LOUISIANA DEPARTMENT OF HEALTH

State Fiscal Year July 1, 2022–June 30, 2023

External Quality Review Technical Report

for

AmeriHealth Caritas Louisiana

April 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgments and Copyrights

1. Executive Summary

Introduction

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states that contract with managed care organizations (MCOs), prepaid ambulatory health plans (PAHPs), and prepaid inpatient health plans (PIHPs) (collectively referred to as "managed care entities [MCEs]" in this report) for administering Medicaid and Children's Health Insurance Program (CHIP) programs to contract with a qualified external quality review organization (EQRO) to provide an independent external quality review (EQR) of the quality, timeliness, and accessibility of services provided by the contracted MCEs. Revisions to the regulations originally articulated in the BBA were released in the May 2016 Medicaid and CHIP Managed Care Regulations,[1-1] with further revisions released in November 2020.[1-2] The final rule is provided in Title 42 of the Code of Federal Regulations (42 CFR) Part 438 and cross-referenced in the CHIP regulations at 42 CFR Part 457. To comply with 42 CFR §438.358, the Louisiana Department of Health (LDH) has contracted with Health Services Advisory Group, Inc. (HSAG), a qualified EQRO.

The Louisiana Medicaid Managed Care Program

The day-to-day operations of the Louisiana Medicaid managed care program are the responsibility of the Bureau of Health Services Financing within LDH, with oversight of specialized behavioral health services, 1115 Substance Use Demonstration Waiver, and the Coordinated System of Care Waiver provided by the Office of Behavioral Health (OBH). In addition, the Bureau of Health Services Financing receives support from other LDH "program offices"—Office of Public Health (OPH), Office of Aging and Adult Services (OAAS), and Office for Citizens with Developmental Disabilities (OCDD). Louisiana Medicaid managed care provides services to over 1.8 million Louisianans, which is approximately 39 percent of the State's population.

The current MCE contracts are full-risk capitated Louisiana Medicaid managed care contracts. Under the authority of a 1915(b) waiver from the Centers for Medicare & Medicaid Services (CMS), LDH contracts with six Healthy Louisiana MCOs to provide physical and behavioral health care, including Humana Healthy Horizons, which started on January 1, 2023; and two dental PAHPs to provide dental services for Louisiana's Medicaid and CHIP members. Additionally, under the authority of a

[1-1] Centers for Medicare & Medicaid Services. Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability, May 6, 2016. Available at: https://www.federalregister.gov/documents/2016/05/06/2016-09581/medicaid-and-childrens-health-insurance-program-chip-programs-medicaid-managed-care-chip-delivered. Accessed on: Dec 14, 2023.

[1-2] Centers for Medicare & Medicaid Services. Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care, November 13, 2020. Available at: https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program-chip-managed-care. Accessed on: Dec 14, 2023.

1915(b)/1915(c) waiver from CMS, OBH contracts with a single behavioral health PIHP, Coordinated System of Care (CSoC), to help children with behavioral health challenges who are at risk for out-of-home placement. The MCEs contracted during state fiscal year (SFY) 2023 (July 1, 2022–June 30, 2023) are displayed in Table 1-1.

Table 1-1—Louisiana's Medicaid MCEs

MCE Name	Plan Type	Services Provided	Service Region	Acronym or Abbreviated Reference
Aetna Better Health	MCO	Behavioral and physical health	Statewide	ABH
AmeriHealth Caritas Louisiana	MCO	Behavioral and physical health	Statewide	ACLA
Healthy Blue	MCO	Behavioral and physical health	Statewide	HBL
Humana Healthy Horizons (new plan as of 01/01/2023)	MCO	Behavioral and physical health	Statewide	HUM
Louisiana Healthcare Connections	MCO	Behavioral and physical health	Statewide	LHCC
UnitedHealthcare Community	MCO	Behavioral and physical health	Statewide	UHC
DentaQuest USA Insurance Company (DentaQuest)	PAHP	Dental	Statewide	DQ
Managed Care North America	PAHP	Dental	Statewide	MCNA
Magellan of Louisiana	PIHP	Behavioral health services for children and youth with significant behavioral health challenges	Statewide	Magellan

Scope of External Quality Review

As set forth in 42 CFR §438.358, HSAG conducted all EQR-related activities in compliance with the CMS EQR Protocols released in February 2023.[1-3] For the SFY 2023 assessment, HSAG used findings from the mandatory and optional EQR activities to derive conclusions and make recommendations about

[1-3] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 14, 2023.

the quality, timeliness, and accessibility of healthcare services provided by each MCE. Table 1-2 depicts the EQR activities conducted for each plan type.

