louisiana Department of Health (LDH) contracted with IPRO, an EQRO, to conduct the state fiscal year (SFY) 2022 EQR activities for five (5) MCOs contracted to furnish Medicaid services in the state. During the period under review, SFY 2022 (July 1, 2021–June 30, 2022), LDH’s MCOs included Aetna Better Health of Louisiana (ABHLA), AmeriHealth Caritas Louisiana (ACLA), Healthy Blue Louisiana (HBL), Louisiana Healthcare Connections (LHCC), and UnitedHealthcare Community Plan of Louisiana (UHC). This report presents aggregate and MCO-level results of the EQR activities for these five health plans.

## Scope of External Quality Review Activities Conducted

This EQR technical report focuses on the four (4) mandatory and two (2) optional EQR activities that were conducted. It should be noted that validation of network adequacy and assistance with the quality rating of MCOs were conducted at the state’s discretion as activity protocols were not included in the CMS *External Quality Review (EQR) Protocols* published in October 2019. The regulations at *Title 42 CFR § 438.242* and *457.1233(d)* also require the state to ensure that each MCO maintains a health information system that collects, analyzes, integrates, and reports data for areas including, but not limited to, utilization, grievances and appeals, and disenrollment for reasons other than the loss of Medicaid eligibility. These updated protocols did state that an “Information Systems Capabilities Assessment (ISCA) is a mandatory component of the EQR as part of Protocols 1, 2, 3, and 4.” As set forth in *Title 42 CFR § 438.358 Activities related to external quality review (b)(1)*, these activities are:

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<sup>1</sup> prepaid inpatient health plan.

<sup>2</sup> prepaid ambulatory health plan.

<sup>3</sup> primary care case management.

- (i) **CMS Mandatory Protocol 1: Validation of Performance Improvement Projects (PIPs)** – This activity validates that MCO performance improvement projects (PIPs) were designed, conducted, and reported in a methodologically sound manner, allowing for real improvements in care and services.
- (ii) **CMS Mandatory Protocol 2: Validation<sup>4</sup> of Performance Measures** – This activity assesses the accuracy of performance measures (PMs) reported by each MCO and determined the extent to which the rates calculated by the MCO follow state specifications and reporting requirements.
- (iii) **CMS Mandatory Protocol 3: Review of Compliance with Medicaid and CHIP<sup>5</sup> Managed Care Regulations** – This activity determines MCO compliance with its contract and with state and federal regulations.
- (iv) **CMS Mandatory Protocol 4: Validation of Network Adequacy** – This activity assesses MCO adherence to state standards for distance for specific provider types, as well as the MCO’s ability to provide an adequate provider network to its Medicaid population. (CMS has not published an official protocol for this activity.)
- (v) **CMS Optional Protocol 6: Administration or Validation of Quality of Care Surveys** – In SFY 2022, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) satisfaction survey was conducted, one for adult and child members.
- (vi) **CMS Optional Protocol 10: Assist with the Quality Rating of Medicaid and CHIP MCOs** – This activity summarizes MCO performance in a manner that allows beneficiaries to easily make comparisons and to identify strengths and weakness in high priority areas. (CMS has not published an official protocol for this activity.)

While the *CMS External Quality Review (EQR) Protocols* published in October 2019 stated that an ISCA is a required component of the mandatory EQR activities, CMS later clarified that the systems reviews that are conducted as part of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Audit™ may be substituted for an ISCA. Findings from IPRO’s review of the MCOs’ HEDIS final audit reports (FARs) are in the **Validation of Performance Measures** section of this report.

CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

The results of these EQR activities are presented in individual activity sections of this report. Each of the activity sections includes information on:

- data collection and analysis methodologies,
- comparative findings, and
- where applicable, the MCOs’ performance strengths and opportunities for improvement.

## High-Level Program Findings and Recommendations

IPRO used the analyses and evaluations of 2021–2022 EQR activity findings to assess the performance of Louisiana Medicaid MCOs in providing quality, timely, and accessible healthcare services to Medicaid members. The individual MCOs were evaluated against state and national benchmarks for measures related to the quality, access, and timeliness domains, and results were compared to previous years for trending when possible.

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<sup>4</sup> CMS defines *validation* in *Title 42 CFR § 438.320 Definitions* as “the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.”

<sup>5</sup> Children’s Health Insurance Program.

The following provides a high-level summary of these findings for the Louisiana Medicaid Managed Care (MMC) Program. The overall findings for MCOs were also compared and analyzed to develop overarching conclusions and recommendations for each MCO. These plan-level findings are discussed in each EQR activity section as well as the **MCO Strengths, Opportunities for Improvement, and EQR Recommendations** section.

## Strengths Related to Quality, Timeliness, and Access

### Performance Improvement Projects

Full validation results for 2021 PIPs and partial results for the 2022 PIPs are described in **Section III** of this report.

Four PIPs were conducted by each MCO during the annual technical report (ATR) review period. Two PIPs (2020) have been completed:

1. Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)
  - **Strength:** Four performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.<sup>6</sup>
2. Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
  - **Strength:** Five performance indicators showed improvement from baseline to final remeasurement of at least three percentage points.<sup>6</sup>

Two additional PIPs (2021) are currently being conducted by the MCOs and are not completed:

3. Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older
  - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.
4. Improving Receipt of Global Developmental Screening in the First Three Years of Life
  - **Strength:** While it is still too early to assess the overall results of this PIP, there were no validation findings that indicate that the credibility of the PIP results is at risk.

### Validation of Performance Measures

IPRO's validation of LHCC's PMs confirmed the state's compliance with the standards of *Title 42 CFR § 438.330(a)(1)*. The results of the validation activity determined that LHCC was compliant with the standards of *Title 42 CFR § 438.330(c)(2)*.

### Information Systems Capabilities Assessment

Based on a review of the FARs issued by LHCC's independent auditor, IPRO found that LHCC was determined to be fully compliant with all seven of the applicable NCQA HEDIS Information Systems (IS) standards.

NCQA measurement year (MY) 2021 National Medicaid Benchmarks using National – All LOBs (Excluding PPOs and EPOs) are referenced in **Section IV**, unless stated otherwise.

### HEDIS – Quality, Timeliness and Access

Of the 66 HEDIS measures/submeasures LHCC reported, 23 (35%) performed equal to or greater than the NCQA 50th percentile benchmark.

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<sup>6</sup> The final interim rates reported extend past the ATR review period (July 1, 2019 – June 30, 2020). This allows for sufficient data to be reported to draw conclusions about the PIP.

## Review of Compliance with Medicaid and CHIP Managed Care Regulations

LHCC achieved a fully “Met” compliance review determination in eight (8) of the 12 review domains. These domains include: Availability of Services, Assurances of Adequate Capacity and Services, Provider Selection, Grievance and Appeal Systems, Sub-contractual Relationships, Practice Guidelines, Health information systems, and Quality Assurance and Performance Improvement (QAPI). A complete summary of LHCC’s compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section IV**.

## Network Adequacy

None identified.

## Quality of Care Surveys

### Member Satisfaction

LHCC’s adult member CAHPS scores met or exceeded the national Medicaid 50th percentile benchmarks presented in the NCQA Quality Compass® for Getting Care Quickly, Customer Service, and Rating of Personal Doctor measures, as well as ranked at or above the 75th percentile for the Rating of All Health Care and Rating of Specialist Seen Most Often measures.

For child members without chronic conditions, LHCC ranked between the 50th and 75th percentile for the Rating of Health Plan measure and was at or above the 75th percentile for the Customer Service measure. However, the Customer Service measure was identified as having a small sample size.

For child members with chronic condition(s), LHCC was at or above the 75th percentile for the Rating of Health Plan measure.

Statewide averages (SWAs) and LHCC-specific CAHPS results for all adult and child members can be found in **Section VII**.

## Quality Ratings

LHCC scored high in the categories of Satisfaction with Plan Physician (4.5 points), as well as Satisfaction with Plan Services and Treatment of Asthma (4 points), as found in **Section VIII**

## Opportunities Related to Quality, Timeliness, and Access

### Performance Improvement Projects

LHCC demonstrated opportunities to improve on four indicators in the Improving Rates for IET, FUA, and POD PIP and two indicators in the Improve Screening for HCV and Treatment Initiation PIP. A summary of all performance indicators is shown in **Section III**.

## Validation of Performance Measures

### HEDIS – Quality, Access, and Timeliness

In MY 2021, LHCC had 9 of 66 HEDIS measures lower than the 10th NCQA national benchmark and 11 of 66 HEDIS measures between the 10th and 25th NCQA national benchmarks, as found in **Section IV**.

## Review of Compliance with Medicaid and CHIP Managed Care Regulations

LHCC received less than a fully “Met” review determination in the domains of Coordination and Continuity of Care, Coverage and Authorization of Services, Enrollee Rights and Protection, and Fraud, Waste and Abuse. A complete summary of LHCC’s compliance results for Medicaid and CHIP Managed Care regulations can be found within **Section V**.

## Network Adequacy

Both adult and pediatric PCP-to-member ratios declined between MY 2018 to MY 2020, as found in **Section VI**.

## Quality of Care Surveys

### Member Satisfaction

LHCC's adult member CAHPS scores ranked below the 50th percentile for the following measures Getting Needed Care, How Well Doctors Communicate, Coordination of Care, and Rating of Health Plan. However, it should be noted that the Getting Needed Care, How Well Doctors Communicate, and Coordination of Care measures were identified as having small sample sizes.

LHCC's child members without chronic condition(s) CAHPS scores ranked below the 50th percentile for seven (7) of the nine (9) CAHPS measures; Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often. However, it should be noted that six of these seven measures were identified as having a small sample size.

LHCC's child members with chronic condition(s) CAHPS scores ranked below the 50th percentile for seven (7) of the nine (9) CAHPS measures as well; Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Coordination of Care, Rating of All Health Care, Rating of Personal Doctor, and Rating of Specialist Seen Most Often measures. However, it should be noted that six of these seven measures were identified as having a small sample size.

Statewide averages and LHCC-specific CAHPS results for all adult and child members can be found within **Section V**.

### Quality Ratings

LHCC scored low in Treatment of Heart Disease (1.5 points), Treatment of Diabetes and Mental and Behavioral Health, as well as overall Treatment and Prevention in Women's Health (2 points), as found in **Section VIII**.

## Conclusion

Findings from SFY 2022 EQR activities highlight LHCC's continued commitment to achieving the goals of the Louisiana Medicaid Quality Strategy. Strengths related to **quality** of care, **timeliness** of care, and **access** to care were observed across all covered populations encompassing physical, dental, and behavioral health (BH). In addition, as achieving health equity remains a state priority, opportunities to improve health disparities continue at LHCC.

## Recommendations for LDH

Recommendations towards achieving the goals of the Louisiana Medicaid Quality Strategy are presented in **Section II** of this report.

## Recommendations for MCO

MCO-specific recommendations related to the quality of, timeliness of, and access to care are presented in **Section X** of this report.



## II. Louisiana Medicaid Managed Care Program

### Managed Care in Louisiana

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

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

Louisiana Medicaid currently serves over 1.8 million enrollees, approximately 35% of the state’s population. There are five statewide MCOs: ABHLA, ACLA, HBL, LHCC, and UHC. In February 2020, the state announced its intent to contract with two dental PAHPs for Medicaid following a state bid process that began in June 2019 when LDH 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 MMC contracts.

Healthy Louisiana covers more than 90% of Louisiana Medicaid members, including nearly 750,000 new members 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 MCOs also provide case management services and certain value-added Medicaid benefits. Healthy Louisiana statewide enrollment increased by 4.7% from 1,733,148 in June 2021 to 1,814,431 in June 2022. MCO enrollment as of June 2022 ranged from a high of 548,476 for LHCC to 154,711 for ABHLA. Enrollment by current Louisiana Medicaid MCOs is shown in **Table 1**.

**Table 1: List of Current Louisiana Medicaid MCOs by Enrollment**

MCO Name	MCO Acronym	Enrollment June 2021	Enrollment June 2022
Aetna Better Health of Louisiana	ABHLA	146,484	154,711
AmeriHealth Caritas Louisiana	ACLA	223,633	229,636
Healthy Blue	HBL	341,087	364,283
Louisiana Healthcare Connections	LHCC	523,653	548,476
UnitedHealthcare Community Plan of Louisiana	UHC	498,291	517,325
Total		1,733,148	1,814,431

Source: Louisiana Department of Health, Report No. 109-A: 1. This report shows all active members in Healthy Louisiana as of July 5, 2022. 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.

### Louisiana Medicaid Quality Strategy

Louisiana’s Medicaid 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® and the aims and priorities selected by CMS for their national quality strategy. Posted on the LDH website, Louisiana's 2022 Medicaid 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.

The Louisiana Department of Health [2022 Medicaid Quality Strategy](#) is available for viewing on its 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 MMC Quality Strategy.

The Louisiana 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 CHIP enrollees. Members of the Medicaid Medical Care Advisory Committee and its subcommittees fulfill the role required by federal regulation Title 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.

## Health Disparities Questionnaire

For this year's 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, and geography. MCOs were asked to respond to the following questions for the period July 1, 2021–June 30, 2022:

**Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO's Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?**

A summary of the MCO response is presented below. Full verbatim response is displayed in **Appendix A**.

## Summary of LHCC Response

LHCC's approach is aligned with their population health strategy to ensure cultural issues and social determinants of health (SDoH) are identified and addressed. Data collection and analysis includes stratifying utilization and outcomes data using member demographics such as race, ethnicity, language, geography, and SDoH to identify disparities and prioritize identified opportunities. Interventions include establishment of a Cultural Competency Committee, expanded staff training on SDoH and cultural competence, targeted outreach for communication and language assistance, and continued promotion of telemedicine. LHCC is also engaged in an MCO collaborative with Volunteers of America and Determined Health's Community Health Worker program to implement a continuum of care that improves health equity for all members with a focus

on colorectal cancer screenings and linkages to health plans to address the increased prevalence of colorectal cancer in this population. Key informant interviews were conducted in support of ongoing neighborhood initiatives in the Lake Charles area, informing efforts to address identified disparities in childhood immunizations and maternity care.

## Findings from an Effectiveness Evaluation of the LDH's Medicaid Quality Strategy

A summary of IPRO's evaluation methodology is described in **Appendix B**.

### Strengths

- Louisiana's 2021 Medicaid Managed Care Quality Strategy, updated May 2021, is based on aims, goals, and objectives to promote improvement in health care delivery and outcomes, along with metrics by which progress in attaining the goals can be quantitatively measured.
- Quality metrics used to assess progress in achieving the quality strategy's goals were derived from all five Healthy Louisiana MCOs required to annually report quality PMs including HEDIS quality metrics, CMS Adult and Children Core Data Sets, Agency for Healthcare Research and Quality (AHRQ) Preventive Quality Indicators (PQIs), CAHPS consumer satisfaction measures, and several state-specified quality measures. The following strengths are identified by goal:
  - *Ensure access to care to meet enrollee needs:* 4 (33%) of the 12 SWA rates met or exceeded the national Medicaid 50th percentile target objective.
  - *Facilitate patient-centered, whole person care:* All (100%) SWA rates for the three measures for this goal met or exceeded the national Medicaid 50th percentile target objective.
  - *Promote wellness and prevention:* 17 (37%) of the SWA rates with benchmarks met or exceeded the national Medicaid 50th percentile target objective, and three SWA rates met the improvement objective.
  - *Improve chronic disease management and control:* Two (11%) SWA rates met or exceeded the national Medicaid 50th percentile target objective, and seven (41%) SWA rates for this goal met the improvement objective.
  - Overall, there were 26 (32%) SWA rates out of a total of 81 measures with benchmarks that met the target objective, and 11 (14%) SWA rates that met the improvement objective out of a total of 77 rates that could be trended. SWA rates for one of the measures (COPD or Asthma in Older Adults Admission Rate) met both the national target and the improvement objective.
- LDH continues to report on a robust set of monitoring activities including enrollment, network adequacy, quality of care, member satisfaction, program transparency, medical loss ratio, claims, and diabetes and obesity.
- The EQRO monitoring reports included a guide to choosing a health plan; PM results and analysis; two network access and availability provider surveys; and a BH member satisfaction survey. In compliance with federal regulations, the EQRO prepared federally required MCO ATRs. Results for each MCO; a state MCO aggregate; a dental benefit aggregate; and a Magellan CSoc Program report are posted on the LDH website at <https://ldh.la.gov/page/4175>.
- A high level of compliance with time and distance standards was reported in the aggregate ATR for all MCOs for PCPs. All five MCOs reported 100% compliance with time and distance access standards to adult PCPs for members in rural areas within 30 miles and 60 minutes. All five MCOs also met 100% compliance with time access standards to pediatric providers and obstetricians/gynecologists (ob/gyn) providers for members in rural areas within 60 minutes. Four of the five MCOs met 100% compliance with distance access standards to pediatric PCPs for members in rural areas within 30 miles.
- LDH has shown its commitment to ensuring that improvements in health outcomes lead to equitable improvements in all groups as it continues to integrate procedures for identifying, evaluating, and reducing health disparities throughout the Healthy Louisiana program.

- There is effective communication between the state, MCOs, and the EQRO as evidenced by regularly scheduled meetings and conference calls for EQR activities. LDH commendably communicates with the MCOs, enrollees and the public through a well-designed and informative internet website.
- There is a structured and standardized approach in place for conducting and validating PIPs. Louisiana’s statewide collaborative PIP model offers an opportunity for shared learning and an avenue to address the same message to all MMC providers and members. Individual MCO conference calls with the EQRO, quarterly update reports and monthly or quarterly collaborative PIP meetings provide valuable insight on PIP progress, and the use of intervention tracking measures (ITMs) can help quantify opportunities for improvement.
- Healthy Louisiana has successfully integrated quality as a fundamental aspect of the managed care program by introducing an MCO withhold of capitation payment program to improve health outcomes and increase the use of VBP.
- LDH effectively collaborates with other LDH department-wide initiatives for the benefit of Healthy Louisiana members.