Table 1-2—EQR Activities Conducted for Each Plan Type

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
Performance Improvement Project (PIP) Validation	This activity verifies whether a PIP conducted by an MCE used sound methodology in its design, implementation, analysis, and reporting, and whether the PIP demonstrated significant improvement in performance.	Protocol 1. Validation of Performance Improvement Projects	✓	✓	✓
Performance Evaluation and Improvement	This activity assesses whether the performance measures calculated by an MCE are accurate based on the measure specifications and State reporting requirements.	Protocol 2. Validation of Performance Measures	✓	✓	✓
Compliance Reviews (CRs)	This activity determines the extent to which a Medicaid and CHIP MCE is in compliance with federal standards and associated state-specific requirements, when applicable.	Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations	✓	✓	✓
Network Adequacy and Availability Validation (NAV)	This activity assesses the extent to which an MCE has adequate provider networks in coverage areas to deliver healthcare services to its managed care members.	Protocol 4. Validation of Network Adequacy*	✓	✓	✓
Consumer Surveys: CAHPS-A and CAHPS-C	This activity reports the results of each MCO's CAHPS survey to HSAG for inclusion in this report.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓	n/a	n/a
Behavioral Health Member Satisfaction Survey	This activity assesses adult members with a behavioral or mental health diagnosis and child members with a mental health diagnosis who have received behavioral health services and are enrolled in an MCO.	Protocol 6. Administration or Validation of Quality of Care Surveys	✓		
Case Management Performance Evaluation (CMPE)	This activity evaluates case management (CM) services to determine the number of individuals, the types of conditions, and the impact that CM	Protocol 9. Conducting Focus Studies of Health Care Quality	✓	n/a	n/a

EQR Activities	Description	CMS EQR Protocol	MCO	PAHP	PIHP
	services have on members receiving those services.				
Quality Rating System (QRS)	This activity evaluates and applies a rating to measure the quality of care and performance of the MCOs to provide information to help eligible members choose an MCO.	Protocol 10. Assist With Quality Rating of Medicaid and CHIP MCOs, PIHPs, and PAHPs	✓		

**Protocol 4. Validation of Network Adequacy* was released in February 2023; therefore, full implementation will occur with the 2024 NAV activities.

Report Purpose

To comply with federal healthcare regulations at 42 CFR Part 438, LDH contracts with HSAG to annually provide to CMS an assessment of the performance of the State's Medicaid and CHIP MCEs, as required at 42 CFR §438.364. This annual EQR technical report includes results of all EQR-related activities that the EQRO conducted with Louisiana Medicaid MCEs throughout SFY 2023. This EQR technical report is intended to help the Louisiana Medicaid managed care program:

- Identify areas for quality improvement (QI).
- Ensure alignment among an MCE's Quality Assessment and Performance Improvement (QAPI) requirements, the State's quality strategy, and the annual EQR activities.
- Purchase high-value care.
- Achieve a higher performance healthcare delivery system for Medicaid and CHIP beneficiaries.
- Improve the State's ability to oversee and manage the MCEs with which it contracts for services.
- Help the MCEs improve their performance with respect to the quality, timeliness, and accessibility of care.

Definitions

HSAG used the following definitions to evaluate and draw conclusions about the performance of each Louisiana Medicaid MCE in each of the domains of quality, timeliness, and access.

Quality	Timeliness	Access
as it pertains to the EQR, means the degree to which an MCO, PIHP, PAHP, or primary care case management (PCCM) entity (described in §438.310[c][2]) increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics; the provision of services that are consistent with current professional, evidence-based knowledge; and interventions for performance improvement.	as it pertains to EQR, is described by NCQA to meet the following criteria: "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation." It further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).	as it pertains to EQR, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (network adequacy standards) and §438.206 (availability of services). Under §438.206, availability of services means that each state must ensure that all services covered under the state plan are available and accessible to enrollees of MCOs, PIHPs, and PAHPs in a timely manner.

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. Federal Register Vol. 81 No. 18/Friday, May 6, 2016, Rules and Regulations, p. 27882. 42 CFR §438.320 Definitions; Medicaid Program; External Quality Review, Final Rule.
[2] National Committee for Quality Assurance. *2013 Standards and Guidelines for MBHOs and MCOs.*

Methodologies

Requirement 42 CFR §438.364(a)(1) describes the manner in which (1) the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and (2) conclusions were drawn as to the quality, timeliness, and accessibility of care furnished by each MCO.

Aggregating and Analyzing Statewide Data

HSAG follows a four-step process to aggregate and analyze data collected from all EQR activities and draw conclusions about the quality, timeliness, and accessibility of care furnished by each MCO, as well as the program overall. To produce Healthy Louisiana's MCO aggregate SFY 2023 EQR technical report, HSAG performed the following steps to analyze the data obtained and draw statewide conclusions about the quality, timeliness, and accessibility of care and services provided by the MCOs:

Step 1: HSAG analyzed the quantitative results obtained from each EQR activity for each MCO to identify strengths and weaknesses in each domain of quality, timeliness, and access to services furnished by the MCO for the EQR activity.

Step 2: From the information collected, HSAG identified common themes and the salient patterns that emerged across EQR activities for each domain and drew conclusions about overall quality, timeliness, and access to care and services furnished by the MCO.

Step 3: From the information collected, HSAG identified common themes and the salient patterns that emerged across all EQR activities related to strengths and opportunities for improvement in one or more of the domains of quality, timeliness, and access to care and services furnished by the MCO.

Step 4: HSAG identified any patterns and commonalities that exist across the program to draw conclusions about the quality, timeliness, and accessibility of care for the program.

Louisiana's Medicaid Managed Care Quality Strategy

In accordance with 42 CFR §438.340, LDH implemented a written quality strategy for assessing and improving the quality of healthcare and services furnished by the MCEs to Louisiana Medicaid managed care members under the Louisiana Medicaid managed care program. Louisiana's Medicaid Managed Care Quality Strategy (quality strategy) dated June 2022 is guided by the Triple Aim of the National Quality Strategy.

LDH's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for citizens of the State of Louisiana. The Louisiana Medicaid managed care program is responsible for providing high-quality, innovative, and cost-effective healthcare to Medicaid members.

Goals and Objectives

The quality strategy identified goals and objectives that focus on process as well as achieving outcomes. The goals and supporting objectives are measurable and take into consideration the health status of all populations served by the Louisiana Medicaid managed care program.

The quality strategy identifies the following three aims and eight associated goals:

Better Care: Make healthcare more person-centered, coordinated, and accessible so it occurs at the "Right care, right time, right place."

Goal 1: Ensure access to care to meet enrollee needs

Goal 2: Improve coordination and transitions of care

Goal 3: Facilitate patient-centered, whole-person care

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

Goal 4: Promote wellness and prevention

Goal 5: Improve chronic disease management and control

Goal 6: Partner with communities to improve population health and address health disparities

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

Goal 7: Pay for value and incentivize innovation

Goal 8: Minimize wasteful spending

Quality Strategy Evaluation[1-4]

Strengths

LDH considers the quality strategy to be its roadmap for the future. Overall, the quality strategy represents an effective tool for measuring and improving the quality of Louisiana's Medicaid managed care services. The quality strategy promotes identification of creative initiatives to continually monitor, assess, and improve access to care, the quality of care and services, member satisfaction, and the timeliness of service delivery for Louisiana Medicaid managed care members. Additionally, LDH's initiatives tie to the quality strategy aims, goals, and objectives. The quality strategy strives to ensure members receive high-quality care that is safe, efficient, patient-centered, timely, value- and quality-based, data-driven, and equitable.

LDH conducts oversight of the MCEs in coordination with the quality strategy to promote accountability and transparency for improving health outcomes. The MCE should be committed to QI and its overall approach, and specific strategies will be used to advance the quality strategy and incentive-based quality measures.

Recommendations

HSAG's EQR results and guidance on actions assist LDH in evaluating the MCEs' performance and progress in achieving the goals of the program's quality strategy. These actions, if implemented, may assist LDH and the MCEs in achieving and exceeding goals. In addition to providing each MCE with specific guidance, HSAG offers LDH the following recommendations, which should positively impact the quality, timeliness, and accessibility of services provided to Medicaid members:

- HSAG recommends LDH consider a change in metric benchmarks so the MCEs can strive toward a consistent performance level. HSAG recommends LDH remove the target objectives and improvement objectives and establish benchmarks for all MCEs that align with nationally recognized quality measures (e.g., NCQA Quality Compass, CMS Adult and Child Core Sets) or the State's performance published in the CMS Annual State Measure Trends Snapshot, Chart Packs for the Child Core Set and Adult Core Set, or the State Profile pages on Medicaid.gov.

[1-4] Health Services Advisory Group, Inc. Medicaid Managed Care Quality Strategy Evaluation, Review Period: March 20, 2022–March 19, 2023, July 2023. Louisiana Department of Health. Available at: https://ldh.la.gov/assets/docs/MQI/Strategy/MQIStrategyEvaluation.pdf. Accessed on: Dec 12, 2023.

- HSAG recommends LDH consider using the measurement year (MY) 2023 reported rates in the 2024 quality strategy evaluation, which could include MY 2021 through MY 2023 results in order to include the most current data for evaluation.
- HSAG recommends LDH remove the duplicate objective, promote healthy development and wellness in children and adolescents.
- HSAG recommends LDH consider adding the objectives, improve overall health and promote reproductive health objectives, to the quality strategy.
- HSAG recommends LDH continue to collaborate with the MCOs to support adequate QI capacity, skills, and resources to support current and future PIPs. HSAG recommends LDH continue to meet regularly with the MCOs and share best practices for identifying QI goals, objectives, and interventions. Furthermore, LDH could consider incorporating a similar mechanism for the PAHPs to collaborate on current and future PIPs. HSAG also recommends LDH consider hosting a forum in which the MCEs could discuss programwide solutions to overcome barriers. These QI activities provide opportunities to improve population health by implementing best practices and addressing barriers and challenges.
- HSAG recommends LDH identify expectations for improvement targets over a three-year period. Current target improvements compare to the previous measurement year and do not consider the baseline measurement year.
- HSAG recommends the MCEs consider whether there are disparities within their populations that contributed to lower performance in a particular race or ethnicity, age group, ZIP Code, etc. HSAG recommends the MCEs target QI interventions to reduce the identified disparities.
- HSAG recommends LDH consider working with the MCEs to share performance measure best practices and identify interdependencies across measures.
- HSAG recommends LDH consider a contract statement for all MCEs that the MCE's quality initiatives must be designed to help achieve the goals outlined in the quality strategy. Currently only the MCOs have this contract requirement.
- HSAG recommends LDH consider removing aim statements from the quality strategy. CMS defines "quality strategy goals" as SMART (specific, measurable, attainable, relevant, and time-bound), high-level managed care performance aims that provide direction for the State. CMS defines quality strategy (SMART) objectives as measurable steps toward meeting the State's goals that typically include quality measures.

Overview of External Quality Review Findings

This annual EQR technical report includes results of all EQR-related activities for AmeriHealth Caritas Louisiana (ACLA) conducted with Louisiana Medicaid managed care throughout SFY 2023.