## Opportunities for Improvement

- Opportunities for improvement are evident for numerous quality metrics identified by the following Quality Strategy goals:
  - *Ensure access to care to meet enrollee needs:* Five of the six SWA rates evaluated for improvement showed a decline in rates between MY 2019 and MY 2020. The SWA rates for all four age groups of the Adults’ Access to Preventive Ambulatory Health Services (AAP) did not meet either the target objective or the improvement objective: AAP: 20–44 years; 45–64 years; 65+ years and total.
  - *Improve coordination and transitions of care:* Of the five SWA rates in this measure set, there was no improvement in Plan All-Cause Readmission SWA rates for observed readmissions or for expected readmission rates; and SWA rates for the two Follow-up After Hospitalization for Mental Illness (FUH) measures did not meet either the target or the improvement objective.
  - *Facilitate patient-centered, whole person care:* While all of the SWA rates for the three measures in this goal met or exceeded the national Medicaid 50th percentile, none of the measures improved by at least 2.0 percentage points (pps).
  - *Promote wellness and prevention:* Opportunities for improvement are evident for the 26 SWA rates in this measure set (57%) that did not meet either the target objective or the improvement objective:
    - PPC: Timeliness of Prenatal Care;
    - Low-Risk Cesarean Delivery;
    - Initiation of Injectable Progesterone for Preterm Birth Prevention;
    - Percentage of Low Birth Weight Births;
    - CIS: DTap; Pneumococcal conjugate; Hepatitis A; Influenza; Combination 4, 6, 7, 8, 9 and 10;
    - FVA: Flu Vaccinations for Adults Ages 18 to 64;
    - WCC: BMI Percentile Total;
    - All six of the CCP: Contraceptive Care – Postpartum measures;
    - CCS: Cervical Cancer Screening; and
    - all three of the Medical Assistance with Smoking and Tobacco Use Cessation measures.
  - *Improve chronic disease management and control:* Opportunities for improvement are evident for the nine SWA rates in this measure set (53%) that did not meet either the target objective or the improvement objective:
    - Three PQI rates: Diabetes Short-term Complications; Heart Failure Admission; Asthma in Younger Adults Admissions;
    - CDC: Hemoglobin (HbA1c) Testing; HbA1c Poor Control (> 9.0%); HbA1c Control (< 8.0%);
    - HIV Viral Load Suppression; and
    - ADD: Initiation and Continuation and Maintenance Phases.

- Several core measures listed in the 2021 Quality Strategy were identified as indicators, but MY 2020 data were not collected or available, including several HEDIS measures as well as other measures developed by AHRQ, CMS and the state as listed in **Table 3**. Including these measures in the required MY 2021 measure set will provide a more complete evaluation of how well the Healthy Louisiana MMC Program is doing in achieving its quality strategy goals.
- As reported in the *FY 2021 Aggregate Annual Technical Report*, the percent of members in urban areas meeting the time and distance access standards to adult PCPs, pediatric providers and ob/gyns was less than 100% for all five MCOs. Opportunities for improvement for all MCOs are particularly evidenced for access to ob/gyns by distance for members in urban areas and for all but one MCO for access to ob/gyns by distance in rural areas.
- The access and availability provider surveys, conducted by the EQRO, found that overall compliance with timeliness requirements were substantially below the MCO contracted timeliness standards. For ear-nose-throat (ENT) and cardiology specialists, overall compliance with timeliness standards was 36.2% for routine calls and 7.5% for non-urgent calls. For gastroenterologists, urologists and ob/gyns, the overall compliance with timeliness standards was 24.7% for routine calls and 4.6% for non-urgent calls.
- The low overall response rates for the *Healthy Louisiana Behavioral Health Member Satisfaction Survey* conducted by the EQRO resulted in recommendations for the state regarding sampling methodology and survey questions.

## Recommendations

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

- Overall, LDH is successfully implementing the *2021 Quality Strategy*, which includes a thorough set of HEDIS, CAHPS and state-specific measures to assess quality performance, along with well-considered targets for achievement and improvement. The measure set is now specifically aligned with the strategy goals and objectives which should allow LDH to better evaluate their level of success in achieving the stated goals. Requiring the MCOs to submit all the measures listed in the *2021 Quality Strategy* measure set for MY 2021 will enable LDH and the EQRO to better prepare a more complete assessment of how well the Healthy Louisiana MMC Program is doing in achieving its goals.
- LDH should examine each of the measures with SWA rates that are not improving over time or that are below the desired benchmarks. To prioritize where improvement is most needed, LDH could start with the measures that did not meet either the target or the improvement objective. Out of the 74 measures where the target and the improvement objective could be assessed, 41 (55%) of the SWA rates did not meet either objective. Another focus could be directed at the low level of improvement evidenced by only 11 (14%) SWA rates that improve from the prior year's rate by at least 2.0 pps. Further analysis by MCO may indicate whether poor performance is mainly a problem with one or two MCOs, or if it is an issue for most MCOs. Conducting barrier analysis on these prioritized areas may suggest the need to implement interventions such as future PIPs or focus clinical studies.
- The access and availability survey results continue to indicate a need to further address provider network adequacy, which was identified in both survey reports as a common problem. LDH may want to consider methods of supporting the MCOs in their outreach to recruit providers, especially specialists and subspecialists in urban areas. It should also be noted that Network Adequacy Validation is a mandatory EQR activity, but CMS has not yet published a protocol to support the activity. Once the protocol is created, states will have 1 year to begin implementation. LDH could consider initiating validation activities such as regular provider directory and web-based directory validations and/or provider and member focus groups to better understand the barriers both providers and members encounter in providing and/or accessing medical services through Louisiana's MMC system.

### III. Validation of Performance Improvement Projects

#### Objectives

*Title 42 CFR § 438.330(d)* establishes that state agencies require contracted MCOs to conduct PIPs that focus on both clinical and non-clinical areas. According to the CMS, the purpose of a PIP is to assess and improve the processes and outcomes of health care provided by an MCO. LDH requires MCOs to conduct PIPs, as set forth by *Title 42 CFR § 438.330(d)*. LDH contracted with IPRO to conduct the annual validation of PIPs.

Section 14.2.8.2 of the state contract requires the MCO to perform two LDH-approved PIPs for the term of the contract. LDH may require up to two additional projects for a maximum of four projects. The MCO shall perform a minimum of one additional LDH-approved BH PIP each contract year.

PIPs shall be designed to achieve, through ongoing measurements and intervention, significant improvement sustained over time, with favorable effects on health outcomes and enrollee satisfaction. Each project must involve the following:

- measurement of performance using objective quality indicators;
- implementation of interventions to achieve improvement in access to and quality of care;
- evaluation of the effectiveness of the interventions; and
- planning and initiation of activities for increasing or sustaining improvement.

PIPs engage MCO care and quality managers, providers, and members as a team with the common goal of improving patient care. The MCO begins the PIP process by targeting improvement in annual baseline performance indicator rates and identifying drivers of improved evidence-based performance. The next step is to identify barriers to quality of care and to use barrier analysis findings to inform interventions designed to overcome the barriers to care. Interventions are implemented and monitored on an ongoing basis using quarterly and/or monthly ITMs. Declining or stagnating ITM rates signal the need to modify interventions and re-chart the PIP course. Positive ITM trends are an indication of robust interventions.

The PIP validation procedure builds on the *CMS PIP Validation Protocol* by evaluating quantitative and qualitative data regarding each of the following PIP components:

1. Topic/Rationale
  - a. impacts the maximum proportion of members that is feasible;
  - b. has potential for meaningful impact on member health, functional status, or satisfaction;
  - c. reflects high-volume or high-risk conditions; and
  - d. is supported with MCO member data (baseline rates; e.g., disease prevalence).
2. Aims/Goals/Objectives
  - a. Aims specify performance indicators for improvement with corresponding goals.
  - b. Goals set target improvement rates that are bold, feasible, and based upon baseline data and strength of interventions, with rationales (e.g., benchmarks).
  - c. Objectives align aim and goals with interventions.
3. Methodology
  - a. Annual PMs are indicated.
  - b. Methodology specifies numerator and denominator criteria.
  - c. Procedures indicate data source, hybrid versus administrative, and reliability.
  - d. Sampling method is explained for each hybrid measure.
4. Barrier analysis, using one or more of the following:
  - a. susceptible subpopulations identified using claims data on PMs stratified by demographic and clinical characteristics;

- b. direct member input from focus groups, quality meetings, surveys, and/or care management (CM) outreach;
  - c. direct provider input from focus groups, quality meetings, surveys, and/or CM outreach; and/or
  - d. quality improvement (QI) process data (e.g., fishbone diagram, process flow diagrams).
5. Robust interventions that are measurable using ITMs that
    - a. are informed by barrier analysis;
    - b. target members, providers, and MCO;
    - c. are new or enhanced, starting after baseline year; and
    - d. have corresponding monthly or quarterly ITMs to monitor progress of interventions.
  6. Results table has
    - a. performance indicator rates with numerators and denominators; and
    - b. goal rates.
  7. Discussion includes an interpretation of extent to which PIP is successful (e.g., compare final to baseline rates, compare final to target rates, interpret ITM rate trends in support of performance indicator improvement).
  8. Next steps include
    - a. lessons learned;
    - b. system-level changes made and/or planned; and
    - c. next steps for each intervention.

**Table 2** displays the specific MCO PIP topics that were active during the ATR review period (July 1, 2021–June 30, 2022).

**Table 2: MCO PIP Topics**

PIP	PIP Topic
1	Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)
2	Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation
3	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older
4	Improving Receipt of Global Developmental Screening in the First Three Years of Life
5	Improve Chronic HCV Pharmaceutical Treatment Initiation Rate
6	Behavioral Health Transitions in Care
7	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians

MCO: managed care organization; PIP: performance improvement project; COVID-19: 2019 novel coronavirus.

## Technical Methods of Data Collection and Analysis

IPRO collects performance indicator data and ITM data reported by the plans in annual PIP reports, quarterly PIP reports, and monthly Plan-Do-Study-Act (PDSA) run chart presentations.

IPRO’s validation process begins at the PIP proposal phase and continues through the life of the PIP. During the conduct of the PIPs, IPRO provides technical assistance to each MCO. The technical assistance includes feedback.

CMS’s *Protocol 1. Validation of Performance Improvement Projects* was used as the framework to assess the quality of each PIP, as well as to score the compliance of each PIP with both federal and state requirements. IPRO’s assessment involves the following 10 elements:

1. Review of the selected study topic(s) for relevance of focus and for relevance to the MCO’s enrollment.
2. Review of the study question(s) for clarity of statement.
3. Review of the identified study population to ensure it is representative of the MCO’s enrollment and generalizable to the MCO’s total population.
4. Review of selected study indicator(s), which should be objective, clear, unambiguous, and meaningful to the focus of the PIP.
5. Review of sampling methods (if sampling used) for validity and proper technique.
6. Review of the data collection procedures to ensure complete and accurate data were collected.
7. Review of the data analysis and interpretation of study results.
8. Assessment of the improvement strategies for appropriateness.
9. Assessment of the likelihood that reported improvement is “real” improvement.
10. Assessment of whether the MCO achieved sustained improvement.

Following the review of the listed elements, the review findings are considered to determine whether the PIP outcomes should be accepted as valid and reliable. Each evaluation element was scored as Met, Partially Met, Not Met, or Not Applicable, based on the information provided by each MCO. The criteria for each score are presented in **Table 3**.

**Table 3: PIP Validation Review Determinations**

Determination	Criteria Description
Met	The MCO has demonstrated that it fully addressed the requirement.
Partially Met	The MCO has demonstrated that it fully addressed the requirement, however not in its entirety.
Not Met	The MCO has not addressed the requirement.
Not Applicable	The requirement was not applicable for review.

PIP: performance improvement project; MCO: managed care organization.

IPRO provided PIP report templates to each MCO for the submission of project proposals, interim updates, and results. All data needed to conduct the validation were obtained through these report submissions.

Upon final reporting, a determination was made as to the overall credibility of the results of each PIP, with assignment of one of three categories:

- There were no validation findings which indicate that the credibility of the PIP results is at risk.
- The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution. (Concerns are enumerated.)
- There are one or more validation findings that indicate a bias in the PIP results. The concerns that put the conclusion at risk are enumerated.

### Description of Data Obtained

Information obtained throughout the reporting period included project rationale, aims and goals, target population, performance indicator descriptions, performance indicator rates (baseline, interim, and final), methods for PM calculations, targets, benchmarks, interventions (planned and executed), tracking measures and rates, barriers, limitations, and next steps for continuous quality improvement.

IPRO received copies of each MCO’s PIP report. The reports included the project topic and rationale (including baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.



The baseline measurement period of **PIP 1** was January 1, 2018, to December 31, 2018, with interventions initiated January 1, 2019. The PIP continued into 2021 and the final PIP report was submitted December 31, 2021. The baseline measurement period of **PIP 2** was January 1, 2019, to December 31, 2019, with interventions initiated February 1, 2020. **PIP 3** was started on April 9, 2021 and utilized a baseline measurement from the *COVID-19 Vaccine Report* from December 15, 2020, to March 28, 2021. PIP Interventions were initiated on April 9, 2021. **PIP 4** was started in January 2021 and utilized a baseline measurement from January 1, 2020, to December 31, 2020. PIP Interventions were initiated on February 1, 2021.

The baseline measurement period for **PIPs 5, 6 and 7** was calendar year (CY) 2021, with implementation and final measurement period ending CY 2022. Submission of proposal/baseline reports was due on March 1, 2022, and submission of final reports due on December 31, 2022.

## Conclusions

IPRO's detailed PIP validation findings are summarized in **Table 4**. PIP summaries including aim, interventions, and performance summary are displayed in **Table 5** and **Table 6**.

IPRO's assessment of indicator performance was based on the following four categories:

- Target met (or exceeded), and performance improvement demonstrated.
- Target not met, but performance improvement demonstrated.
- Target not met, and performance decline demonstrated.
- Unable to evaluate performance at this time.

**Table 4** shows the validation results for the above PIPs (note that the validation elements in table subsections 7 and 8 are not available for PIPs 5, 6, and 7 since completion of these PIPs extends beyond the review period of this ATR).

**Table 4: PIP Validation Results for PIP Elements – LHCC**

LHCC – PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
<b>1. Topic/Rationale</b>							
a. Impacts the maximum proportion of members that is feasible	M	M	M	M	M	M	M
b. Potential for meaningful impact on member health, functional status, or satisfaction	M	M	M	M	M	M	M
c. Reflects high-volume or high-risk conditions	M	M	M	M	M	M	M
d. Supported with MCO member data (baseline rates; e.g., disease prevalence)	M	M	M	M	M	M	M
<b>2. Aim</b>							
a. Specifies performance indicators for improvement with corresponding goals	M	M	M	M	M	M	M
b. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions, with rationale (e.g., benchmark)	M	M	M	M	M	M	M
c. Objectives align aim and goals with interventions	M	M	M	M	M	M	M

LHCC – PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
<b>3. Methodology</b>							
a. Annual performance measures indicated	M	M	M	M	M	M	M
b. Specifies numerator and denominator criteria	M	M	M	M	M	M	M
c. Procedures indicate methods for data collection and analysis	M	M	M	M	PM	M	M
d. Sampling method explained for each hybrid measure	N/A	M	N/A	M	N/A	N/A	N/A
<b>4. Barrier Analysis</b>							
a. Susceptible subpopulations identified using claims data on performance measures stratified by demographic and clinical characteristics	M	M	M	M	PM	PM	M
b. Member feedback	M	M	M	M	PM	M	M
c. Provider feedback	M	M	M	M	PM	PM	M
d. QI process data (“5 Why’s”, fishbone diagram)	M	M	M	M	M	PM	M

LHCC – PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
	Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care	Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians
<b>5. Robust Interventions</b>							
a. Informed by barrier analysis	M	M	M	M	PM	PM	M
b. Actions that target member, provider, and MCO	M	M	M	M	M	M	M
c. New or enhanced, starting after baseline year	M	M	M	M	M	PM	PM
d. With corresponding monthly or quarterly intervention tracking (process) measures (i.e., numerator/denominator, (specified in proposal and baseline PIP reports, with actual data reported in interim and final PIP reports)	M	M	M	M	M	PM	PM
<b>6. Results Table</b>							
a. Table shows performance indicator rates, numerators, and denominators	M	M	M	M	M	M	M
b. Table shows target rates and rationale (e.g., next highest Quality Compass percentile)	M	M	PM	M	M	M	M
<b>7. Discussion (Final PIP</b>							

LHCC – PIP Validation Element	PIP 1	PIP 2	PIP 3	PIP 4	PIP 5	PIP 6	PIP 7
		Improving Rates for IET, FUA, and POD	Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	Improving Receipt of Global Developmental Screening in the First Three Years of Life	Improve HCV Pharmaceutical Treatment Initiation Rate	Behavioral Health Transitions in Care
Report)							
a. Interpretation of extent to which PIP is successful	M	M	PM	M	--	--	--
8. Next							
a. Lessons learned	M	M	M	M	--	--	--
b. System-level changes made and/or planned	M	M	M	M	--	--	--
c. Next steps for each intervention	M	M	M	M	--	--	--

<sup>1</sup> There are three levels of validation findings results: Met (M); Partially Met (PM); and Not Met (NM).

PIP: performance improvement project; LHCC: Louisiana Healthcare Connections; IET: Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment; FUA: Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence; POD: Pharmacotherapy for Opioid Use Disorder; HCV: hepatitis C virus; COVID-19: 2019 novel coronavirus; MCO: managed care organization; N/A: not applicable; QI: quality improvement.

### PIP 1: Improving Rates for IET, FUA, and POD

Through a review conducted on 1/10/2022, IPRO determined that all validation elements of the Improving Rates for IET, FUA, and POD PIP report submitted by LHCC achieved full compliance.

### PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation

Through a review conducted on 1/14/2022, IPRO determined that all validation elements of the Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation PIP report submitted by LHCC achieved full compliance.

### PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older

Through a review conducted on 1/10/2022, IPRO determined that the following validation elements of the Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older PIP report submitted by LHCC did not achieve full compliance:

**6b. Partially Met.** The target rate for the disparities in Indicators 2 and 3 should be 0%, as these target rates do not represent the targeted subgroup vaccination rates but instead the percentage point difference between subgroups.

**7a. Partially Met.** The Discussion section on racial/ethnic disparity incorrectly interprets percentage point differences between subgroups as the percentage of each subgroup who were vaccinated.

### PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life

Through a review conducted on 1/10/2022, IPRO determined that all validation elements of the Improving Receipt of Global Developmental Screening in the First Three Years of Life PIP report submitted by LHCC achieved full compliance.

### PIP 5: Improve HCV Pharmaceutical Treatment Initiation Rate

Through a review conducted on 2/4/2022, IPRO determined that the following validation elements of the Improve HCV Pharmaceutical Treatment Initiation Rate PIP report submitted by LHCC did not achieve full compliance:

**3c. Partially Met.** Explain methods for collecting and analyzing member feedback, provider feedback, member outreach analysis, and clinical encounter feedback.

**4a,b,c. Partially Met.** What are the specific barriers identified by members who have HCV with HIV coinfection? Members in the Department of Justice (DOJ) population? What are the specific barriers identified by other members? What are the specific barriers identified by providers?