Validation of Performance Improvement Projects

With the start of HSAG's EQRO contract with LDH in March 2023, HSAG initiated PIP validation training and technical assistance activities to assist LDH, ACLA, and other MCOs in transitioning to HSAG's PIP validation process and methodology. ACLA actively worked on PIPs throughout SFY 2023, and PIP validation activities were initiated. LDH required ACLA to conduct PIPs on the following five state-mandated topics during SFY 2023:

- *Behavioral Health Transitions in Care*
- *Ensuring Access to the COVID-19 [coronavirus disease 2019] Vaccine Among Healthy Louisiana Enrollees*
- *Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years*
- *Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees*
- *Screening for HIV [human immunodeficiency virus] Infection*

At the time this report was drafted, HSAG's first validation cycle of ACLA's PIPs was in progress and is scheduled to be completed in SFY 2024; therefore, final validation findings, including assessment of indicator results, interventions, strengths and opportunities, and recommendations will be reported in next year's annual EQR technical report.

Validation of Performance Measures

HSAG's validation of ACLA's performance measures confirmed compliance with the standards of Title 42 CFR §438.330(a)(1). The results of the validation activity determined that ACLA was compliant with the standards of Title 42 CFR §438.330(c)(2).

Information Systems Capabilities Assessment

Based on a review of the final audit reports (FARs) issued by ACLA's certified HEDIS compliance auditor, HSAG found that ACLA fully met the standard for all seven of the applicable NCQA HEDIS information systems (IS) standards.

HEDIS—Quality, Timeliness, and Access

HSAG's analysis was based on comparison of HEDIS measures/measure indicators to the MY 2022 NCQA national 50th percentile, which served as the benchmark. A total of 47 measures, comprising 89

measure indicators, were selected for analysis. Of the 89 measure indicators, 11 were not reported in Quality Compass and were therefore removed from the respective analyses due to lack of a benchmark.

Of the 78 HEDIS measures/measure indicators with an associated benchmark, ACLA had 31 that performed greater than the NCQA national 50th percentile benchmark, and 47 that performed lower than the NCQA national 50th percentile benchmark. Detailed results are shown in Section 3—Validation of Performance Measures.

Assessment of Compliance With Medicaid Managed Care Regulations

In HSAG's CR, ACLA received a compliance score of 100 percent for Standard I—Enrollment and Disenrollment, indicating that, overall, ACLA demonstrated strong performance in this area. There are no recommendations for ACLA for Standard I—Enrollment and Disenrollment.

HSAG also reviewed ACLA's corrective action plans (CAPs) from the LDH-approved 2022 CR. ACLA achieved compliance in 22 of 23 elements from the 2022 CAPs, demonstrating positive improvements in implementing CAPs from 2022. ACLA must implement the remaining approved CAPs for the two elements for which compliance was not achieved.

Validation of Network Adequacy

HSAG's provider directory validation (PDV) indicated that, overall, the provider information maintained and provided by ACLA was poor, which impacted access to care due to the inability of members to find a provider that delivered the requested services. Table 1-3 provides a summary of the findings from the study.