**5a. Partially Met.** How is each intervention informed by the member feedback about barriers? For example, how does Intervention 1a in 2022 improve upon this same intervention in 2021, as informed by specific barriers identified by members?

### PIP 6: Behavioral Health Transitions in Care

Through a review conducted on 4/6/2022, IPRO determined that the following validation elements of the Behavioral Health Transitions in Care PIP report submitted by LHCC did not achieve full compliance:

**4a. Partially Met.** Table 4a reports “Unknown” denominator percent of 74.65%; however,  $4,898/7,985 = 61.34\%$ , and the denominator percentages total up to 174.65% but should total 100%. Might the “Unknown” category include “Other” and “Unknown”? Check data and recalculate the Index of Disproportionate Under-Representation for “Other” and “Unknown.” Table 4b was corrected to exclude non-hospitals; Which low-

performing hospitals are being targeted for barrier identification? Which high-performing hospitals are being targeted for driver analysis? Indicate in Table 4c of the full PIP report and in the appropriate table in subsequent quarterly reports.

**4c. Partially Met.** Pending incorporation of barrier analysis obtained from meetings with low-performing hospitals.

**4d. Partially Met.** The last column was completed. Consider adding identification of high-performing hospitals and results of driver analysis based upon meetings with these hospital partners.

**5a. Partially Met.** Pending interventions to address barriers identified by hospitals prioritized by disproportionate analysis. Indicate prioritized hospitals and corresponding barriers in Table 4c of the full PIP report and in the appropriate tables in subsequent quarterly reports.

**5c. Partially Met.** Pending addition of a broader intervention to facilitate follow-up with members with an appropriate mental health provider (e.g., text messaging, letter to member and member’s PCP with list of follow-up providers in member’s location).

**5c. Partially Met.** Pending modifications as indicated by stagnating/declining ITMs in subsequent quarterly reports.

**5d. Partially Met.** Pending addition of corresponding ITM to address recommended interventions per review comment for 5a, as well as reporting of ITM data in subsequent quarterly and annual reports.

### PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians

Through a review conducted on 3/3/2022, IPRO determined that the following validation elements of the Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians PIP report submitted by LHCC did not achieve full compliance:

**5c. Partially Met.** Pending subsequent quarterly reporting of modifications to interventions in response to stagnating or declining ITM rates.

**5d. Partially Met.** Pending subsequent quarterly reporting of ITM data.

**Table 5** shows the validation elements and results of the PIPs active during the ATR review period.

**Table 5: LHCC PIP Summaries, 2021–2022**

LHCC: PIP Summaries
<p><b>PIP 1:</b> Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for OUD (POD)</p> <p><b>Validation Summary:</b> There were no validation findings which indicate that the credibility of the PIP results is at risk.</p>
<p><b>Aim</b></p> <p>To improve the rate of IET, FUA, and POD by implementing enhanced interventions to test the change concepts indicated in the driver diagram (Appendix D) to achieve the following objectives:</p> <ol style="list-style-type: none"> <li>1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of POD, and encourage provider enrollment in the following training programs: <ul style="list-style-type: none"> <li>• The American Society of Addiction Medicine (ASAM) National Practice Guideline for the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning).</li> <li>• Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) –ASAM; targeted providers to include PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers.</li> <li>• Fundamentals of Addiction Medicine – ASAM –; targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC, and urgent care providers.</li> <li>• The ASAM Criteria Course for appropriate levels of care; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers.</li> <li>• ASAM Motivational Interviewing Workshop; targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC, and urgent care providers.</li> </ul> </li> </ol>

## LHCC: PIP Summaries

2. Link PCPs for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<https://www.samhsa.gov/sbirt/resources>), and encourage primary care conduct of SBIRT for youth and adults; targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC, and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols).
4. Provide MCO enhanced care coordination (e.g., BH integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).

### Interventions

1. Expand and promote ASAM-related educational offerings to providers within identified LA geographic disparity areas.
2. Provide SBIRT resources and education offerings for ED providers including training on Stages of Change and Motivational Interviewing techniques.
3. Provide SBIRT resources and education offerings to PCP providers, including training on Stages of Change and motivational interviewing techniques.
4. Collect monthly data to measure utilization via claims data regarding SBIRT billing codes.
5. Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas.
6. Provider outreach and resources with a listing of in-network providers for referral of suspected SUD to support ASAM 6 Dimension risk evaluations and determine recommended patient placement.
7. Provide EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended patient placement in type (WM or treatment)/ level of care which may or may not include MAT.
8. Increase IET members enrolled in CM through targeted CM outreach and strategic care coordination for identified members with AOD in identified disparity areas.
9. Monitor successful outreach by Community Health Outreach team.
10. Monitor percentage of members receiving concurrent MAT and psychosocial SUD treatment.
11. Monitor percentage of members with OUD and mental health diagnoses being treated concurrently for both OUD and mental health.

### Performance Improvement Summary

#### *Strengths:*

- Performance indicators:
  - Indicator 1. Initiation of alcohol abuse/dependence treatment (all ages) increased by approximately five percentage points from 46.93% in CY 2018 to 51.62% in CY 2021.
  - Indicator 2. Initiation of opioid abuse/dependence treatment (all ages) increased by almost 10 percentage points from 58.95% in CY 2018 to 68.30% in CY 2021.
  - Indicator 5. Engagement in opioid abuse/dependence treatment (all ages) increased by almost seven percentage points from 27.02% in CY 2018 to 33.96% in CY 2021.
- Intervention Tracking Measures (ITMs):
  - ITM 3c to provide EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluation increased from 25.78% in Q3 2020 to 94.70% in Q4 2021.
  - ITM 4b. CM outreach via reorganized Community Health Outreach team to SHCN enrollees remained high throughout 2020 and 2021, ranging between 81.08% and 85.97%, although rates dropped to 60.00% in Q4 2021 and 64.25% in Q3 2021.

#### *Opportunities for improvement:*

- None of the performance indicators reached the target rates, and the lowest 2021 rates were reported for the following indicators representing engagement and follow-up:
  - Engagement Indicator 4: Alcohol abuse/dependence cohort, all ages;



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- Engagement Indicator 6: Total diagnosis cohort, all ages;
- Indicator 6: Follow-up within 7 days of ED visit for AOD: 7.61%; and
- Indicator 7: Follow-up within 30 days of visit for AOD: 11.45%.

### PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk..

#### Aim

To improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by 10 percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (1) PCPs for screening, and (2) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
  - beneficiaries born between the years 1945 and 1965;
  - current or past injection drug use;
  - persons ever on long term hemodialysis;
  - persons who were ever incarcerated; and
  - persons with HIV infection.
2. Provider Intervention Objective: Educate providers on evidence-based recommendations and availability of HCV specialty providers (United States Preventive Services Task Force, 2013; American Association for the Study of Liver Diseases/Infectious Diseases Society of America, 2018), and coordinate referrals for screening and treatment.

#### Interventions

1. Enhance case management outreach for HCV treatment initiation.
2. Enhance case management outreach for HCV screening.
3. Provide PCPs with customized list of members for whom HCV screening and treatment is indicated.
4. Provide provider education regarding sofosbuvir/velpatasvir 400/100 (AG Eplclusa®: Preferred) prescription.
5. Provide PCP education to include prior authorization is not required for Eplclusa generic and applicable billing guidelines for HCV DAA agents and Medicaid reimbursement.
6. Increase members enrolled in CM through targeted CM outreach and strategic care coordination for identified members with HCV.
7. Enhance case management/ongoing outreach to support members through course of therapy.
8. Ensure treatment completion and member compliance with course of treatment as prescribed.

#### Performance Improvement Summary

##### Strengths:

- Performance indicators:
  - Performance Indicator 2a. Risk Factor Screening increased by 6.91 percentage points from 23.16% in CY 2019 to 30.07% in CY 2021.
  - Performance Indicator 2b. Risk Factor Annual Screening increased by 7.91 percentage points from 8.82% in CY 2019 to 16.73% in CY 2021.
  - Performance Indicator 3b. HCV Treatment – Persons Who Use Drugs increased by 5.94 percentage points from 12.25% in CY 2019 to 18.19% in CY 2021.
  - Performance Indicator 3c. HCV Treatment – Persons with HIV increased by 6.02 percentage points from 14.34% in CY 2019 to 20.36% in CY 2021.
- ITMs:
  - ITM 2b. Distribution of screening-eligible member gap reports to providers was over 50% in Q3 (251,290/473,138) 2021 and Q4 (251,701/476,222) 2021.
  - ITM3b. Provider education – Eplclusa increased from 14.94% (95/636) in Q3 2020 to 54.60% (433/793) in Q3 2021.
  - ITM 5b. Members completing prescribed medication therapy increased from 40.80% (82/201) in Q1 2020 to 69.03% (439/636) in Q4 2021.

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### *Opportunities for improvement:*

- Less than half of enrollees were screened for HCV.
- Less than half of eligible enrollees received treatment for HCV.
- Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.
- Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions.

### **PIP 3:** Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older

**Validation Summary:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the measurement and interpretation-related issues indicated in the above comments 5d, 6b and 7a.

### **Aim**

To ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.

### **Interventions**

1. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management.
2. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management.
3. Develop and implement COVID-19 vaccination outreach to the pediatric population.
4. Distribute eligible enrollee lists to PCPs and facilitate referrals as needed.
5. Distribute vaccination site lists to PCPs.
6. Outreach eligible enrollees pending the 2nd dose of COVID vaccine with reminder communications to facilitate completion of vaccination series.
7. Have eligible enrollees in susceptible subpopulations receive tailored and targeted interventions to address observed disparities in receiving the COVID-19 vaccine.
8. Outreach eligible enrollees with transportation barriers/homebound status to assess vaccination status and connection to plan resources to facilitate vaccination access.
9. Provide transportation for members with transportation/ mobility barriers to COVID vaccination sites.
10. Leverage the trusted relationship between members/providers to decrease vaccine hesitancy and increase vaccine administration.

### **Performance Improvement Summary**

#### *Strengths:*

- Annual performance indicators with an average monthly percentage point increase of at least three percentage points:
  - Indicator 1a. Persons aged 16+ years who received at least one vaccine dose: Increased monthly an average of 3.26 percentage points from 11.17% to 37.27% (April 2021 to December 2021).
  - Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.26 percentage points from 5.59% to 31.66% (April 2021 to December 2021).
  - Indicator 4a. Persons aged 12–15 years who received at least one vaccine dose: Increased monthly an average of 3.98 percentage points from 5.62% to 25.50% (July 2021 to December 2021).
  - Indicator 4b. Persons aged 12–15 years who received a complete vaccine course: Increased monthly an average of 3.45 percentage points from 3.53% to 20.80% (July 2021 to December 2021).
- Approved Incentive Arrangement (AIA) Progress:
  - Metric 1A (Persons aged 16+ years who received at least one vaccine dose) – MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members aged 16+ years who received at least one vaccine dose increased 8.97 percentage points from 17.03% to 26.00%.
  - Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.29 percentage points from 21.09% to 30.38%.
  - Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater

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or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.01 percentage points from 12.67% to 24.68%.

- ITMs that showed improvement:
  - ITM 2a. The percentage of enrollees where PCPs were provided with their eligible patient list increased from 15.3% in May 2021 to 100% in August 2021
  - ITM 2b. The percentage of PCPs who were provided a list of available vaccine sites increased from 42.09% in April 2021 to 100% in August 2021
  - ITM 6 indicates an initial vaccination rate of 10.73% in this group as the initiative launched, maintaining a vaccination rate in these member groups between 26.49%–33.96% each month thereafter.

### *Opportunities for improvement:*

- As of December 2021, LHCC's cumulative COVID-19 vaccination rate of 37.27% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.
- The non-cumulative number of LHCC enrollees who received at least one COVID-19 vaccine declined from 19,929 in September 2021 to 5,412 in December 2021.
- The non-cumulative number of LHCC enrollees who received the full COVID-19 vaccine course declined from 14,201 in September 2021 to 4,876 in December 2021.

## **PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life**

**Validation Summary:** There were no validation findings which indicate that the credibility of the PIP results is at risk.

### **Aim**

To increase the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool in the 12 months preceding or on their first, second, or third birthday.

### **Interventions**

1. Conduct provider education on standardized global developmental screening tools, Healthy Louisiana billing & coding guideline, and early intervention programs.
2. Develop member gap reports, stratify by provider and distribute to providers.
3. Conduct parent education on importance of developmental screening. Conduct enhanced care coordination outreach/education to parents of members on gap report.
4. Conduct a Q1–Q3 2021 PCP chart review of:
  - a random sample of 30 eligible population charts in the aggregate denominator of Indicators 1, 2 & 3 with CPT® Code 96110 to validate whether the tools in Table 4a were utilized for global developmental screening; and
  - a random sample of 30 eligible population charts in the aggregate denominator of Indicators 1, 2 & 3 without CPT Code 96110 to discern whether the tools in Table 4a were utilized for global developmental screening at the child's 9-month, 18-month, or 30-month visit.
5. Collaborate with early intervention programs (EIP) and coordinate with providers to facilitate referrals from providers to EIP.

### **Performance Improvement Summary**

#### *Strengths:*

- Performance indicator improvement:
  - Indicator 1 increased by 11.25 percentage points to 36.07% from the ULM-calculated statewide baseline rate of 24.82% in CY 2018 and exceeded the target rate of 34.82%.
  - Indicator 2 increased by 19.76 percentage points to 38.01% from the ULM-calculated statewide baseline rate of 18.25% and exceeded the target rate of 28.25%. LHCC adjusted the target rate higher to 38.25% for ongoing improvement.
  - Indicator 3 increased by 11.24 percentage points to 22.92% from the ULM-calculated statewide baseline rate of 11.68% for 2018 and exceeded the target rate of 21.68%.
- ITM performance:
  - ITM 2 to distribute member gap reports to providers remained substantial, although the rate decreased from 49.43% to 45.14% from Q2 to Q4 2021.
  - ITM 4a to review 30 charts among the sample with CPT Code 96110 demonstrated a high rate (73.33%) of

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appropriate global developmental screening.

- ITM6b for tailored and targeted intervention for PCP education in Region 9 increased from 46.97% in Q2 2021 to 100% in Q3 and remained elevated from Q2 to Q4 at 94.37%.

### *Opportunities for improvement:*

There is an opportunity to improve the Performance Indicator 3 rate to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.

## **PIP 5: Improve Chronic HCV Pharmaceutical Treatment Initiation Rate**

**Validation Summary:** N/A.

### **Aim**

To improve the Healthy Louisiana initiation of HCV pharmaceutical treatment rate by 10 percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. Member Intervention Objective:
  - For all eligible members on the OPH listing, outreach and educate members, and facilitate referrals to/schedule appointments with HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high-risk characteristics):
    - persons who use drugs; and
    - persons with HIV.
2. Provider Intervention Objective: Educate providers on evidence-based recommendations (AASLD/IDSA, 2018) and availability of providers trained in HCV treatment, and coordinate referrals for treatment. Distribute member care gap reports to providers.

### **Interventions**

- 1a. Enhance MCO outreach for HCV treatment initiation.
- 1b. Target case management outreach for HCV treatment initiation for members in DOJ population.
- 2a. Provide provider education regarding sofosbuvir/velpatasvir 400-100 (AG Eplusa: Preferred) prescription.
- 2b. Outreach to providers to educate about HCV CPG and to distribute listing of HCV treatment providers and HCV care gap reports.
- 3a. Target member identification and outreach for linkage to community partners and alternative care providers/settings for treatment.

### **Performance Improvement Summary**

#### *Strengths:*

- The intervention for targeted case management outreach to members in DOJ population is new, with a corresponding ITM.
- The intervention for targeted case management outreach to members with HIV co-infection is new, with two corresponding ITMs.
- Direct member and provider feedback about barriers informed interventions, as well as member outreach analysis and clinical encounter feedback.

#### *Opportunities for improvement:*

- Less than half of eligible enrollees received treatment for HCV.
- Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.
- Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions.

## **PIP 6: Behavioral Health Transitions in Care**

**Validation Summary:** N/A.

### **Aim**

To improve the rate of (1) Follow-Up after Hospitalization for Mental Illness (FUH), (2) Follow-Up After Emergency

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Department Visit for Mental Illness, and (3) Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, by implementing interventions.

### Interventions

1. Enhance hospital-to-MCO workflow for notification of hospital admissions, discharges, and transfers.
2. Enhance hospital-to-MCO workflow for notification of emergency department admissions, discharges, and transfers.
3. Have linkage to aftercare with BH providers prior to discharge from hospital.

### Performance Improvement Summary

#### Strengths:

- Member barriers identified based upon feedback from member-facing staff.
- Provider barriers identified based upon direct provider feedback.
- QI tools utilized include the fishbone diagram, Priority Matrix, and SWOT analysis.
- LHCC conducted the Analysis of Disproportionate Under-Representation and identified susceptible member subgroups.
- LHCC added a linkage intervention and corresponding ITM 3a to address the SUD subgroup of the FUH eligible population.

#### Opportunities for improvement:

None identified.

## PIP 7: Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians

Validation Summary: N/A.

### Aim

To improve, by at least 10 percentage points from baseline to final measurement, the percentage of children aged 6 months through 5 years who received fluoride varnish application by their PCP, by implementing new or enhanced interventions.

### Interventions

- Enhance MCO CM member outreach and education with dental provider appointment scheduling.
- Enhance provider outreach and education using care gap report, AAP guideline on Fluoride Use in Caries Prevention, and LDH bulletin regarding reimbursement and course requirements/links, and Well-Ahead Louisiana resources.
- Provide PCPs with customized list of members for whom fluoride varnish application is indicated.

### Performance Improvement Summary

#### Strengths:

- LHCC conducted the Analysis of Disproportionate Under-Representation and used findings to inform a tailored and targeted interventions with corresponding ITMs 3a–3f.
- LHCC obtained direct member feedback to inform member interventions and described a method to collect and analyze ongoing feedback.
- LHCC obtained direct provider feedback to inform provider interventions and described a method to collect and analyze ongoing feedback.
- The following QI tools were utilized: fishbone diagram, Priority matrix, and SWOT analysis.

#### Opportunities for improvement:

None identified.

LHCC: Louisiana Healthcare Connections; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; PCP: primary care provider; ER: emergency room; FQHC: federally qualified health center; LMHP: licensed medical health professional; ED: emergency department; MCO: managed care organization; UM: utilization management; CM: case management; SHCN: special health care needs; MAT: medication-assisted treatment; LA: Louisiana; SUD: substance use disorder; OPH: Office of Public Health; HIV: human immunodeficiency virus; CY: contract year; Q: quarter; DAA: direct-acting antiviral; LDH: Louisiana Department of Health; N/A: not applicable; COVID-19: 2019 novel coronavirus; CPT: Current Procedural Terminology; AG: authorized

generic; DOH: Department of Health; SWOT: strengths, weaknesses, opportunities, and threats; AAP: American Academy of Pediatrics; QI: quality improvement; CPG: clinical practice guidelines.