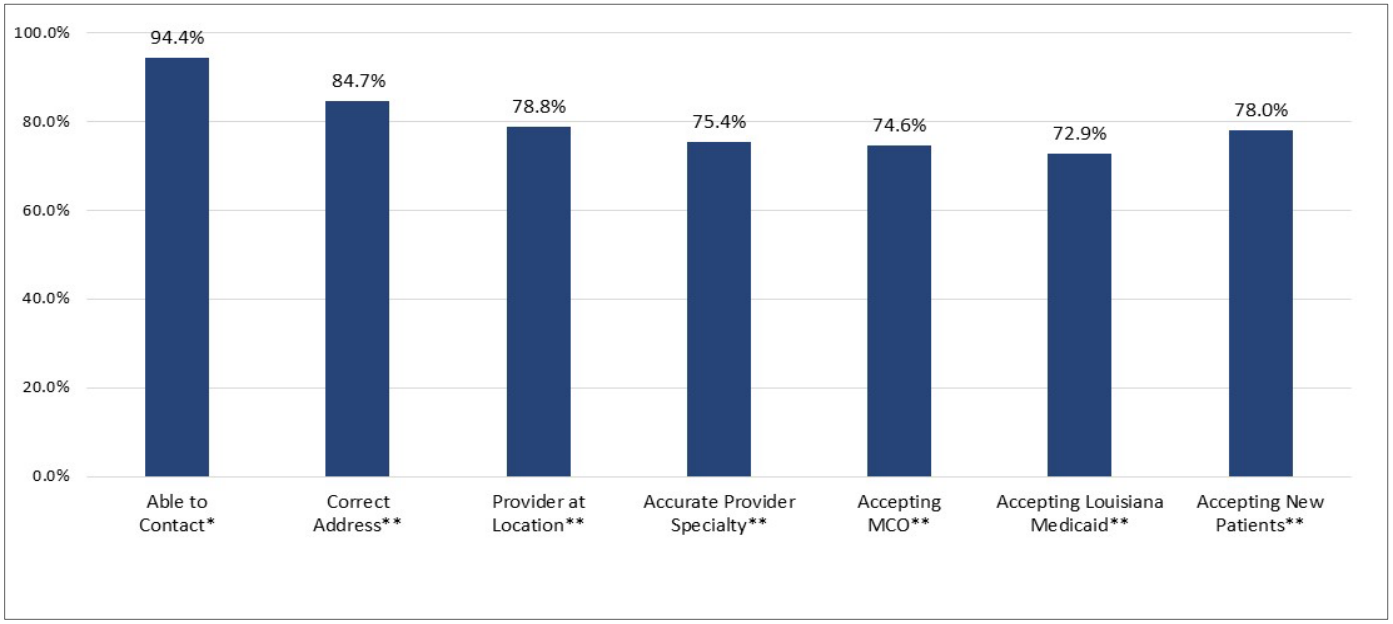
Table 1-3—Summary of Findings

Concerns	Findings
Acceptance of Louisiana Medicaid was inaccurate.	Overall, 72.9 percent of providers accepted Louisiana Medicaid.
Acceptance of the MCO was inaccurate.	Overall, 74.6 percent of providers accepted the requested MCO.
Provider's specialty in the provider directory was incorrect.	Overall, 75.4 percent of providers confirmed the specialty listed in the online provider directory was accurate.
Overall acceptance of new patients was low.	Overall, 78.0 percent of providers accepted new patients; however, only providers listed as accepting new patients in the online provider directory were selected for the PDV reviews.
Affiliation with the sampled provider was low.	Overall, 78.8 percent of the locations confirmed affiliation with the sampled provider.
Address information was incorrect.	Overall, 84.7 percent of respondents reported that ACLA's provider directory reflected the correct address.

While the overall PDV response rate was relatively high at 94.4 percent, once contacted, the offices reported varying degrees of match rates for the online provider directory information. Accuracy of Louisiana Medicaid acceptance, ACLA acceptance, and provider specialty exhibited the lowest match rates, with all indicators exhibiting a match rate below 85 percent.

Figure 1-1 presents the summary results for all sampled ACLA providers.

Figure 1-1—Summary Results for All ACLA Providers



*The denominator includes all sampled providers.
** The denominator includes cases reached.

ACLA's weighted PDV compliance scores by specialty type ranged from 50.7 percent (behavioral health) to 84.0 percent (OB/GYN).

Quarter 2 through Quarter 4 PDV and provider access survey results were not final at the time of reporting. Final results from these activities will be included in the SFY 2024 EQR technical report.

For geographic access (GeoAccess), ACLA reported the percentage of members having access within required distance standards for 22 physical health provider types and 19 behavioral health provider types. Data were reported for a total of 44 physical health GeoAccess standards (all of the physical health provider types were reported separately for the urban and rural populations) and 35 behavioral health GeoAccess standards (16 of the behavioral health provider types were reported separately for the urban and rural populations). For the entire SFY 2023, ACLA only met seven of 32 physical health GeoAccess standards and three of 34 behavioral health GeoAccess standards.

Consumer Surveys: CAHPS-A and CAHPS-C

HSAG compared ACLA's 2023 achievement scores to their corresponding 2022 achievement scores and the 2023 NCQA national averages to determine whether there were statistically significant differences.

Overall, ACLA's 2023 achievement scores revealed strengths in the adult and general child populations. For the adult population, results revealed achievement scores for *Rating of Health Care*, *Getting Care Quickly*, and *Customer Service* were statistically significantly higher than the 2023 NCQA national averages. For the general child population, results revealed the achievement score for *Getting Care Quickly* was statistically significantly higher than the 2023 NCQA national average.

Furthermore, opportunities for improvement were not identified for ACLA's adult and general child populations as ACLA's 2023 achievement scores were neither statistically significantly lower in 2023 than 2022 nor statistically significantly lower than the 2023 NCQA national average on any measure.

Behavioral Health Member Satisfaction Survey

HSAG compared ACLA's 2023 achievement scores to the 2023 Healthy Louisiana statewide average (SWA) to determine whether there were statistically significant differences. Overall, ACLA's adult and child 2023 scores were not statistically significantly higher or lower than the Healthy Louisiana SWA; therefore, no strengths or opportunities for improvement were identified. However, several measures had less than 100 respondents. ACLA should focus on increasing response rates to the behavioral health member satisfaction survey for its adult and child populations.

Case Management Performance Evaluation

During SFY 2023, HSAG and LDH collaborated to determine the scope, methodology, data sources, and timing of the CMPE. HSAG will conduct the focus study in SFY 2024. Results, including conclusions, strengths, and opportunities for improvement, will be reported in the SFY 2024 EQR technical report.

Quality Rating System

Figure 1-2 displays the 2023 Health Plan Report Card, which presents the 2023 rating results for each MCO. The 2023 Health Plan Report Card shows that, for the Overall Rating, ACLA received 3.5 stars. ACLA received 4.0 stars for the Consumer Satisfaction composite, including 4.0 stars for both the Satisfaction with Plan Physicians and Satisfaction with Plan Services subcomposites, demonstrating strength for ACLA in these areas. However, ACLA received 2.0 stars and 1.5 stars for the Respiratory and Behavioral Health—Care Coordination subcomposites, respectively, demonstrating opportunities for improvement for ACLA in these areas.

Figure 1-2—2023 Health Plan Report Card

Issued 09/2023

Healthy Louisiana

2023 HEALTH PLAN REPORT CARD

The ratings below compare the performance of Louisiana's Medicaid health plans. This report card shows the results of care in the areas of Consumer Satisfaction, Prevention, and Treatment, and can aid you and your family when deciding on a health plan.

PERFORMANCE KEY	Lowest	Low	Average	High	Highest	Insufficient Data
	★	★★	★★★	★★★★	★★★★★	—

	Aetna Better Health	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	UnitedHealthcare Community Plan
Overall Rating	★★★½	★★★½	★★★½	*New	★★★	★★★½
CONSUMER SATISFACTION						
Overall Consumer Satisfaction	—	★★★★	★★★★	*New	★★★	★★★★
Getting care: How easily and quickly did members get appointments, preventive care, tests, and treatments?	—	★★★½	★★★½	*New	★★½	★★★★
Satisfaction with plan physicians: How happy are members with their primary care doctors?	★★★★★	★★★★	★★★★	*New	★★★½	★★★★
Satisfaction with plan services: How happy are members with their health plan and their overall care?	★★★½	★★★★	★★★★½	*New	★★★	★★★★½
PREVENTION						
Overall Prevention	★★	★★★	★★★	*New	★★½	★★★
Children/adolescent well-care: Do children and adolescents receive vaccines and weight assessments?	★½	★★½	★★½	*New	★★	★★½
Women's reproductive health: Do women receive care before and after their babies are born?	★★★	★★★	★★★	*New	★★½	★★★

Continued on next page...

Figure 1-2—2023 Health Plan Report Card (cont.)

	Aetna Better Health	AmeriHealth Caritas Louisiana	Healthy Blue	Humana Healthy Horizons	Louisiana Healthcare Connections	UnitedHealthcare Community Plan
Cancer screening: Do female members receive important cancer screenings?	★★★	★★★½	★★★	*New	★★★½	★★★★
Other preventive services: Do members receive important preventive services?	★★½	★★★½	★★★	*New	★★★	★★★
TREATMENT						
Overall Treatment	★★★	★★½	★★★	*New	★★½	★★★
Respiratory: Do people with respiratory issues get the services/treatments they need?	★★	★★	★★½	*New	★★½	★½
Diabetes: Do people with diabetes get the services/ treatments they need?	★★★½	★★★	★★★½	*New	★★	★★★★
Heart disease: Do people with heart disease get the services/ treatments they need?	★★★	★★★	★★	*New	★★½	★★★
Behavioral health—care coordination: Do people with behavioral health issues get the follow-up care they need?	★	★½	★½	*New	★½	★½
Behavioral health—medication adherence: Do people with behavioral health issues stay on prescribed medications?	★★★	★★½	★★	*New	★★★	★★
Behavioral health—access, monitoring, and safety: Do people on behavioral health medications receive the services/ monitoring they need?	★★★★	★★★	★★★½	*New	★★★	★★★★
Risk-adjusted utilization: Do members who are discharged from the hospital have unplanned readmissions within 30 days?	★★★	★★★	★★★	*New	★★★	★

This report card is reflective of data collected between January 2022 and December 2022.

**Due to Humana Healthy Horizons being a new plan in 2023, data are not available yet. Humana Healthy Horizons will be included in future health plan report cards.*

The categories and measures included in this report card are based on the 2023 National Committee for Quality Assurance (NCQA) Health Plan Ratings and LDH required measures lists. When feasible, categories and measures were kept consistent with the prior year's health plan report card, but some measures and categories were removed due to data availability. Any analysis, interpretation, and conclusions based on the data is solely that of the author. Anyone desiring to use or reproduce the materials must obtain approval from LDH.

2. Validation of Performance Improvement Projects

Results

SFY 2023 was the first year that HSAG was contracted as the EQRO for LDH. HSAG's EQRO contract with LDH was initiated in March 2023, and HSAG initiated PIP validation transition activities, training, and technical assistance activities the same month. During SFY 2023, HSAG worked with LDH to transition the MCOs to HSAG's PIP validation process and methodology. ACLA actively worked on PIPs throughout SFY 2023, and HSAG initiated validation activities for ACLA's PIPs. At the time this report was drafted, HSAG's first validation cycle of the ACLA's PIPs was in progress; therefore, final validation findings, including assessment of indicator results, interventions, strengths and opportunities, and recommendations will be reported in next year's annual EQR technical report.

LDH required the MCOs, including ACLA, to carry out PIPs to address five state-mandated topics during SFY 2023. summarizes the PIP topics carried out by ACLA in SFY 2023.

Table 2-1—SFY 2023 MCO PIP Topics and Targeted Age Groups

PIP Topic	Targeted Age Group
Behavioral Health Transitions in Care	• 6 years and older • 13 years and older
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	• 5–11 years • 12–15 years • 16 years and older
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	• 6 months–18 months • 19 months–2 years • 3–5 years
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	• 21–64 years
Screening for HIV Infection	• 13 years and older • 15–65 years

For each PIP topic, ACLA collaborated on improvement strategies, meeting at least monthly with LDH and other MCOs, throughout the year. ACLA also submitted updates on improvement strategies and interim indicator results for each PIP topic quarterly that were reviewed by HSAG and LDH. HSAG provided feedback and technical assistance on PIPs to LDH and ACLA at group and one-on-one meetings throughout the contract year.

Table 2-2 summarizes key PIP validation milestones that occurred from March through June 2023, the end of SFY 2023.

Table 2-2—SFY 2023 MCO PIP Activities

PIP Activities and Milestones	Dates
HSAG provided training to LDH and the MCOs on HSAG's PIP validation process and templates	March–April 2023
Monthly collaborative PIP meeting with LDH, the MCOs, and HSAG	March 2023
Monthly collaborative PIP meeting with LDH, the MCOs, and HSAG	April 2023
The MCOs submitted Quarter 1 PIP updates	April 2023
Monthly collaborative PIP meeting with LDH, the MCOs, and HSAG	May 2023
Monthly collaborative PIP meeting with LDH, the MCOs, and HSAG	June 2023
The MCOs submitted PIP proposals to HSAG for initial review and feedback	June 2023

In SFY 2024, ACLA will submit draft PIP reports for initial validation in January 2024 and the final PIP reports for final validation in March 2024. HSAG will complete the first annual validation cycle in April 2024.