**Table 6** shows IPRO’s assessment of PIP indicator performance for MY 2021 by topic.

**Table 6: Assessment of LHCC PIP Indicator Performance – Measurement Year 2021**

LHCC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
<b>PIP 1: Improving Rates for (1) Initiation and Engagement of AOD Abuse or Dependence Treatment (IET), (2) Follow-Up After ED Visit for AOD Abuse or Dependence (FUA), and (3) Pharmacotherapy for OUD (POD)</b>		
1	Initiation of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort <b>Baseline:</b> 46.93% <b>Final:</b> 51.62% <b>Target:</b> 56.93%	Target not met, but performance improvement demonstrated.
2	Initiation of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort <b>Baseline:</b> 58.95% <b>Final:</b> 68.30% <b>Target:</b> 68.95%	Target not met, but performance improvement demonstrated.
3	Initiation of AOD Treatment: Total age groups, total diagnosis cohort <b>Baseline:</b> 47.95% <b>Final:</b> 50.96% <b>Target:</b> 57.95%	Target not met, but performance improvement demonstrated.
4	Engagement of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort <b>Baseline:</b> 11.67% <b>Final:</b> 15.88% <b>Target:</b> 16.43%	Target not met, but performance improvement demonstrated.
5	Engagement of AOD Treatment: Total age groups, opioid abuse or dependence diagnosis cohort <b>Baseline:</b> 27.02% <b>Final:</b> 33.96% <b>Target:</b> 35.15%	Target not met, but performance improvement demonstrated.
6	Engagement of AOD Treatment: Total age groups, total diagnosis cohort <b>Baseline:</b> 15.67% <b>Final:</b> 16.74% <b>Target:</b> 18.45%	Target not met, but performance improvement demonstrated.
7	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit within 7 days of the ED visit <b>Baseline:</b> 5.88% <b>Final:</b> 7.61% <b>Target:</b> 11.56%	Target not met, but performance improvement demonstrated.
8	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence who had a follow-up visit for AOD within 30 days of the ED visit <b>Baseline:</b> 10.11% <b>Final:</b> 11.45%	Target not met, but performance improvement demonstrated.

LHCC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	<b>Target:</b> 17.91%	
9	The percentage of new OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 years and older with a diagnosis of OUD. <b>Baseline (2020):</b> 35.36% <b>Final:</b> 34.02% <b>Target:</b> 40.00%	Target not met, but performance improvement demonstrated.
<b>PIP 2: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation</b>		
1a	Universal Screening <b>Baseline:</b> 10.31% <b>Final:</b> 14.49% <b>Target:</b> 20.31%	Target not met, but performance improvement demonstrated.
1b	Birth Cohort Screening <b>Baseline:</b> 13.61% <b>Final:</b> 15.91% <b>Target:</b> 23.61%	Target not met, but performance improvement demonstrated.
2a	Non-Birth Cohort/Risk Factor Screening – Ever Screened <b>Baseline:</b> 23.16% <b>Final:</b> 30.07% <b>Target:</b> 33.16%	Target not met, but performance improvement demonstrated.
2b	Non-Birth Cohort/Risk Factor Screening – Annual Screening <b>Baseline:</b> 8.82% <b>Final:</b> 16.73% <b>Target:</b> 18.82%	Target not met, but performance improvement demonstrated.
3a	HCV Treatment Initiation – Overall <b>Baseline:</b> 11.99% <b>Final:</b> 16.53% <b>Target:</b> 21.99%	Target not met, but performance improvement demonstrated.
3b	HCV Treatment Initiation – Persons Who Use Drugs <b>Baseline:</b> 12.25% <b>Final:</b> 18.19% <b>Target:</b> 22.25%	Target not met, but performance improvement demonstrated.
3c	HCV Treatment Initiation – Persons with HIV <b>Baseline:</b> 14.34% <b>Final:</b> 20.36% <b>Target:</b> 24.34%	Target not met, but performance improvement demonstrated.
<b>PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: 18 Years of Age or Older</b>		
1a	Receipt of at least one dose of COVID-19 vaccine <b>Baseline:</b> 11.17% <b>Final:</b> 37.27% <b>Target:</b> 70.00%	Target not met, but performance improvement demonstrated.
1b	Receipt of a complete vaccine series <b>Baseline:</b> 5.59% <b>Final:</b> 31.66% <b>Target:</b> 70.00%	Target not met, but performance improvement demonstrated.
2a	White enrollees receiving at least one dose <b>Baseline:</b> 8.07% <b>Final:</b> N/A	Unable to evaluate performance at this time.

LHCC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	<b>Target:</b> 70.00%	
2b	Black enrollees receiving at least one dose <b>Baseline:</b> 11.34% <b>Final:</b> N/A <b>Target:</b> 70.00%	Unable to evaluate performance at this time.
2c	Hispanic enrollees receiving at least one dose <b>Baseline:</b> 7.97% <b>Final:</b> N/A <b>Target:</b> 70.00%	Unable to evaluate performance at this time.
2d	Other enrollees receiving at least one dose <b>Baseline:</b> 13.58% <b>Final:</b> N/A <b>Target:</b> 70.00%	Unable to evaluate performance at this time.
3a	White enrollees receiving a complete COVID-19 vaccine course <b>Baseline:</b> 4.00% <b>Final:</b> N/A <b>Target:</b> 50.00%	Unable to evaluate performance at this time.
3b	Black enrollees receiving a complete COVID-19 vaccine course <b>Baseline:</b> 5.66% <b>Final:</b> N/A <b>Target:</b> 50.00%	Unable to evaluate performance at this time.
3d	Hispanic enrollees receiving a complete COVID-19 vaccine course <b>Baseline:</b> 3.41% <b>Final:</b> N/A <b>Target:</b> 50.00%	Unable to evaluate performance at this time.
3c	Other enrollees receiving a complete COVID-19 vaccine course <b>Baseline:</b> 6.94% <b>Final:</b> N/A <b>Target:</b> 50.00%	Unable to evaluate performance at this time.
4a	Children: receipt of at least one dose of COVID-19 vaccine <b>Baseline:</b> 5.62% <b>Final:</b> 25.50% <b>Target:</b> 70.00%	Target not met, but performance improvement demonstrated.
4b	Children: receipt of a complete vaccine series <b>Baseline:</b> 3.53% <b>Final:</b> 20.8% <b>Target:</b> 50.00%	Target not met, but performance improvement demonstrated.
<b>PIP 4: Improving Receipt of Global Developmental Screening in the First Three Years of Life</b>		
1	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their first birthday <b>Baseline:</b> 24.82% <b>Final:</b> 36.07% <b>Target:</b> 34.82%	Target met and performance improvement demonstrated.
2	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their second birthday <b>Baseline:</b> 18.25% <b>Final:</b> 38.01%	Target not met, but performance improvement demonstrated.



LHCC Indicator #	Indicator Description	Assessment of Performance, Baseline to Final
	<b>Target:</b> 38.25%	
3	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized global developmental screening tool by their third birthday <b>Baseline:</b> 11.68% <b>Final:</b> 22.92% <b>Target:</b> 22.68%	Target met and performance improvement demonstrated.

Yellow: target not met, but performance improvement demonstrated; green: target met and performance improvement demonstrated; grey: unable to evaluate performance at this time.

LHCC: Louisiana Healthcare Connections; PIP: performance improvement project; AOD: alcohol and other drug; OUD: opioid use disorder; ED: emergency department; HIV/AIDS: human immunodeficiency virus/acquired immunodeficiency syndrome; COVID-19: 2019 novel coronavirus; N/A: not applicable.

## IV. Validation of Performance Measures

### Objectives

Federal requirements from the BBA, as specified in *Title 42 CFR § 438.358*, require that states ensure their MCOs collect and report PMs annually. The requirement allows states, agents that are not managed care organizations, or an EQRO to conduct the performance measure validation (PMV).

LDH has established quality measures and standards to evaluate MCO performance in key program areas. The selected measures align with specific priorities, goals, and/or focus areas of the Louisiana Medicaid Quality Strategy and include measures in the HEDIS.

Performance results can be calculated and reported to the state by the MCO, or the state can calculate the MCO's PM results for the preceding 12 months. LDH required its Medicaid MCOs to calculate their own PM rates and have them audited by an NCQA-certified auditor.

LDH contracted with IPRO to conduct the functions associated with PMV.

### Technical Methods of Data Collection and Analysis

Each MCO contracted with an independent licensed organization (LO) and underwent an NCQA HEDIS Compliance Audit™ for HEDIS MY 2021. To ensure that each MCO calculated its rates based on complete and accurate data and according to NCQA's established standards and that each MCO's independent auditors performed the audit using NCQA's guidelines, IPRO reviewed the final audit reports (FARs) produced for each MCO by the MCO's independent auditor. Once the MCOs' compliance with NCQA's established standards was examined, IPRO objectively analyzed the MCOs' HEDIS MY 2021 results and evaluated each MCO's current performance levels relative to Quality Compass national Medicaid percentiles.

IPRO evaluated each MCO's IS capabilities for accurate HEDIS reporting. This evaluation was accomplished by reviewing each FAR submitted by the MCOs that contained the LO's assessment of IS capabilities. The evaluation specifically focused on aspects of the MCO's system that could affect the HEDIS Medicaid reporting set.

The term "IS" included the computer and software environment, data collection procedures, and abstraction of medical records for hybrid measures. The IS evaluation included a review of any manual processes used for HEDIS reporting. The LOs determined the extent to which the MCOs had the automated systems, information management practices, processing environment, and control procedures to capture, access, translate, analyze, and report each HEDIS measure.

In accordance with the MY 2021 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures*, Volume 5, the LOs evaluated compliance with NCQA's IS standards. NCQA's IS standards detail the minimum requirements of an MCO's IS, as well as criteria that must be met for any manual processes used to report HEDIS information.

For each HEDIS measure, the MCO was evaluated on how their rate compared to the HEDIS MY 2021 Quality Compass national Medicaid HMO 50th percentile.

### Description of Data Obtained

IPRO used the FAR and the MCO rates provided on the Interactive Data Submission System (IDSS) file as the primary data sources.

The FAR includes information on the MCOs’ IS capabilities, findings for each measure, supplemental data validation results, medical record review validation (MRRV) results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. The final audit results included final determinations of validity made by the auditor for each PM. The IDSS file detailed all rates that were submitted to NCQA and whether the auditor deemed them to be reportable. The IDSS file is “locked” by the auditor so that no changes can be made to the results.

## Conclusions

The MCO’s independent auditor determined that the rates reported by the MCO were calculated in accordance with NCQA’s defined specifications and there were no data collection or reporting issues identified by the independent auditor.

Based on a review of the FARs issued by LHCC’s independent auditor, IPRO found that LHCC was determined to be *fully compliant* with all seven of the applicable NCQA IS standards. HEDIS rates produced by LHCC were reported to the NCQA. LHCC’s compliance with IS standards is highlighted in **Table 7**.

**Table 7: LHCC Compliance with Information Systems Standards – MY 2021**

IS Standard	LHCC
HEDIS Auditor	
1.0 Medical Services Data	Met
2.0 Enrollment Data	Met
3.0 Practitioner Data	Met
4.0 Medical Record Review Processes	Met
5.0 Supplemental Data	Met
6.0 Data Preproduction Processing	Met

MY: measurement year; IS: Information Systems; LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set.

For SFY 2022, LDH required each contracted MCO to collect and report on 47 HEDIS measures which includes 81 total measures/submeasures indicators for HEDIS MY 2021 specified in the provider agreement. The measurement set includes 11 incentive measures. **Tables 8–10** display the 81 measures indicators required by LDH. Red cells indicate that the measure fell below the NCQA 50th percentile, green indicates that the measure was at or above the 50th percentile. **Table 11** displays a summary of LHCC’s HEDIS measure performance.

**Table 8: LHCC HEDIS Effectiveness of Care Measures – MY 2021**

HEDIS Measure	LHCC	Statewide Average
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	58.91%	52.96%
Pharmacotherapy for Opioid Use Disorder (POD)	36.59%	31.72%
Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)		
Initiation of AOD	51.18%	54.64%
Engagement of AOD	17.09%	19.23%
Use of First-Line Psychosocial Care for Children and Adolescent Antipsychotics (APP)	62.77%	64.02%
Antidepressant Medication Management (AMM)		
Effective Acute Phase Treatment	58.32%	57.91%
Effective Continuation Phase Treatment	42.72%	40.82%

HEDIS Measure	LHCC	Statewide Average
Breast Cancer Screening (BCS)	54.48%	54.04%
<b>Cervical Cancer Screening (CCS)</b>	57.66%	58.17%
<b>Childhood Immunization Status (CIS)</b>		
DTaP	65.45%	66.71%
IPV	86.37%	86.13%
MMR	84.91%	82.36%
HiB	83.94%	82.83%
Hepatitis B	90.02%	88.31%
VZV	85.16%	82.67%
Pneumococcal conjugate	64.23%	65.85%
Hepatitis A	79.56%	78.94%
Rotavirus	60.58%	64.61%
Influenza	25.55%	27.56%
<b>Combo 3</b>	59.37%	61.53%
Combo 7	47.93%	52.12%
Combo 10	17.03%	20.59%
Chlamydia Screening in Women (CHL) – Total	63.80%	62.40%
<b>Colorectal Cancer Screening (COL)</b>	38.06%	38.69%
<b>Comprehensive Diabetes Care (CDC)</b>		
HbA1c Testing	84.91%	83.64%
<b>HbA1c Poor Control (&gt; 9.0%)<sup>1</sup></b>	52.80%	44.32%
HbA1c Control (< 8.0%)	40.88%	47.49%
Eye Exams	61.31%	54.48%
Blood Pressure Control (< 140/90 mm/Hg).	42.34%	52.80%
<b>Controlling High Blood Pressure (CBP)</b>	49.39%	54.73%
Diabetes Screening for People with Schizophrenia or Bipolar Who Are Using Antipsychotic Medications (SSD)	81.59%	82.24%
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	65.50%	64.25%
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	74.12%	72.67%
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>		
Blood Glucose Testing	51.01%	52.41%
Cholesterol Testing	26.82%	28.23%
Blood Glucose and Cholesterol Testing	26.17%	27.30%
Lead Screening in Children (LSC)	63.39%	64.78%
CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	77.94%	80.04%
CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan – General Population, 8+9+10)	86.78%	86.37%
Initiation of Injectable Progesterone for Preterm Birth Prevention	17.63%	19.16%
Flu Vaccinations for Adults Ages 18 to 64 (FVA)	40.46%	34.61%
<b>Follow-up After Hospitalization for Mental Illness (FUH)</b>		
Within 7 Days of Discharge	21.52%	20.12%
<b>Within 30 Days of Discharge</b>	41.23%	39.60%
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>		
Within 7 Days of Discharge	21.35%	21.69%
<b>Within 30 Days of Discharge</b>	36.29%	35.35%
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)</b>		
Within 7 Days of Discharge	8.06%	8.64%

HEDIS Measure	LHCC	Statewide Average
<b>Within 30 Days of Discharge</b>	12.05%	13.74%
<b>Follow-up Care for Children Prescribed ADHD Medication (ADD)</b>		
Initiation Phase	42.64%	38.00%
Continuation Phase	55.00%	51.70%
<b>Immunization Status for Adolescents (IMA)</b>		
Meningococcal	84.43%	85.98%
Tdap/Td	85.64%	86.47%
HPV	43.55%	41.17%
Combo 1	84.43%	85.54%
<b>Combo 2</b>	43.07%	40.86%
<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</b>		
Advising Smokers and Tobacco Users to Quit	72.34%	72.80%
Discussing Cessation Medications	52.90%	46.55%
Discussing Cessation Strategies	46.10%	41.71%
<b>Plan All-Cause Readmissions (PCR)</b>		
Observed Readmission (Num/Den)	10.22%	10.35%
Expected Readmissions Rate	9.44%	9.59%
Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions)	1.0836	1.0800
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>		
Received Statin Therapy: Total	82.26%	80.79%
Statin Adherence 80%: Total	68.56%	64.96%
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Body Mass Index (BMI) Assessment for Children/Adolescents (WCC)</b>		
BMI Percentile Documentation	63.26%	70.97%
Counseling for Nutrition	54.99%	61.35%
Counseling for Physical Activity	47.69%	54.48%
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	77.12%	77.09%
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	41.64%	42.21%
Use of Imaging Studies for Low Back Pain (LBP)	72.57%	72.09%
Non-recommended Cervical Screening in Adolescent Females (NCS)	1.96%	2.17%
<b>HIV Viral Load Suppression (HIV)</b>	78.97%	79.80%
<b>Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women) (LRCD/previously NSV)<sup>1</sup></b>	29.28%	29.05%

<sup>1</sup> A lower rate is desirable.

Bolded text: incentive measure; green: ≥ 50th NCOA national benchmark; red: < 50th NCOA national benchmark.

LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; DTaP: diphtheria, tetanus, and acellular pertussis; HiB: *Haemophilus influenzae* type b; IPV: polio vaccine, inactivated; MMR: measles, mumps, and rubella; VZV: varicella-zoster virus; HPV: human papillomavirus; Tdap/Td: tetanus, diphtheria, and pertussis/tetanus and diphtheria; HbA1c: hemoglobin A1c; CAHPS: Consumer Assessment of Healthcare Providers and Systems; Num/Den: numerator/denominator; HIV: human immunodeficiency virus, NCOA: National Committee for Quality Assurance.

**Table 9: LHCC HEDIS Access to/Availability of Care Measures – MY 2021**

HEDIS Measure	LHCC	Statewide Average
Adults' Access to Preventive/Ambulatory Health Services (AAP)	76.90%	75.91%
Prenatal and Postpartum Care (PPC)		
Prenatal Care	78.35%	81.56%
Postpartum Care	69.59%	74.31%
Well-Child Visits in the First 30 Months of Life (W30)		
First 15 Months	53.57%	56.41%
15 Months–30 Months	61.53%	62.32%

Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

**Table 10: LHCC HEDIS Use of Services Measures – MY 2021**

HEDIS Measure	LHCC	Statewide Average
Ambulatory Care (AMB)		
Emergency Department Visits/1,000 MM <sup>1</sup>	60.02%	60.36%
Child and Adolescent Well-Care Visits (WCV)		
3–11 years	54.33%	53.19%
12–17 years	51.71%	50.29%
18–21 years	27.29%	26.26%
Total	48.52%	47.32%

<sup>1</sup> A lower rate is desirable.