Validation Results and Confidence Ratings

Table 2-3 summarizes ACLA's PIP validation results and confidence ratings. The initial validation cycle for ACLA's PIPs was in progress at the time this report was drafted; therefore, final validation ratings will be reported in next year's annual EQR technical report.

Table 2-3—PIP Validation Results and Confidence Ratings

PIP Topic	Validation Rating 1: PIP Demonstrated Adherence to Acceptable Methodology	Validation Rating 2: PIP Demonstrated Significant Improvement
Behavioral Health Transitions in Care	To be reported in SFY 2024	To be reported in SFY 2024
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	To be reported in SFY 2024	To be reported in SFY 2024
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	To be reported in SFY 2024	To be reported in SFY 2024
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	To be reported in SFY 2024	To be reported in SFY 2025
Screening for HIV Infection	To be reported in SFY 2024	To be reported in SFY 2025

Performance Indicator Results

ACLA will report final calendar year (CY) 2023 indicator results in January through March 2024. HSAG will validate the performance indicator results in SFY 2024, and the final performance indicator results for each PIP topic will be included in next year's annual EQR technical report. Table 2-4 summarizes the measurement period that is being completed in CY 2023 and which results will be reported in SFY 2024.

Table 2-4—Measurement Periods in CY 2023 by PIP Topic

PIP Topic	Measurement Period in CY 2023
Behavioral Health Transitions in Care	Remeasurement 1
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	Remeasurement 1
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	Remeasurement 1
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	Baseline
Screening for HIV Infection	Baseline

Interventions

ACLA will report final 2023 QI activities and interventions in January through March 2024. Table 2-5 includes barriers and interventions ACLA initially reported early in the validation cycle initiated at the end of SFY 2023. ACLA will report updated QI activities and interventions in SFY 2024, and HSAG will complete the assessment of ACLA's QI activities and interventions when the validation cycle is completed in SFY 2024. An updated summary of ACLA's interventions for each PIP topic will be included in next year's annual EQR technical report.

Table 2-5—Barriers and Interventions Reported by ACLA for Each PIP Topic

PIP Topic	Barriers	Interventions
Behavioral Health Transitions in Care	• Lack of hospital participation in health information exchange • Provider difficulty in identifying patients needing follow-up care • Lack of member access to care	• Utilization of admissions, discharges, and transfers notification report of emergency department admits or discharges from the *Follow-Up After Emergency Department Visit for Mental Illness* and *Follow-Up After Emergency Department Visit for Substance Use* populations

PIP Topic	Barriers	Interventions
		• Enrollee outreach and documentation of follow-up appointments scheduled for members discharged from an inpatient facility when enrolled in CM
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	• Lack of access to COVID-19 vaccine • Challenges with reaching a large volume of eligible members via CM outreach alone	• Develop and implement COVID-19 vaccination outreach to enrollees engaged in CM and not in CM • Distribution of eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	• Lack of access to a dental provider • Lack of provider knowledge that fluoride varnish applications can be done in a PCP office	• Outreach and education of members • Dental appointment scheduling assistance for members • Conducting provider outreach and education using care gap reports
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	• Lack of enrollee knowledge of multiple health conditions and importance of obtaining screening • Providers do not consistently recommend screening for enrollees	• Enhanced CM outreach to assist members with scheduling cervical cancer screening • Text message reminder campaign for enrollees to schedule preventive services and screenings
Screening for HIV Infection	• Lack of enrollee knowledge on importance of HIV screening and on resources for obtaining screening	• Enhanced Bright Start CM outreach for HIV screening during pregnancy • Enhanced CM outreach for HIV screening for members with current/past Injection drug use

MCO Strengths, Opportunities for Improvement, and Recommendations

HSAG will report statewide strengths, opportunities for improvement, and recommendations for ACLA's PIPs in next year's annual EQR technical report, when HSAG has completed the first annual validation cycle for ACLA's PIPs in SFY 2024.

Methodology

Objectives

The purpose of conducting PIPs is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical or nonclinical areas. This structured method of assessing and improving MCO processes was designed to have favorable effects on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine each MCO's compliance with requirements set forth in 42 CFR §438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in performance.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

The goal of HSAG's PIP validation is to ensure that LDH and key stakeholders can have confidence that any reported improvement is related and can be reasonably linked to the QI strategies and activities the MCO conducted during the PIP. HSAG's scoring methodology evaluated whether the MCO executed a methodologically sound PIP.

Technical Methods of Data Collection

HSAG, as the State's EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used CMS' EQR *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS Protocol 1).[2-1]

HSAG's evaluation of each PIP includes two key components of the QI process:

1. HSAG evaluates the technical structure of the PIP to ensure that the MCO designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling techniques, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

[2-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 15, 2023.

2. HSAG evaluates the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MCO improves indicator results through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

Description of Data Obtained

HSAG's methodology for PIP validation provided a consistent, structured process and a mechanism for providing the MCOs with specific feedback and recommendations. The MCOs used a standardized PIP Submission Form to document information on the PIP design, completed PIP activities, and performance indicator results. HSAG evaluated the documentation provided in the PIP Submission Form to conduct the annual validation.