Green: ≥ 50th NCQA national benchmark; red: < 50th NCQA national benchmark.

LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

**Table 11: LHCC HEDIS Measures Summary – MY 2021**

Measure Status	LHCC
> 50th NCQA national benchmark	31
< 50th NCQA national benchmark	46
NCQA national benchmark unavailable	4
Total	81

LHCC: Louisiana Healthcare Connections; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; NCQA: National Committee for Quality Assurance.

## V. Review of Compliance with Medicaid and CHIP Managed Care Regulations

### Objectives

Federal regulations at *Title 42 CFR § 438.358* delineate that a review of an MCO's compliance with standards established by the state to comply with the requirements of *§ 438 Subpart E* is a mandatory EQR activity. Further, this review must be conducted within the previous 3-year period, by the state, its agent, or the EQRO.

LDH annually evaluates the MCO's performance against contract requirements and state and federal regulatory standards through its EQRO, as well as by an examination of each MCO's accreditation review findings.

IPRO conducted compliance audits on behalf of the LDH in 2019, 2020, 2021, and 2022. Full compliance audits occur every 3 years, with partial audits occurring within the intervening years. The 2022 annual compliance audit was a full review of each MCO's compliance with contractual requirements during the period of January 1, 2021, through December 31, 2021.

### Technical Methods of Data Collection and Analysis

To determine which regulations must be reviewed annually, IPRO performs an assessment of the MCO's performance on each of the federal managed care regulations over the prior 3-year period. Results of both the EQRO reviews and accreditation survey are examined. The following guidelines are used to determine which areas are due for assessment:

- regulations for which accrediting organization standards have been crosswalked and do not fully meet equivalency with federal requirements;
- regulations that are due for evaluation, based on the 3-year cycle;
- regulations for which the MCO received less than full compliance on the prior review by either the EQRO or accrediting organization;
- state- and contract-specific requirements beyond the federal managed care regulatory requirements; and
- areas of interest to the state or noted to be at risk by either the EQRO and/or state.

Note that Quality Management: Measurement and Improvement – Quality Assessment and Performance Improvement (QAPI; *Title 42 CFR § 438.240*) is assessed annually, as is required by federal regulations.

In developing its review protocols, IPRO followed a detailed and defined process, consistent with the CMS EQRO protocols for monitoring regulatory compliance of MCOs. For each set of standards reviewed, IPRO prepared standard-specific review tools with standard-specific elements (i.e., sub-standards). The tools include the following:

- statement of federal regulation and related federal regulations;
- statement of state regulations;
- statement of state and MCO contract requirement(s);
- suggested evidence;
- reviewer determination;
- prior results;
- descriptive reviewer findings and comments related to findings; and
- MCO response and action plan.

IPRO's compliance audit included a comprehensive evaluation of policies, procedures, files and other materials corresponding to the following 12 domains:

<u>CFR</u>	<u>Domain</u>
1. 438.206	Availability of Services
2. 438.207	Assurances of Adequate Capacity and Services
3. 438.208	Coordination and Continuity of Care
4. 438.210	Coverage and Authorization of Services – UM
5. 438.214	Provider Selection
6. 438.224	Enrollee Rights and Protection
7. 438.228	Grievance and Appeal Systems
8. 438.230	Subcontractual Relationships
9. 438.236	Practice Guidelines
10. 438.242	Health Information Services
11. 438.330	Quality Assessment and Performance Improvement Program (QAPI)
12. 438.608	Fraud, Waste and Abuse

During these audits, determinations of “Met,” “Partially Met,” and “Not Met” were used for each element under review. A not applicable (N/A) was used if the requirement was not applicable to the MCO. The definition of each of the review determinations is presented in **Table 12**.

**Table 12: Review Determination Definitions**

Level of Compliance	Meaning
Met	The MCO is compliant with the standard.
Partially Met	The MCO is compliant with most of the requirements of the standard but has minor deficiencies.
Not Met	The MCO is not in compliance with the standard.
Not applicable	The requirement was not applicable to the MCO.

MCO: managed care organization.

## Description of Data Obtained

In advance of the review, IPRO requested documents relevant to each standard under review to support each MCO’s compliance with federal and state regulations and contract requirements. This included items such as: policies and procedures; sample contracts; annual QI program description, work plan, and annual evaluation; member and provider handbooks; access reports; committee descriptions and minutes; case files; program monitoring reports; and evidence of monitoring, evaluation, analysis, and follow-up. Supplemental documentation was also requested for areas where IPRO deemed it necessary to support compliance.

## Conclusions

LHCC achieved full compliance in 8 of the 12 review domains: Availability of Services; Assurances of Adequate Capacity and Services; Provider Selection; Grievance and Appeal Systems; Subcontractual Relationships; Practice Guidelines; Health Information Services; and Quality Assessment and Performance Improvement. LHCC received less than a “full” review determination in 4 of the 12 review domains: Coordination and Continuity of Care; Coverage and Authorization of Services; Enrollee Rights and Protection; and Fraud, Waste, and Abuse. LHCC results are presented in **Table 13**.



**Table 13: LHCC Audit Results by Audit Domain**

Audit Domain	Total Elements	Met	Partially Met	Not Met	N/A	Score <sup>1</sup>
Availability of Services	132	129	0	0	3	100%
Assurances of Adequate Capacity and Services	48	48	0	0	0	100%
Coordination and Continuity of Care	83	69	13	1	0	91.0%
Coverage and Authorization of Services – UM	65	64	1	0	0	99.2%
Provider Selection	24	23	0	0	1	100%
Enrollee Rights and Protection	107	105	2	0	0	99.1%
Grievance and Appeal Systems	71	70	0	0	1	100%
Subcontractual Relationships	8	8	0	0	0	100%
Practice Guidelines	27	27	0	0	0	100%
Health Information Services	8	8	0	0	0	100%
Quality Assessment and Performance Improvement	109	109	0	0	0	100%
Fraud, Waste and Abuse	132	123	0	7	2	94.6%
<b>Total</b>	<b>814</b>	<b>783</b>	<b>16</b>	<b>8</b>	<b>7</b>	<b>98.0%</b>

<sup>1</sup> Each Met element receives 1 point, each Partially Met element receives 1/2 point, and each Not Met element receives 0 points. N/A elements are removed from the denominator. Score is equal to the sum of all points earned/applicable elements. UM: utilization management; N/A: not applicable.

### Findings by Domain

As presented in **Table 13**, 814 elements were reviewed for compliance. Of the 814 elements, 783 were determined to fully meet the regulations, while 16 partially met the regulations, 8 did not meet the regulations, and 7 were determined to be N/A. The overall compliance score is 98.0%.

For specific findings and recommendations for compliance elements that did not receive a “Met” determination refer to **Appendix C**.

## VI. Validation of Network Adequacy

### General Network Access Requirements

In the absence of a CMS protocol for *Title 42 CFR § 438.358 Activities related to external quality review (b)(1)(iv)*, IPRO assessed MCO compliance with the standards of *Title 42 CFR § 438.358 Network adequacy standards* and Section 7.0 of the state’s Medicaid Services Contract.

Per Section 7.1.1 the contractor shall ensure that members have access to providers within reasonable time (or distance) parameters. The MCOs are required to maintain and monitor a network of appropriate providers that is supported by written network provider agreements and that is sufficient to provide adequate access to all services covered the contract for all members, including those with limited English proficiency or physical or mental disabilities.

The contractor shall also provide available, accessible and adequate numbers of institutional facilities, service locations, service sites, and professional personnel for the provision of services, including all specialized BH emergency services, and shall take corrective action if there is failure to comply by any provider.

### GeoAccess Provider Network Accessibility

#### Objectives

Per Section 7.3 of the state contract, the MCO shall comply with the maximum travel time and/or distance requirements as specified in the *Provider Network Companion Guide*. Requests for exceptions as a result of prevailing community standards must be submitted in writing to LDH for approval. Such requests should include data on the local provider population available to the non-Medicaid population. If LDH approves the exception, the MCO shall monitor member access to the specific provider type on an ongoing basis and provide the findings to LDH as part of its annual *Network Provider Development Management Plan*.

**Table 14** displays the LDH-established access, distance, and time standards that were applicable in CY 2021 to PCPs, specialists and BH providers.

**Table 14: Louisiana Network Access Standards**

Access Requirements
Distance requirements for PCPs
Rural: within 30 miles
Urban: within 10 miles
Distance requirements for behavioral health providers and specialty providers
Laboratory and Radiology: Rural (within 30 miles), Urban (within 20 miles)
Ob/Gyn: Rural (within 30 miles), Urban (within 15 miles)

PCP: primary care provider; ob/gyn: obstetrician/gynecologist.

### Technical Methods of Data Collection and Analysis

IPRO’s evaluation was performed using the MCOs’ quarterly GeoAccess reports, which document the geographic availability of network providers including PCPs, hospitals, pharmacies, and each specialty type listed in the *Provider Network Companion Guide*. IPRO compared each MCO’s calculated distance analysis by specialty and by region to the LDH standards and a determination of whether the standard was met or not met was made.

## Description of Data Obtained

The data and information obtained from the MCOs were related to provider counts, member geographical access, provider panel status, PCP-to-member ratios, distance analysis, and MCO narrative on improvement activities. These data were generally reported by region (rural, urban, and all). Additionally, each quarter, the MCOs are required to calculate and report the PCP to member ratio to LDH.

## Conclusions

**Table 15** displays the LHCC ratios for adult PCPs to members for CY 2019, CY 2020, and CY 2021. **Table 16** displays the LHCC ratios for pediatric PCPs to members for CY 2019, CY 2020, and CY 2021.

**Table 15: LHCC Adult PCP-to-Member Ratios, MY 2019–MY 2021**

Year	LHCC
2019	1.00%
2020	0.88%
2021	0.88%

LHCC: Louisiana Healthcare Connections; PCP: primary care provider; MY: measurement year.

**Table 16: LHCC Pediatric PCP-to-Member Ratios, MY 2019–MY 2021**

Year	LHCC
2019	0.99%
2020	1.13%
2021	1.21%

LHCC: Louisiana Healthcare Connections; PCP: primary care provider; MY: measurement year.

**Table 17** displays LHCC's performance with regard to its adherence to GeoAccess urban and rural distance standards.

**Table 17: LHCC Adherence to Provider Network Distance Standards, June 2022**

Specialty	Region	Standard	LHCC
Physical health			
Acute Inpatient Hospitals	Urban	1 in 10 miles	86.3%
	Rural	1 in 30 miles	99.9%
Adult Primary Care	Urban	1 in 10 miles	99.8%
	Rural	1 in 30 miles	100%
Allergy/Immunology	All	1 in 60 miles	99.4%
Cardiology	All	1 in 60 miles	99.9%
Dermatology	All	1 in 60 miles	96.1%
Endocrinology and Metabolism	All	1 in 60 miles	92.8%
FQHCs	Urban	1 in 10 miles	88.5%
	Rural	1 in 30 miles	64.4%
Gastroenterology	All	1 in 60 miles	99.9%
Hematology/Oncology	All	1 in 60 miles	99.6%
Hemodialysis Center	Urban	1 in 10 miles	99.7%
	Rural	1 in 30 miles	99.9%
Laboratory	Urban	1 in 20 miles	99.9%
	Rural	1 in 30 miles	99.9%
Nephrology	All	1 in 60 miles	99.9%
Neurology	All	1 in 60 miles	99.9%

Specialty	Region	Standard	LHCC
Ob/Gyn	Urban	1 in 15 miles	95.2%
	Rural	1 in 30 miles	92.8%
Ophthalmology	All	1 in 60 miles	99.9%
Orthopedics	All	1 in 60 miles	99.9%
Otorhinolaryngology/Otolaryngology	All	1 in 60 miles	99.9%
Pediatrics	Urban	1 in 10 miles	99.8%
	Rural	1 in 30 miles	100%
Pharmacy	Urban	1 in 10 miles	97.6%
	Rural	1 in 30 miles	100%
Radiology	Urban	1 in 20 miles	99.5%
	Rural	1 in 30 miles	99.9%
RHCs	Urban	1 in 10 miles	47.4%
	Rural	1 in 30 miles	84.5%
Urology	All	1 in 60 miles	99.9%

Green: MCO performance with GeoAccess standard of 100%; red: MCO performance less than 100%.

LHCC: Louisiana Healthcare Connections; FQHC: federally qualified health center; ob/gyn: obstetrics/gynecology; RHC: regional health center; MCO: managed care organization.

## Provider Appointment Availability

### Objectives

Minimum appointment availability standards have been established by LDH to ensure that members' needs are sufficiently met. LDH monitors the MCO's compliance with these standards through regular reporting as shown in Louisiana's *Provider Network Companion Guide*. The MCO ensures that appointments with qualified providers are on a timely basis, as follows:

- Emergent or emergency visits immediately upon presentation at the service delivery site. Emergent, crisis or emergency BH services must be available at all times and an appointment shall be arranged within one hour of request.
- Urgent care within 24 hours. Provisions must be available for obtaining urgent care, including BH care, 24 hours per day, 7 days per week. Urgent care may be provided directly by the PCP or directed by the MCO through other arrangements. An appointment shall be arranged within 48 hours of request.
- Non-urgent sick care within 72 hours or sooner if medical condition(s) deteriorates into an urgent or emergency condition.
- Routine, non-urgent, or preventative care visits within 6 weeks; BH care, routine, and non-urgent appointments shall be arranged within 14 days of referral.
- Specialty care consultation within 1 month of referral or as clinically indicated.
- Lab and X-ray services (usual and customary) not to exceed three weeks for regular appointments and 48 hours for urgent care or as clinically indicated.
- Maternity Care: initial appointment for prenatal visits for newly enrolled pregnant women shall meet the following timetables from the postmark date the MCO mails the member's welcome packet for members whose basis of eligibility at the time of enrollment in the MCO is pregnancy. The timeframes below apply for existing member or new members whose basis of eligibility is something other than pregnancy from the date the MCO or their subcontracted provider becomes aware of the pregnancy:
  - within their 1st trimester within 14 days;
  - within the 2nd trimester within 7 days;
  - within their 3rd trimester within 3 days; and
  - high-risk pregnancies within 3 days of identification of high risk by the MCO or maternity care provider, or immediately if an emergency exists.

- Follow-up to emergency department (ED) visits in accordance with ED attending provider discharge instructions.
- In office waiting time for scheduled appointments should not routinely exceed 45 minutes, including time in the waiting room and examining room.
- If a provider is delayed, patients shall be notified immediately. If the wait is anticipated to be more than 90 minutes, the patient shall be offered a new appointment.
- Walk-in patients with non-urgent needs should be seen if possible or scheduled for an appointment consistent with written scheduling procedures.
- Direct contact with a qualified clinical staff person must be available through a toll-free telephone number at all times.

## Technical Methods of Data Collection and Analysis

IPRO’s evaluation was performed using the MCOs’ network data, provider directories, and policies and procedures submitted to LDH by the MCOs. Relevant information collected by IPRO during the compliance review was also utilized during this validation activity and incorporated into this ATR when applicable.

## Description of Data Obtained

In late December 2021, each MCO electronically submitted their provider network data that are used to populate their web directory to IPRO. To conduct the survey, IPRO selected providers for each of the state’s five MCOs.

The project comprised two types of calls and two provider types. Calls were made for routine appointments and non-urgent appointments. The two provider types were PCPs and pediatricians.

A “secret shopper” methodology was used to conduct the phone call survey. Surveyors were instructed to role-play as MMC members seeking care. Using scripted scenarios with clinical indicators that were developed by IPRO and approved by LDH, surveyors attempted to get appointments for care. Calls for the project were conducted between late February 2022 and April 2022.

## Conclusions

**Table 18** shows the results of the secret shopper calls for LHCC by appointment type.

**Table 18: Appointment Availability for Network Providers, First Half of 2022**

Appointment Type	LHCC
<b>Routine<sup>1</sup> PCP</b>	
# of providers surveyed	28
# of appointments made	18
Compliance rate	64.3%
<b>Routine<sup>1</sup> pediatrician</b>	
# of providers surveyed	17
# of appointments made	11
Compliance rate	64.7%
<b>Non-urgent<sup>2</sup> PCP</b>	
# of providers surveyed	29
# of appointments made	14
Compliance rate	48.3%
<b>Non-urgent<sup>2</sup> pediatrician</b>	
# of providers surveyed	17
# of appointments made	11

Appointment Type	LHCC
Compliance rate	64.7%

<sup>1</sup> Appointment standard for routine appointments is within 6 weeks.

<sup>2</sup> Appointment standard for non-urgent appointments is within 72 hours.

LHCC: Louisiana Healthcare Connections; PCP: primary care provider.

## Recommendation

IPRO recommends that LDH work with LHCC to increase contact and appointment rates for PCPs and pediatricians.

## VII. Validation of Quality of Care Surveys – CAHPS Member Experience Survey

### Objectives

LDH requires quality assessment and improvement activities to ensure that Healthy Louisiana Medicaid MCO enrollees receive high-quality health care services (*Title 42 CFR § 438*). These activities include surveys of enrollees' experience with health care. LDH requires the MCOs to contract with an NCQA-certified HEDIS survey vendor to conduct annual CAHPS health plan surveys. LDH contracted with IPRO to analyze the MCOs' MY 2021 survey data and report the results.

The following five MCOs participated in the MY 2021 CAHPS Medicaid Health Plan Surveys: ABHLA, ACLA, HBL, LHCC, and UHC.

### Technical Methods of Data Collection and Analysis

LDH required the MCOs to administer the MY 2021 CAHPS surveys according to NCQA *HEDIS Specifications for Survey Measures*.

The standardized survey instruments administered in MY 2021 were the *CAHPS 5.1H Adult Medicaid Health Plan Survey*. Adult members from each MCO completed the surveys from February to May 2022.

CAHPS survey questions ask about experiences in a variety of areas. Results presented in this report include three global ratings: Rating of Health Plan, Rating of All Health Care, and Rating of Personal Doctor, as well as individual survey responses for the following domains: Health Plan Ratings, Access to Care, Experience of Health Care Services, Preventive Care, and Health Status. Responses are summarized as achievement scores from 0 to 100.

To determine common strengths and opportunities for improvement across all MCOs, IPRO compared CAHPS MCO-specific and SWAs for adults (**Table 19**), children without chronic conditions (**Table 20**), and children with chronic condition(s) (**Table 21**) to the national Medicaid benchmarks presented in the Quality Compass 2022. Measures performing at or above the 75th percentile were considered strengths; measures performing at the 50th percentile were considered average, while measures performing below the 50th percentile were identified as opportunities for improvement. IPRO used the member files to create detailed reports for the Louisiana Medicaid population.

### Description of Data Obtained

IPRO received a copy of the final study report produced by each MCOs certified CAHPS vendor. In addition, de-identified member level files were received from each MCO.

### Conclusions

IPRO's review of adult members surveyed (**Table 19**) found that LHCC ranked below the 50th percentile in Getting Needed Care, How Well Doctors Communicate, Coordination of Care, and Rating of Health Plan measures. LHCC ranked at or above the 50th percentile in Getting Care Quickly, Customer Service, and Rating of Personal Doctor measures, as well as ranked at or above the 75th percentile for Rating of All Health Care and Rating of Specialist Seen Most Often measures. It should also be noted that all of the measures, except Rating of Personal Doctor and Rating of Health Plan, were identified as having a small sample size.

**Table 19: CAHPS Performance – Adult Member**

CAHPS Measure	LHCC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	79.46% <sup>1</sup>	80.62%	81.86%
Getting Care Quickly	80.41% <sup>1</sup>	82.35%	80.22%
How Well Doctors Communicate	91.28% <sup>1</sup>	92.13%	92.51%
Customer Service	90.12% <sup>1</sup>	92.43%	88.91%
Coordination of Care	83.33% <sup>1</sup>	83.09%	83.96%
Rating of All Health Care	80.49% <sup>1</sup>	76.59%	75.41%
Rating of Personal Doctor	84.07%	84.56%	82.38%
Rating of Specialist Seen Most Often	87.04% <sup>1</sup>	79.39%	83.52%
Rating of Health Plan	77.94%	80.40%	77.98%

<sup>1</sup> Small sample size (less than 100).

Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LHCC: Louisiana Healthcare Connections; MY: measurement year.

IPRO’s review of child members without chronic conditions (**Table 20**) found that LHCC ranked below the 50th percentile across all CAHPS PMs, except Customer Service and Rating of Health Plan measures. LHCC ranked between the 50th and 75th percentile for the Rating of Health Plan measure and were at or above the 75th percentile for the Customer Service measure. It should also be noted that all of the measures, except Rating of Personal Doctor and Rating of Health Plan, were identified as having a small sample size.

**Table 20: CAHPS Performance – Child Member without Chronic Conditions**

CAHPS Measure	LHCC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	80.92% <sup>1</sup>	86.25%	84.19%
Getting Care Quickly	84.66% <sup>1</sup>	88.06%	86.74%
How Well Doctors Communicate	91.52% <sup>1</sup>	94.63%	94.16%
Customer Service	95.27% <sup>1</sup>	89.80%	88.06%
Coordination of Care	76.47% <sup>1</sup>	81.18%	84.71%
Rating of All Health Care	80.49% <sup>1</sup>	89.72%	87.28%
Rating of Personal Doctor	87.39%	91.02%	90.16%
Rating of Specialist Seen Most Often	76.92% <sup>1</sup>	85.00%	86.54%
Rating of Health Plan	86.78%	87.80%	86.45%

<sup>1</sup> Small sample size (less than 100).

Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LHCC: Louisiana Healthcare Connections; MY: measurement year.

IPRO’s review of child members with chronic condition(s) (**Table 21**) found that LHCC ranked below the 50th percentile across all CAHPS PMs, except Customer Service and Rating of Health Plan measures. LHCC ranked at or above the 75th percentile for the Rating of Health Plan measure. It should also be noted that all of the measures, except Rating of Personal Doctor and Rating of Health Plan, were identified as having a small sample size.



**Table 21: CAHPS Performance – Child Member with Chronic Condition(s)**

CAHPS Measure	LHCC	Statewide (Healthy Louisiana) Average	2022 Quality Compass MY 2021 National Medicaid Mean
Getting Needed Care	87.21% <sup>1</sup>	88.15%	86.89%
Getting Care Quickly	88.63% <sup>1</sup>	91.73%	90.15%
How Well Doctors Communicate	92.69% <sup>1</sup>	95.73%	94.79%
Customer Service	88.22% <sup>1</sup>	90.31%	N/A
Coordination of Care	75.05% <sup>1</sup>	79.61%	84.65%
Rating of All Health Care	84.85% <sup>1</sup>	88.72%	85.66%
Rating of Personal Doctor	87.61%	90.75%	89.32%
Rating of Specialist Seen Most Often	84.21% <sup>1</sup>	83.33%	89.32%
Rating of Health Plan	88.98%	86.37%	83.61%

<sup>1</sup> Small sample size (less than 100).

Green: ≥ 75th percentile; blue: 50th–74th percentile; red: < 50th percentile; N/A: not applicable, national Medicaid benchmark data not available in Quality Compass.

CAHPS: Consumer Assessment of Healthcare Providers and Systems; LHCC: Louisiana Healthcare Connections; MY: measurement year.

**Table 22–Table 24** show trends in LHCC’s CAHPS measures between 2019 and 2022 and the Quality Compass national benchmark met/exceeded in 2022.

**Table 22: LHCC Adult CAHPS 5.0H – 2019–2022**

CAHPS Measure <sup>1</sup>	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded <sup>2</sup>
Getting Needed Care	80.16%	81.32%	82.92%	Small sample	N/A
Getting Care Quickly	84.26%	Small sample	80.03%	Small sample	N/A
How Well Doctors Communicate	95.22%	87.25%	91.09%	Small sample	N/A
Customer Service	91.38%	Small sample	Small sample	Small sample	N/A
Coordination of Care	82.95%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	78.65%	71.74%	80.22%	Small sample	N/A
Rating of Personal Doctor	85.92%	74.26%	85.59%	84.07%	50th–74th
Rating of Specialist	82.35%	Small sample	81.00%	Small sample	N/A
Rating of Health Plan	80.63%	77.14%	84.01%	77.94%	< 50th

<sup>1</sup> For “Rating of” measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes,” or “Never,” the Medicaid rate is based on responses of “Always” or “Usually.”

<sup>2</sup> Benchmark excludes PPOs and EPOs.

LHCC: Louisiana Healthcare Connections; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

**Table 23: LHCC Child CAHPS 5.0H General Population – 2019–2022**

CAHPS Measure <sup>1</sup>	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded <sup>2</sup>
Getting Needed Care	85.70%	Small sample	82.65%	Small sample	N/A
Getting Care Quickly	91.89%	Small sample	89.55%	Small sample	N/A
How Well Doctors Communicate	95.70%	98.41%	97.09%	Small sample	N/A
Customer Service	90.68%	Small sample	Small sample	Small sample	N/A
Coordination of Care	85.59%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	89.90%	89.83%	91.18%	Small sample	N/A
Rating of Personal Doctor	91.03%	91.24%	93.31%	87.39%	< 50th
Rating of Specialist	88.46%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	89.97%	86.45%	88.42%	86.78%	50th–74th

<sup>1</sup> For “Rating of” measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes,” or “Never,” the Medicaid rate is based on responses of “Always” or “Usually.”

<sup>2</sup> Benchmark excludes PPOs and EPOs.

LHCC: Louisiana Healthcare Connections; CAHPS: Consumer Assessment of Healthcare Providers and Systems; LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

**Table 24: LHCC Child CAHPS 5.0H CCC Population – 2019–2022**

CAHPS Measure <sup>1</sup>	CAHPS 2019	CAHPS 2020	CAHPS 2021	CAHPS 2022	Quality Compass 2022 National – All LOBs Medicaid Benchmark Met/Exceeded <sup>2</sup>
Getting Needed Care	88.49%	Small sample	86.38%	Small sample	N/A
Getting Care Quickly	96.65%	Small sample	89.76%	Small sample	N/A
How Well Doctors Communicate	96.23%	Small sample	95.08%	Small sample	N/A
Customer Service	88.46%	Small sample	Small sample	Small sample	N/A
Coordination of Care	79.07%	Small sample	Small sample	Small sample	N/A
Rating of All Health Care	88.47%	Small sample	91.41%	Small sample	N/A
Rating of Personal Doctor	92.39%	90.18%	90.63%	87.61%	< 50th
Rating of Specialist	92.42%	Small sample	Small sample	Small sample	N/A
Rating of Health Plan	87.57%	85.59%	88.74%	88.98%	≥ 75th

<sup>1</sup> For “Rating of” measures, Medicaid rates are based on ratings of 8, 9, and 10; for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes,” or “Never,” the Medicaid rate is based on responses of “Always” or “Usually.”

<sup>2</sup> Benchmark excludes PPOs and EPOs.

LHCC: Louisiana Healthcare Connections; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CCC: children with chronic condition(s); LOBs: lines of business; PPOs: preferred provider organizations; EPOs: exclusive provider organizations; Small sample: sample size less than 100; N/A: not available.

## VIII. MCO Quality Ratings

### Objectives

As part of its contract with the LDH, IPRO is responsible for developing a report card to evaluate the performance of the five Healthy Louisiana MCOs. The health plan quality rating system (QRS) is designed to increase health plans' transparency and accountability for the quality of services they provide their members. Consumers use these scorecards to help them choose a health plan. Many states use ratings for plan oversight and to make contracting decisions. Currently there is no CMS protocol for the Quality Rating Scorecard. States must create their own methodology until that time that CMS releases protocols.

### Technical Methods of Data Collection and Analysis

IPRO's approach to the QRS for reporting year (RY) 2022, developed in consultation with NCQA, was as follows:

1. Based on the overall categories and measures identified by NCQA and LDH as those included in both the prior year 2021 LA QRS Scorecard and the NCQA 2022 Measures List. IPRO created a spreadsheet with a) the selected HEDIS/CAHPS measures; b) their NCQA 2022 weighting; c) MCO RY 2022 HEDIS/CAHPS results (MY 2021); and d) HEDIS RY 2022 Medicaid NCQA Quality Compass percentiles (MY 2021).
2. IPRO scored individual CAHPS and HEDIS measures by comparing each unweighted MCO RY 2022 measure rate to each corresponding unweighted Quality Compass RY 2022 measure percentile rates (National All Lines of Business):
  - A plan that is  $\geq$  90th percentile: score = 5.
  - A plan that is  $\geq$  66.67th and  $<$  90th percentiles: score = 4.
  - A plan that is  $\geq$  33.33rd and  $<$  66.67th percentiles: score = 3.
  - A plan that is  $\geq$  10th and  $<$  33.33rd percentiles: score = 2.
  - A plan that is  $<$  10th percentile: score = 1.
3. IPRO applied the NCQA RY 2022 measure weights to each MCO RY 2022 measure score (i.e., weight X score).
4. IPRO aggregated individual measure rates into QRS categories (e.g., Getting Care, Satisfaction with Plan Physicians, Satisfaction with Plan Services, Children and Adolescent Well-Care, Women's Reproductive Health, Cancer Screening, Other Preventive Services, Treatment, Behavioral Health, Other Treatment Measures, and Overall Rating), as follows: (sum of weighted scores)  $\div$  (sum of weights); then, applied the NCQA rounding rules (*NCQA 2022 Health Plan Ratings Methodology*, p. 3). A 0.5 bonus is added to the overall MCO rating for accreditation.
5. IPRO assigned QRS 2022 ratings by assigning the rounded scores (0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5, 4.0, 4.5, 5.0).

### Description of Data Obtained

IPRO received a final IDSS file from each of the MCOs, as well as the CAHPS member-level data files and the CAHPS vendor-produced summary reports.

### Conclusions

The 2022 rating results for each MCO are displayed in **Table 25**, which shows that, with regard to overall rating of health plan, all MCOs received 3.5 points.

The 2022 rating results for LHCC are displayed in **Table 25**, which shows that LHCC scored high in satisfaction with plan services (4.5 points) and overall consumer satisfaction (four points). LHCC scored low on women's reproductive health, respiratory, and diabetes (two points).

**Table 25: MCO Quality Ratings, Measurement Year 2021**

Performance Areas <sup>1</sup>	ABHLA	ACLA	HBL	LHCC	UHC
Overall Quality Ratings <sup>2</sup>	3.5	3.5	3.5	3.5	3.5
Consumer Satisfaction	4.0	4.0	3.5	4.0	5.0
Getting Care	I	3.0	5.0	I	I
Satisfaction with Plan Physicians	4.0	5.0	3.0	3.5	5.0
Satisfaction with Plan Services	3.5	4.0	3.0	4.5	4.5
Prevention	2.5	2.5	2.5	2.5	2.5
Children and Adolescent Well-Care	2.0	2.5	2.5	2.5	2.5
Women's Reproductive Health	2.5	2.5	2.5	2.0	2.0
Cancer Screening	2.5	3.5	3.5	3.5	3.0
Other Preventive Services	3.0	3.0	3.0	3.5	2.5
Treatment	3.0	2.5	3.0	2.5	2.5
Respiratory	3.0	2.5	2.5	2.0	2.0
Diabetes	3.0	2.5	2.5	2.0	3.0
Heart Disease	2.5	2.5	3.0	2.5	2.5
Behavioral Health – Care Coordination	2.5	3.0	2.5	2.5	2.5
Behavioral Health – Medication Adherence	3.5	2.5	2.5	3.5	2.5
Behavioral Health – Access, Monitoring and Safety	3.5	3.0	3.5	3.0	3.0
Risk-Adjusted Utilization	3.0	3.0	3.0	3.0	1.0
Overuse of Opioids	3.5	3.5	4.0	3.5	3.5
Other Treatment Measures	2.0	3.0	2.0	3.0	3.0

<sup>1</sup> The National Committee for Quality Assurance (NCQA) Quality Compass measurement year 2021 was used as a benchmark.

<sup>2</sup> Overall ratings include the 0.5 accreditation bonus.

MCO: managed care organization; ACLA: AmeriHealth Caritas Louisiana; ABHLA: Aetna Better Health of Louisiana; HBL: Healthy Blue of Louisiana; LHCC: Louisiana Healthcare Connections; UHC: UnitedHealthcare Community Plan of Louisiana; I: insufficient data.

## IX. EQRO’s Assessment of MCO Responses to the Previous EQR Recommendations

*Title 42 CFR § 438.364 External quality review results (a)(6)* require each ATR include “an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity has effectively addressed the recommendations for QI made by the EQRO during the previous year’s EQR.” **Table 26** details the IPRO assessment determination levels. **Table 27** displays the MCO’s responses to the recommendations for QI made by IPRO during the previous EQR, as well as IPRO’s assessment of these responses.

**Table 26: IPRO Assessment Determination Levels**

Assessment Determinations	Definitions
Addressed	MCO’s QI response resulted in demonstrated improvement.
Partially Addressed	MCO’s QI response was appropriate; however, improvement is still needed.
Remains an Opportunity for Improvement	MCO’s QI response did not address the recommendation; improvement was not observed, or performance declined.

MCO: managed care organization; QI: quality improvement.

## LHCC Response to Previous EQR Recommendations

**Table 27** displays LHCC’s progress related to the *State of Louisiana Department of Health Louisiana Healthcare Connections Annual External Quality Review Technical Report FINAL REPORT April 2021*, as well as IPRO’s assessment of LHCC’s response.

**Table 27: LHCC Response to Previous EQR Recommendations**

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p><b>PIPs</b></p> <p>Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</p> <ul style="list-style-type: none"> <li>Specify the ITM to monitor use of SBIRT billing codes, as indicated, for greater clarity and accuracy of monitoring the intervention to educate providers about evidence-based SBIRT screening guidelines and billing.</li> <li>Specify ASAM education intervention and corresponding ITMs to show how provider education for ASAM was targeted to the appropriate provider types.</li> <li>Implement interventions to educate ED providers and PCPs about SBIRT.</li> <li>Add an ITM to monitor the intervention to provide ED providers with listings of qualified providers for referral of members with suspected SUD</li> </ul>	<p>Louisiana Healthcare Connections created a performance improvement project workgroup dedicated to the IET PIP and comprised of members from each organizational department with an opportunity to impact the identified project goals, interventions, and outcomes. Throughout 2021, monthly workgroup meetings provided the format for ongoing review and discussion performance indicator (PI) progress towards target rates and intervention tracking measure (ITM) outcomes. Workgroup attendees reviewed data trends and discussed barriers impeding successful PI/ITM outcomes, working to identify root cause for lagging or stagnant rates and collaborating to develop new strategies and/or messaging to engage members and providers. Oversight of PIP workgroup activities were maintained with leadership engagement through Performance Improvement Team and Quality Assurance and Performance Improvement Committee (QAPIC) meetings.</p> <p>Interventions and corresponding ITMs incorporated provider education topics that included utilization of the SBIRT approach (ITM 2A/2B) and SBIRT billing codes (ITM 2C), access to ASAM education modules (ITM 1), and access to in-network providers for referral of members with suspected SUD diagnoses (ITM 3B/3C). Provider Network teams delivered these education topics monthly/quarterly through provider education visits and tracked/reported delivery of this education through multiple ITMs. Provider feedback received during education visits was discussed during workgroup meetings and considered in the development of new messaging and strategies. SBIRT and ASAM education modules were offered monthly and upcoming dates were updated and distributed electronically and on flyers in conjunction with education visits. Additionally, a list of in-network MAT providers was posted to our provider resource site and distributed using a custom URL address to Louisiana ED departments and included in provider education visits. The SBIRT and ASAM education modules, as well as the In-network MAT list, remain up-to-date and available from our website. These education/resources, along with the HEDIS Quick Reference Guide, Find a Provider and Find a Specialist tools have been incorporated into ongoing provider education visits and are anticipated to increase referral resources available to the provider when needed.</p> <p>Louisiana Healthcare Connections targets outreach and support to members identified within the Special Health Care Needs (SHCN) population on an ongoing basis as part of its risk stratification and prioritization model. This population is comprised, in part, of members with</p>	<p>Addressed</p>

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
<p>for appropriate ASAM 6 Dimension risk evaluation.</p> <ul style="list-style-type: none"> <li>Implement an intervention that targets case management outreach to members with special health care needs with a corresponding ITM to monitor progress of this intervention.</li> </ul> <p>It was found that the results must be interpreted with some caution due to issues with ITMs.</p>	<p>alcohol and other drug abuse or dependence and includes members with co-occurring mental health and substance use disorders, with intravenous drug use, pregnant women with substance use disorders or co-occurring disorders, individuals with substance use disorders who have dependent children. The IET PIP included interventions and ITM tracking related case management and community health services outreach to the SHCN population and resulting outcomes (ITM 4A/4B). These teams have continued outreach efforts, and incorporated field visits as an additional strategy now that COVID-19 restrictions have been lifted and infection rates have lowered. Additionally, a provider partnership in Regions 1 and 2 allowed for a small study to determine whether in-home/in-person provider visits might impact members with SUD diagnoses. Lastly, provider notifications have been incorporated to increase provider insight into member treatment patterns. These interventions were tracked and measured as part of the subsequent Behavioral Health PIP, BH TOC.</p>	
<p><b>PIPs</b></p> <p>Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation</p> <p>ITMs could be improved. One ITM duplicated the performance indicator and the denominators of other ITMs were not appropriate.</p> <p>It was found that the results must be interpreted with some caution also due to issues with intervention tracking measures.</p>	<p>Previously identified issues with ITM's and population denominators were associated with preliminary feedback and were addressed/resolved upon submission of our final reports, as documented by IPRO in the 1/19/22 review of the Final HCV PIP submitted 12/31/21. In accordance with routine performance improvement processes, feedback from both EQRO guidance and dialogue shared across MCO's during collaborative meetings were considered for internal review and potential action to target areas needing improvement.</p> <p>During the project, the following initiatives/actions included member outreach campaigns with targeted outreach communications including telephonic, direct mail, and automated dialing technologies to broaden scope of member contact efforts for the larger group of age cohort members; expansion and incorporation of HCV education, assessment, and appointment assistance into each member touchpoint in order to facilitate member education, treatment, and screening appointment scheduling. Provider outreach included distribution of member care gap reports identifying screening and treatment status were incorporated into the Secure Provider Portal and updated monthly. Provider network teams provided education regarding LDH resources and collaterals including screening guidelines and treatment algorithms, incorporating these into provider visit agendas for distribution/presentation during virtual visits as well as online distribution of collaterals including screening and treatment algorithms (website, blogs, social media). Louisiana Healthcare Connections also collaborated with LDH and other MCOs to align resources and standardize messaging directed to providers.</p>	Addressed
<p><b>Compliance Review</b></p> <p>The MCO should improve access to ob/gyn and endocrinology and metabolism specialties.</p>	<p><b>Network Evaluation Background:</b></p> <p>LHCC analyzes its network adequacy on a quarterly basis by running GEO Access reports for all contracted providers based on the network adequacy guidelines outlined in the LDH System Companion Guide. These reports measure the geographic location of the provider and the member considering distance. In addition, LHCC holds quarterly Quality Assessment Performance Improvement Committee (QAPIC) meetings where the</p>	Addressed

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>																				
	<p>different Management Teams discuss network issues by region such as network gaps, potential accessibility issues, single case agreements, provider complaints, member complaints, and utilization trends. The team monitors member growth trends month over month by product type to anticipate potential areas of need. The provider network is continuously monitored to make sure it meets the needs and capacity of LHCC members. Any gaps are reported to LDH through the Quarterly Network Adequacy reporting process.</p> <p>During the External Quality Compliance Review, LHCC reviewed our OB/GYN and Endocrinology and Metabolism network adequacy scores, contracting efforts, and action plan with the IPRO representatives.</p> <table border="1" data-bbox="569 561 1692 963"> <thead> <tr> <th colspan="2" data-bbox="569 561 1692 597"><b>OB/GYN Urban</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="569 597 1001 670">Medicaid Network Adequacy Requirement</td> <td data-bbox="1001 597 1692 670">Travel distance shall not exceed 15 miles for all urban members.</td> </tr> <tr> <td data-bbox="569 670 1001 743">LHCC's Network Adequacy Score</td> <td data-bbox="1001 670 1692 743"> <ul style="list-style-type: none"> <li>95.3% of urban members have access.</li> <li>There were no parishes with 0.00% access.</li> </ul> </td> </tr> <tr> <td data-bbox="569 743 1001 963">Notes</td> <td data-bbox="1001 743 1692 963">Research indicated that the urban parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, metro, micro or rural with travel distances requirements ranging from 30-110 miles.</td> </tr> </tbody> </table> <table border="1" data-bbox="569 1000 1692 1369"> <thead> <tr> <th colspan="2" data-bbox="569 1000 1692 1036"><b>OB/GYN Rural</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="569 1036 1001 1109">Medicaid Network Adequacy Requirement</td> <td data-bbox="1001 1036 1692 1109">Travel distance shall not exceed 30 miles for all rural members.</td> </tr> <tr> <td data-bbox="569 1109 1001 1182">LHCC's Network Adequacy Score</td> <td data-bbox="1001 1109 1692 1182"> <ul style="list-style-type: none"> <li>92.6% of urban members have access.</li> <li>There were no parishes with 0.00% access.</li> </ul> </td> </tr> <tr> <td data-bbox="569 1182 1001 1369">Notes</td> <td data-bbox="1001 1182 1692 1369">Research indicated that the rural parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, micro or rural with travel distances requirements ranging from 60-110 miles.</td> </tr> </tbody> </table> <table border="1" data-bbox="569 1406 1692 1507"> <thead> <tr> <th colspan="2" data-bbox="569 1406 1692 1458"><b>Endocrinology &amp; Metabolism</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="569 1458 1001 1507">Medicaid Network Adequacy</td> <td data-bbox="1001 1458 1692 1507">Travel distance shall not exceed 60 miles for all</td> </tr> </tbody> </table>	<b>OB/GYN Urban</b>		Medicaid Network Adequacy Requirement	Travel distance shall not exceed 15 miles for all urban members.	LHCC's Network Adequacy Score	<ul style="list-style-type: none"> <li>95.3% of urban members have access.</li> <li>There were no parishes with 0.00% access.</li> </ul>	Notes	Research indicated that the urban parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, metro, micro or rural with travel distances requirements ranging from 30-110 miles.	<b>OB/GYN Rural</b>		Medicaid Network Adequacy Requirement	Travel distance shall not exceed 30 miles for all rural members.	LHCC's Network Adequacy Score	<ul style="list-style-type: none"> <li>92.6% of urban members have access.</li> <li>There were no parishes with 0.00% access.</li> </ul>	Notes	Research indicated that the rural parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, micro or rural with travel distances requirements ranging from 60-110 miles.	<b>Endocrinology &amp; Metabolism</b>		Medicaid Network Adequacy	Travel distance shall not exceed 60 miles for all	
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Recommendation for LHCC	LHCC Response/Actions Taken		IPRO Assessment of MCO Response <sup>1</sup>
	Requirement	members.	
	LHCC's Network Adequacy Score	<ul style="list-style-type: none"> <li>91.8% of members have access.</li> </ul>	
	Notes	<p>Research indicated that the rural parishes with less than 100% network adequacy were parishes that fell into one the following CMS categories based on provider geographic availability: CEAC, micro or rural with travel distances requirements ranging from 75-130 miles.</p>	
	<p><b>Barriers</b></p> <p>Some Louisiana providers are unwilling to participate in Medicaid, often citing perceived barriers associated with administrative burden, missed appointments, and financial impacts. Through high-touch provider engagement, enhanced reimbursement, and innovative value-based incentive models, we try to mitigate these issues. We also minimize the burden of no-shows through our enhanced transportation benefit and targeting outreach to help enrollees make and keep appointments.</p> <p>Provider shortages across Louisiana present the most significant challenge: more than half of Louisiana's parishes are designated as geographic health professional shortage areas. In many of these parishes, the providers needed to meet distance standards simply do not exist.</p> <p><b>Action Plan</b></p> <p>In an effort to identify targets:</p> <ul style="list-style-type: none"> <li>LHCC compared our network to our competitor's network especially those with other lines of business using their online find-a-provider tools.</li> <li>After comparing networks and validating practitioner availability, the analysis revealed that there were no additional providers that would fill the needed gaps.</li> <li>LHCC performed extensive online searches using tools such as Healthgrades and Web MD to identify OB/GYN and Endocrinology &amp; Metabolism providers to fill the needed gaps. The analysis revealed that there were <b>no available providers within the distance requirements that would fill the gaps.</b></li> <li>We reviewed Single Case Agreements executed since January of 2020 to current for potential contracting opportunities.</li> <li>There were no SCAs completed for OB/GYN or Endocrinology &amp; Metabolism services with providers located in the State.</li> </ul> <p>In an effort to increase accessibility, LHCC's action plan included the following strategies:</p> <ul style="list-style-type: none"> <li>LHCC has and will continue to contract with any available providers in the State.</li> <li>As an incentive to join LHCC's network, LHCC offers OB/GYN's a robust incentive</li> </ul>		

Recommendation for LHCC	LHCC Response/Actions Taken	IPRO Assessment of MCO Response <sup>1</sup>
	<p>compensation which gives providers the opportunity to supplement Medicaid reimbursement.</p> <ul style="list-style-type: none"> <li>• Encouraged FQHC’s to use mobile outreach</li> <li>• OB/GYN: LHCC is exploring the use of a virtual maternity care program using Pomelo Care.</li> <li>• Encourage the use of telemedicine platforms: Through our partnership with <i>LSU, Louisiana Children’s Medical Center, Baton Rouge Clinic, and Ochsner</i>, we have expanded specialty care, including dermatology, endocrinology/metabolism, and allergy/immunology via telehealth.</li> </ul> <p><b>Summary</b></p> <p>Overall, LHCC’s network was not experiencing any access issues with members accessing needed care or providers accepting Medicaid patients at the time of this review nor do we have any identified issues/trends at present. There were no interruptions to care or unmet needs for any level of care at the time of post-review. All members have received needed care in a timely manner. LHCC has and will continue to contract with any available provider in the State to help close gaps.</p> <p>LHCC will continue the below strategies to enhance the network including:</p> <ul style="list-style-type: none"> <li>• Monitoring our Competitor’s Network especially those with other lines of business using online FAP tools to identify potential providers.</li> <li>• Prior to contracting, LHCC will verify the provider is available and accepting patients as well as providing the level of care indicated.</li> <li>• Search online tools to identify potential providers.</li> <li>• Work with Louisiana Health Standards and the Medical Examiners Board to identify newly licensed providers.</li> <li>• LHCC’s Provider Consultants will continue to meet with primary care providers to identify referral patterns for specialists.</li> <li>• We review SCA’s for potential contracting opportunities.</li> <li>• Offer innovative value-based incentive models</li> </ul>	

<sup>1</sup> IPRO assessments are as follows: **Addressed:** MCO’s quality improvement (QI) response resulted in demonstrated improvement; **Partially Addressed:** MCO’s QI response was appropriate; however, improvement was not yet observed; **Remains an Opportunity for Improvement:** MCO’s QI response did not address the recommendation; improvement was not observed or performance declined.

EQR: external quality review; LHCC: Louisiana Healthcare Connections; MCO: managed care organization; PIP: performance improvement project; ITM: intervention tracking measure; SBIRT: Screening, Brief Intervention, and Referral to Treatment; PCP: primary care provider; ASAM: American Society of Addiction Medicine; SUD: substance use disorder; MAT: medication-assisted treatment; HEDIS: Healthcare Effectiveness Data and Information Set; ED: emergency department; COVID-19: 2019 novel coronavirus; BH: behavioral health; TOC: transition of care; EQRO: external quality review organization; LDH: Louisiana Department of Health; ob/gyn: obstetrics/gynecology; CMS: Centers for Medicare and Medicaid; SCA: single case agreement; FQHC: federally qualified health center; LSU: Louisiana State University.

## X. MCO Strengths, Opportunities for Improvement, and EQR Recommendations

*Title 42 CFR §438.364(a)(4)* states that EQR technical reports must include an assessment of strengths and weaknesses, as well as recommendations for each managed care entity. **Table 28** highlights LHCC’s performance strengths and opportunities for improvement, follow-up on prior EQRO recommendations, and this year’s recommendations based on the aggregated results of SFY 2022 EQR activities as they relate to **quality, timeliness, and access**.

### LHCC Strengths, Opportunities for Improvement, and EQR Recommendations

**Table 28: LHCC Strengths, Opportunities for Improvement, and EQR Recommendations**

LHCC EQR Activity	Description	Quality	Timeliness	Access
<b>Strengths</b>				
<b>PIP 1:</b> Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET), (2) Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)	<p>Performance indicators:</p> <ul style="list-style-type: none"> <li>Indicator 1. Initiation of alcohol abuse/dependence treatment (all ages) increased by approximately five percentage points from 46.93% in CY 2018 to 51.62% in CY 2021.</li> <li>Indicator 2. Initiation of opioid abuse/dependence treatment (all ages) increased by almost 10 percentage points from 58.95% in CY 2018 to 68.30% in CY 2021.</li> <li>Indicator 5. Engagement in opioid abuse/dependence treatment (all ages) increased by almost seven percentage points from 27.02% in CY 2018 to 33.96% in CY 2021.</li> </ul> <p>Intervention Tracking Measures (ITMs):</p> <ul style="list-style-type: none"> <li>ITM 3c to provide EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluation increased from 25.78% in Q3 2020 to 94.70% in Q4 2021.</li> <li>ITM 4b. CM outreach via reorganized Community Health Outreach team to SHCN enrollees remained high throughout 2020 and 2021, ranging between 81.08% and 85.97%, although rates dropped to 60.00% in Q4 2021 and 64.25% in Q3 2021.</li> </ul>	X	X	X
<b>PIP 2:</b> Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation	<p>Performance indicators:</p> <ul style="list-style-type: none"> <li>Performance Indicator 2a. Risk Factor Screening increased by 6.91 percentage points from 23.16% in CY 2019 to 30.07% in CY 2021.</li> <li>Performance Indicator 2b. Risk Factor – Annual Screening increased by 7.91 percentage points from 8.82% in CY 2019 to 16.73% in CY 2021.</li> <li>Performance Indicator 3b. HCV Treatment – Persons Who Use Drugs increased by 5.94 percentage points from 12.25% in CY 2019 to 18.19% in CY 2021.</li> <li>Performance Indicator 3c. HCV Treatment – Persons with HIV increased by 6.02 percentage points from 14.34% in CY 2019 to 20.36% in CY 2021.</li> </ul> <p>ITMs:</p> <ul style="list-style-type: none"> <li>ITM 2b. Distribution of screening-eligible member gap reports to providers was over 50% in Q3 (251,290/473,138) 2021 and Q4 (251,701/476,222) 2021.</li> </ul>	--	--	X

LHCC EQR Activity	Description	Quality	Timeliness	Access
	<ul style="list-style-type: none"> <li>ITM3b. Provider education – Epclusa increased from 14.94% (95/636) in Q3 2020 to 54.60% (433/793) in Q3 2021.</li> <li>ITM 5b. Members completing prescribed medication therapy increased from 40.80% (82/201) in Q1 2020 to 69.03% (439/636) in Q4 2021.</li> </ul>			
<b>PIP 3:</b> Ensuring Access to the 2019 Novel Coronavirus (COVID-19) Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<p>Annual performance indicators with an average monthly percentage point increase of at least three percentage points:</p> <ul style="list-style-type: none"> <li>Indicator 1a. Persons aged 16+ years who received at least one vaccine dose: Increased monthly an average of 3.26 percentage points from 11.17% to 37.27% (April 2021 to December 2021).</li> <li>Indicator 1b. Persons aged 16+ years who received a complete vaccine course: Increased monthly an average of 3.26 percentage points from 5.59% to 31.66% (April 2021 to December 2021).</li> <li>Indicator 4a. Persons aged 12–15 who received at least one vaccine dose: Increased monthly an average of 3.98 percentage points from 5.62% to 25.50% (July 2021 to December 2021).</li> <li>Indicator 4b. Persons aged 12–15 who received a complete vaccine course: Increased monthly an average of 3.45 percentage points from 3.53% to 20.80% (July 2021 to December 2021).</li> </ul> <p>Approved Incentive Arrangement (AIA) Progress:</p> <ul style="list-style-type: none"> <li>Metric 1A (Persons aged 16+ years who received at least one vaccine dose) – MCO achieved 30% or greater or improved by 10 points): From May 2021 to August 2021, the percentage of members aged 16+ years who received at least one vaccine dose increased 8.97 percentage points from 17.03% to 26.00%.</li> <li>Metric 1B (Persons aged 16+ years who received a complete vaccine course) – MCO achieved 40% or greater or improved by 20 points): From August 2021 to November 2021, the percentage of members aged 16+ years who received a complete vaccine course increased 9.29 percentage points from 21.09% to 30.38%.</li> <li>Metric 4B (Persons aged 12–15 years who received a complete vaccine course) – MCO achieved 25% or greater or improved by 10 points): From August 2021 to November 2021, the percentage of members aged 12–15 years who received at least one vaccine dose increased 12.01 percentage points from 12.67% to 24.68%.</li> </ul> <p>ITMs that showed improvement:</p> <ul style="list-style-type: none"> <li>ITM 2a. The percentage of enrollees where PCPs were provided with their eligible patient list increased from 15.3% in May 2021 to 100% in August 2021.</li> <li>ITM 2b. The percentage of PCPs who were provided a list of available vaccine sites increased from 42.09% in April 2021 to 100% in August 2021.</li> <li>ITM 6 indicates an initial vaccination rate of 10.73% in this group as the initiative launched, maintaining a vaccination rate in these member groups between 26.49%–33.96% each month thereafter.</li> </ul>	<p>--</p>	<p>--</p>	<p><b>X</b></p>

LHCC EQR Activity	Description	Quality	Timeliness	Access
<b>PIP 4:</b> Improving Receipt of Global Developmental Screening in the First Three Years of Life	<p>Performance indicator improvement:</p> <ul style="list-style-type: none"> <li>Indicator 1 increased by 11.25 percentage points to 36.07% from the ULM-calculated statewide baseline rate of 24.82% in CY 2018 and exceeded the target rate of 34.82%.</li> <li>Indicator 2 increased by 19.76 percentage points to 38.01% from the ULM-calculated statewide baseline rate of 18.25% and exceeded the target rate of 28.25%. LHCC adjusted the target rate higher to 38.25% for ongoing improvement.</li> <li>Indicator 3 increased by 11.24 percentage points to 22.92% from the ULM-calculated statewide baseline rate of 11.68% for 2018 and exceeded the target rate of 21.68%.</li> </ul> <p>ITM performance:</p> <ul style="list-style-type: none"> <li>ITM 2 to distribute member gap reports to providers remained substantial, although the rate decreased from 49.43% to 45.14% from Q2 to Q4 2021.</li> <li>ITM 4a to review 30 charts among the sample with CPT Code 96110 demonstrated a high rate (73.33%) of appropriate global developmental screening.</li> <li>ITM6b for tailored and targeted intervention for PCP education in Region 9 increased from 46.97% in Q2 2021 to 100% in Q3 and remained elevated from Q2 to Q4 at 94.37%.</li> </ul>	--	X	X
<b>PIP 5:</b> Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	<ul style="list-style-type: none"> <li>The intervention for targeted case management outreach to members in DOH population is new, with a corresponding ITM.</li> <li>The intervention for targeted case management outreach to members with HIV co-infection is new, with two corresponding ITMs.</li> <li>Direct member and provider feedback about barriers informed interventions, as well as member outreach analysis and clinical encounter feedback.</li> </ul>	X	X	--
<b>PIP 6:</b> Behavioral Health Transitions in Care	<ul style="list-style-type: none"> <li>Member barriers identified based upon feedback from member-facing staff.</li> <li>Provider barriers identified based upon direct provider feedback.</li> <li>QI tools utilized include the fishbone diagram, Priority Matrix, and SWOT analysis.</li> <li>LHCC conducted the Analysis of Disproportionate Under-Representation and identified susceptible member subgroups.</li> <li>LHCC added a linkage intervention and corresponding ITM 3a to address the SUD subgroup of the FUH eligible population.</li> </ul>	X	X	X
<b>PIP 7:</b> Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	<ul style="list-style-type: none"> <li>LHCC conducted the Analysis of Disproportionate Under-Representation and used findings to inform a tailored and targeted interventions with corresponding ITMs 3a–3f.</li> <li>LHCC obtained direct member feedback to inform member interventions and described a method to collect and analyze ongoing feedback.</li> <li>LHCC obtained direct provider feedback to inform provider interventions and described a method to collect and analyze ongoing feedback.</li> <li>The following QI tools were utilized: fishbone diagram, Priority matrix, and SWOT analysis.</li> </ul>	X	X	X

LHCC EQR Activity	Description	Quality	Timeliness	Access
Performance Measures	In MY 2021, LHCC had 31 of 81 HEDIS measures equal to or greater than 50th NCQA national benchmark.	X	X	X
Compliance with Medicaid and CHIP Managed Care Regulations	LHCC demonstrated full compliance in 8 of the 12 domains reviewed: <ul style="list-style-type: none"> <li>• Availability of Services;</li> <li>• Assurances of Adequate Capacity and Services;</li> <li>• Provider Selection;</li> <li>• Grievance and Appeal Systems;</li> <li>• Subcontractual Relationships;</li> <li>• Practice Guidelines;</li> <li>• Health Information Services; and</li> <li>• Quality Assessment and Performance Improvement.</li> </ul>	--	--	X
Network Adequacy	LHCC pediatric PCP-to-member ratio increased from 0.99% to 1.21% from MY 2019 to MY 2021.	--	--	X
Quality of Care Surveys – Member	In 2022, LHCC performed better than the national Medicaid average for all LOBs (excluding PPOs): <ul style="list-style-type: none"> <li>• Adult CAHPS: <ul style="list-style-type: none"> <li>○ Getting Care Quickly</li> <li>○ Customer Service</li> <li>○ Rating of All Health Care</li> <li>○ Rating of Personal Doctor</li> <li>○ Rating of Specialist Seen Most Often</li> </ul> </li> <li>• Children with Chronic Condition(s) (CCC) CAHPS: <ul style="list-style-type: none"> <li>○ Rating of Health Plan</li> </ul> </li> <li>• Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> <li>• Customer Service</li> <li>• Rating of Health Plan</li> </ul> </li> </ul>	X	X	X
Quality Ratings	<ul style="list-style-type: none"> <li>• Satisfaction with Plan Services (4.5 points)</li> <li>• Consumer Satisfaction (4 points)</li> </ul>	X	X	X
NCQA Accreditation	Accredited	X	--	--
<b>Opportunities for Improvement</b>				
<b>PIP 1:</b> Improving Rates for IET, FUA, and POD	None of the performance indicators reached the target rates, and the lowest 2021 rates were reported for the following indicators representing engagement and follow-up: <ul style="list-style-type: none"> <li>• Engagement Indicator 4: Alcohol abuse/dependence cohort, all ages;</li> <li>• Engagement Indicator 6: Total diagnosis cohort, all ages;</li> <li>• Indicator 6: Follow-up within 7 days of ED visit for AOD: 7.61%; and</li> <li>• Indicator 7: Follow-up within 30 days of visit for AOD: 11.45%</li> </ul>	X	X	X
<b>PIP 2:</b> Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	<ul style="list-style-type: none"> <li>• Less than half of enrollees were screened for HCV.</li> <li>• Less than half of eligible enrollees received treatment for HCV.</li> <li>• Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.</li> <li>• Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30%; however, the corresponding appointment scheduling rate was only</li> </ul>	--	--	X

LHCC EQR Activity	Description	Quality	Timeliness	Access
	0.14%, indicating the need to improve engagement interventions.			
<b>PIP 3:</b> Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	<ul style="list-style-type: none"> <li>As of December 2021, LHCC's cumulative COVID-19 vaccination rate of 37.27% did not meet the national goal of 70% with at least one vaccination; this goal was set for July 4, 2021.</li> <li>The non-cumulative number of LHCC enrollees who received at least one COVID-19 vaccine declined from 19,929 in September 2021 to 5,412 in December 2021.</li> <li>The non-cumulative number of LHCC enrollees who received the full COVID-19 vaccine course declined from 14,201 in September 2021 to 4,876 in December 2021.</li> </ul>	--	--	<b>X</b>
<b>PIP 4:</b> Improving Receipt of Global Developmental Screening in the First Three Years of Life	There is an opportunity to improve the Performance Indicator 3 rate to meet the Healthy People 2030 target rate of 35.8% of children who have received developmental screening.	--	<b>X</b>	<b>X</b>
<b>PIP 5:</b> Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	<ul style="list-style-type: none"> <li>Less than half of eligible enrollees received treatment for HCV.</li> <li>Case Manager/Care Coordinator appointment scheduling for HCV treatment rates were below 1% across all quarters from 2020 to 2021.</li> <li>Case Manager/Care Coordinator appointment scheduling for HCV screening rates were below 1% across all quarters from 2020 to 2021. The highest outreach rate was 15.30% (72,376/473,138); however, the corresponding appointment scheduling rate was only 0.14%, indicating the need to improve engagement interventions.</li> </ul>	<b>X</b>	<b>X</b>	--
<b>PIP 6:</b> Behavioral Health Transitions in Care	None identified.	--	--	--
<b>PIP 7:</b> Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	None identified.	--	--	--
Performance Measures	In MY 2021, LHCC had 46 of 81 HEDIS measures lower than 50th NCOA national benchmark.	<b>X</b>	<b>X</b>	<b>X</b>
Compliance with Medicaid and CHIP Managed Care Regulations	<p>LHCC demonstrated less than full compliance in 4 of the 12 domains reviewed:</p> <ul style="list-style-type: none"> <li>Coordination and Continuity of Care;</li> <li>Coverage and Authorization of Services;</li> <li>Enrollee Rights and Protection; and</li> <li>Fraud, Waste and Abuse.</li> </ul>	--	--	<b>X</b>
Network Adequacy	LHCC did not meet 91% of the provider network distance standards, while its adult PCP-to-member ratio dropped from 1.00% to 0.88% from MY 2019 to MY 2021.	--	--	<b>X</b>

LHCC EQR Activity	Description	Quality	Timeliness	Access
Quality of Care Surveys – Member	<p>In 2022, LHCC performed below the national Medicaid average for all LOBs (excluding PPOs):</p> <ul style="list-style-type: none"> <li>• Adult CAHPS: <ul style="list-style-type: none"> <li>○ Getting Needed Care</li> <li>○ How Well Doctors Communicate</li> <li>○ Coordination of Care</li> <li>○ Rating of Health Plan</li> </ul> </li> <li>• CCC CAHPS: <ul style="list-style-type: none"> <li>○ Getting Needed Care</li> <li>○ Getting Care Quickly</li> <li>○ How Well Doctors Communicate</li> <li>○ Coordination of Care</li> <li>○ Rating of All Health Care</li> <li>○ Rating of Personal Doctor</li> <li>○ Rating of Specialist Seen Most Often</li> </ul> </li> <li>• Child General (Non-CCC) CAHPS: <ul style="list-style-type: none"> <li>○ Getting Needed Care</li> <li>○ Getting Care Quickly</li> <li>○ How Well Doctors Communicate</li> <li>○ Coordination of Care</li> <li>○ Rating of All Health Care</li> <li>○ Rating of Personal Doctor</li> <li>○ Rating of Specialist Seen Most Often</li> </ul> </li> </ul>	X	X	X
Quality Ratings	<ul style="list-style-type: none"> <li>• Overall Prevention (2.5 points): <ul style="list-style-type: none"> <li>○ Overall Prevention – Women’s Health (2 points)</li> </ul> </li> <li>• Overall Treatment (2.5 points): <ul style="list-style-type: none"> <li>○ Respiratory; and Diabetes (2 points)</li> </ul> </li> </ul>	X	X	X
<b>Recommendations to MCO to Address Quality, Timeliness, and Access</b>				
<b>PIP 1:</b> Improving Rates for IET, FUA, and POD	None identified.	--	--	--
<b>PIP 2:</b> Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation	None identified.	--	--	--
<b>PIP 3:</b> Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine-Eligible Enrollees: Persons 18 Years of Age or Older	None identified.	--	--	--
<b>PIP 4:</b> Improving Receipt of Global Developmental Screening in the First Three Years of Life	None identified.	--	--	--



LHCC EQR Activity	Description	Quality	Timeliness	Access
<b>PIP 5:</b> Improve Chronic HCV Pharmaceutical Treatment Initiation Rate	None identified.	--	--	--
<b>PIP 6:</b> Behavioral Health Transitions in Care	None identified.	--	--	--
<b>PIP 7:</b> Fluoride Varnish Application to Primary Teeth of All Enrollees Aged 6 Months Through 5 Years by Primary Care Clinicians	None identified.	--	--	--
Performance Measures	LHCC should target interventions to improve rates for the measures that fell below the NCQA 50th percentile.	<b>X</b>	<b>X</b>	--
Compliance with Medicaid and CHIP Managed Care Regulations	For recommendations to compliance elements that did not receive a “Met” determination, refer to Appendix A.	--	--	<b>X</b>
Network Adequacy	None identified.	--	--	--
Quality of Care Surveys – Member	None identified.	--	--	--
Quality Ratings	LHCC should concentrate on improving the areas that scored low	<b>X</b>	<b>X</b>	<b>X</b>

LHCC: Louisiana Healthcare Connections; EQR: external quality review; PIP: performance improvement project; MY: measurement year; CY: contract year; ED: emergency department; SUD: substance use disorder; ASAM: American Society of Addiction Medicine; CM: care management; SHCN: special health care needs; Q: quarter; HIV: human immunodeficiency virus; MCO: managed care organization; PCP primary care provider; CPT: Current Procedural Terminology; DOH: Department of Health; QI: quality improvement; SWOT: strengths, weaknesses, opportunities, and threats; FUH: Follow-up After Hospitalization of Mental Illness; NCQA: National Committee for Quality Assurance; LOBs: lines of business; PPO: preferred provider organization; CAHPS: Consumer Assessment of Healthcare Providers and Systems; CHIP: Children’s Health Insurance Program; HEDIS: Healthcare Effectiveness Data and Information Set.

## XI. Appendix A

### MCO Verbatim Responses to IPRO's Health Disparities Questionnaire

For this year's ATR, 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, and geography. MCOs were asked to respond to the following questions for the period July 1, 2021–June 30, 2022:

**Did the MCO conduct any studies, initiatives, or interventions to identify and/or reduce differences in health outcomes, health status, or quality of care between the MCO's Medicaid population and other types of health care consumers (e.g., commercial members) or between members in Medicaid subgroups (e.g., race, ethnicity, gender, age, socio-economic status, geography, education)?**

[Responses and formatting below were taken directly from the MCO submissions]

#### LHCC Verbatim Response

Louisiana Healthcare Connections is committed to improving disparities and health outcomes for our members. LHCC's health equity approach is aligned with our population health strategy to ensure cultural issues and social determinants of health (SDOH) are identified, considered, and addressed. Data collection and analysis includes stratifying utilization and outcomes data using member demographics such as race, ethnicity, language, geography, and social determinants of health (SDOH) to identify disparities and prioritize identified opportunities for intervention. Areas for targeted intervention, such as improving HEDIS performance and reducing utilization costs, may be addressed through delivery of locally tailored and culturally relevant care to reduce identified disparities through member, provider, and community interventions. LHCC's focus on health equity and cultural competency was recognized through NCQA's Multicultural Health Care distinction awarded in 2022.

Quality improvement opportunities are identified, and interventions developed/informed through ongoing monitoring and analysis of various PMs and outcome data. In addition to routine efforts targeting member health and HEDIS outcomes, various quality initiatives during the 2021-2022 review period were deployed to improve health equity and outcomes as well as social determinants of health (SDOH) for members. Interventions and initiatives aimed at improving health equity, outcomes and quality of care include the following:

- LHCC updated existing governance and committee structure to move beyond existing Culturally and Linguistically Appropriate Services (CLAS) workgroup to establish the Cultural Competency Committee under our Quality and Performance Improvement program.
- LHCC expanded staff training requirements that further support efforts towards health equity including education to address Social Determinants of Health (SDoH), Moving from Cultural Competence to Cultural Humility, Cultural Sensitivity, Language Assistance Programs, and Culturally and Linguistically Appropriate Services (CLAS).
- Cultural Needs and Preferences Analysis performed annually to ensure LHCC's Provider Network meets the cultural, ethnic, racial, and linguistic needs of enrollees.
- Communication and Language Assistance - targeted outreach initiatives were deployed for Spanish and Arabic speaking members, based on language disparity analysis for HEDIS and/or state performance improvement measures with disparate subpopulations identified.
- Continued promotion of telemedicine as an alternative to ensure continued access to care during the pandemic as well as for those with identified transportation barriers to care, including offering SafeLink phone eligibility to further support member access to care.

- LHCC is engaged in MCO collaborative with Volunteers of America & Determined Health's Community Health Worker (CHW) program for LDH Region 3 to implement a continuum of care that improves health equity for all members with a focus on colorectal cancer screenings and linkages to health plans to address the increased prevalence of colorectal cancer in this population. Food insecurity interventions to improve member awareness, skill development, and promote healthy lifestyle and nutrition management through the following initiatives:
  - SNAP match programs with farmers markets
  - Nutrition education partnership with LSU AgCenter Expanded Food and Nutrition Program
  - LHCC collaboration to support LSU's healthy meals skill building videos and educational programs, promoting to LHCC members via social media, member websites, and available on demand.
- LHCC completed key informant interviews with Providers/Trusted Messengers in support of ongoing Neighborhood Initiatives in Lake Charles area, informing efforts to address identified disparities in childhood immunizations and maternity care metrics in key REL demographics and zip codes.
- Performance Improvement Projects (PIPs)
  - LHCC conducted disparity analyses for select state PIP populations, with identification of various disparate risk groups to inform/guide outreach and intervention efforts, such as aligning member outreach calls for pediatric Fluoride Varnish application with well child and immunization measure populations, coordinating hepatitis C treatment outreach with HIV risk groups
  - COVID-19 Vaccination Initiatives, including strategic provider partnerships and targeted member outreach strategies including geographic, RELD, and transportation-challenged stratifications to address member vaccination rates and target identified disparity areas for enhanced outreach and support; focusing provider network efforts on COVID-19 vaccine promotion and access in areas with identified member hesitancy (such as Caucasian members and rural demographics)
- Additional COVID-19 interventions including ongoing distributions of masks, and hand sanitizers during community events to promote healthy behaviors for continued COVID-19 prevention as pandemic restrictions evolve; as well as establishing a strategic partnership with Acadian Ambulance to provide on-site vaccinations during community events including identified disparity regions with lower vaccination prevalence.
- Updated LHCC's Health Equity Dashboard for improved stratification of key quality PMs by race, ethnicity, language (RELD) and geography data to improve visibility into disparate populations and inform interventions to promote equity.

## **XII. Appendix B**

### **IPRO's Assessment of the Louisiana Medicaid Quality Strategy**

#### **Evaluation Methodology**

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

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

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

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

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

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

### XIII. Appendix C

#### LHCC Not Met Compliance Review Elements

	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
<b>LHCC</b>					
Coordination and Continuity of Care	6.19.4.2	In compliance with applicable quality assurance and utilization management standards:	Not Met	<p>This requirement is not addressed by the Care Plan Development and Implementation Process or the Care Management Program Description.</p> <p><b>Recommendation</b> LHCC submitted post-interview an update to their policy to include this requirement. It is acknowledged that LHCC has taken steps to address this requirement; however, this will not change the current review determination.</p>	Agree; Added to document policy “LA.CM.01_-_Care_Management_Program_Description_Updated 072722.docx”, pages 30
Fraud Waste and Abuse	7.6.2.2.1	Revocation of the provider’s home and community-based services license or behavioral health service license;	Not Met	<p>The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period.</p> <p><b>Recommendation</b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.</p>	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.

	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
Fraud Waste and Abuse	7.6.2.2.2	Exclusion from the Medicaid program;	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b><u>Recommendation</u></b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
Fraud Waste and Abuse	7.6.2.2.3	Termination from the Medicaid program;	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b><u>Recommendation</u></b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
Fraud Waste and Abuse	7.6.2.2.4	Withholding of Medicaid reimbursement as authorized by the Department's Surveillance and utilization Review (SURS) Rule (LAC 50:I.Chapter 41);	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b><u>Recommendation</u></b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.

	LA Citation	State Contract Requirements	Review Determination	Comments	MCO Comments
Fraud Waste and Abuse	7.6.2.2.5	Provider fails to timely renew its home and community-based services license as required by the Home and Community-Based Services providers Licensing Standards Rule (LAC 48:I.Chapter 50); or	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b>Recommendation</b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
Fraud Waste and Abuse	7.6.2.2.6	The Louisiana Attorney General's Office has seized the assets of the service provider.	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b>Recommendation</b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.
Fraud Waste and Abuse	7.6.2.3	The MCO shall not remit payment for services provided under this contract to providers located outside of the United States. The term "United States" means the fifty (50) states, the District of Columbia, and any U.S. territories.	Not Met	The FWA Plan effective during the 2021 review period does not address this requirement. While it is addressed in LA.COMP.16_LHCC_FWA_Plan UPDATED POLICY 2022, the Reviewed/ Revised date of this document is indicated as 2/22, which is outside the review period. <b>Recommendation</b> No action is required by LHCC, as this issue was self-identified and added to the updated policy.	We agree with the IPRO audit findings. The not met requirements were mitigated prior to the audit by updating the policy. LHCC discovered the policy effective date ended 12/31/2021. LHCC Compliance scheduled a review of the policy updates in the February 2022 Policy Committee meeting and self-disclosed the noncompliance during the audit.