How Data Were Aggregated and Analyzed

Using the PIP validation tool and standardized scoring, HSAG scored each PIP on a series of evaluation elements and scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable (NA)*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as "critical elements." For a PIP to produce valid and reliable results, all critical elements needed to achieve a *Met* score. HSAG assigned each PIP an overall percentage score for all evaluation elements (including critical elements), calculated by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

In alignment with CMS Protocol 1, HSAG assigned two PIP validation ratings, summarizing overall PIP performance. One validation rating reflected HSAG's confidence that the MCO adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. HSAG based this validation rating on the scores for applicable evaluation elements in steps 1 through 8 of the PIP validation tool. The second validation rating was only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflected HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP validation tool. For each applicable validation rating, HSAG reported the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. **Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)**
   a. *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.

b. *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
c. *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
d. *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement (Step 9)

a. *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
b. *Moderate Confidence*: One of the three scenarios below occurred:
   i. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
   ii. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
   iii. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
c. *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
d. *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators or none of the performance indicators demonstrated improvement over the baseline.

HSAG analyzed the quantitative results obtained from the above PIP validation activities to identify strengths and weaknesses in each domain of quality, timeliness, and accessibility of services furnished by each MCO. HSAG then identified common themes and the salient patterns that emerged across the MCOs related to PIP validation or performance on the PIPs conducted.

How Conclusions Were Drawn

PIPs that accurately addressed CMS Protocol 1 requirements were determined to have high validity and reliability. Validity refers to the extent to which the data collected for a PIP measured its intent. Reliability refers to the extent to which an individual could reproduce the project results. For each completed PIP, HSAG assessed threats to the validity and reliability of PIP findings and determined whether a PIP was credible.

To draw conclusions about the quality, timeliness, and accessibility of care and services provided by the MCOs, HSAG assigned each PIP topic to one or more of these three domains. While the focus of an MCO's PIP may have been to improve performance related to healthcare quality, timeliness, or accessibility, PIP validation activities were designed to evaluate the validity and quality of the MCO's process for conducting valid PIPs. Therefore, HSAG assigned all PIPs to the quality domain. In

addition, all PIP topics were assigned to other domains as appropriate. This assignment to domains is shown in Table 2-6.

Table 2-6—Assignment of PIPs to the Quality, Timeliness, and Access Domains

PIP Topic	Quality	Timeliness	Access
Behavioral Health Transitions in Care	✓	✓	✓
Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	✓	✓	✓
Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	✓		✓
Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	✓	✓	✓
Screening for HIV Infection	✓	✓	✓

3. Validation of Performance Measures

Results

Information Systems Standards Review

The MCO's independent certified HEDIS compliance 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.

Based on a review of the FARs issued by ACLA's independent certified HEDIS compliance auditor, HSAG found that ACLA fully met the standard for all seven of the applicable NCQA IS standards.

ACLA's compliance with each of the IS standards is outlined in Table 3-1.

Table 3-1—ACLA Compliance With IS Standards—MY 2022

IS Standard	ACLA
IS 1.0 Medical Services Data	Met
IS 2.0 Enrollment Data	Met
IS 3.0 Practitioner Data	Met
IS 4.0 Medical Record Review Processes	Met
IS 5.0 Supplemental Data	Met
IS 6.0 Data Preproduction Processing	Met
IS 7.0 Data Integration and Reporting	Met

Performance Measures

For SFY 2023, LDH required each contracted MCO to collect and report on 47 HEDIS measures, which includes 89 total measure indicators for HEDIS MY 2022 specified in the provider agreement. The measurement set includes 11 incentive measures. Table 3-2 displays the 89 measure indicators required by LDH. Red cells indicate that the measure fell below the NCQA national 50th percentile, green cells indicate that the measure was at or above the NCQA national 50th percentile. Table 3-2 through Table 3-5 display a summary of ACLA's HEDIS measure performance.

Table 3-2—ACLA HEDIS Effectiveness of Care Measures—MY 2022

HEDIS Measure	ACLA	SWA
Follow-Up After Hospitalization for Mental Illness		
Within 7 Days of Discharge	18.77%	19.52%
Within 30 Days of Discharge[I]	36.26%	38.33%
Follow-Up After Emergency Department Visit for Mental Illness		
Within 7 Days of Discharge	22.93%	22.45%
Within 30 Days of Discharge[I]	35.30%	36.52%
Follow-Up After Emergency Department Visit for Substance Use[B]		
Within 7 Days of Discharge	17.38%	17.19%
Within 30 Days of Discharge[I]	28.94%	27.70%
Plan All-Cause Readmissions*		
Observed Readmissions (Numerator/Denominator)	10.21%	10.15%
Expected Readmissions Rate	9.65%	9.57%
Observed-to-Expected (O/E) Ratio (Observed Readmissions/Expected Readmissions)	1.0574	1.0603
CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)	81.21%	80.81%
CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)	86.33%	86.41%
Depression Screening and Follow-Up for Adolescents and Adults		
Depression Screening (Total)	2.59%	1.00%
Follow-Up on Positive Screen (Total)	54.11%	58.25%
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	84.13%	82.78%
Diabetes Monitoring for People With Diabetes and Schizophrenia	69.07%	67.47%
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	75.81%	76.14%
Metabolic Monitoring for Children and Adolescents on Antipsychotics		
Blood Glucose Testing	54.74%	54.46%
Cholesterol Testing	29.05%	28.80%
Blood Glucose and Cholesterol Testing	28.09%	28.05%
Lead Screening in Children	66.91%	63.59%
Childhood Immunization Status		
Diphtheria, Tetanus, and Acellular Pertussis (DTaP)	70.80%	68.23%
Polio Vaccine, Inactivated (IPV)	88.81%	87.00%
Measles, Mumps, and Rubella (MMR)	85.64%	84.34%

HEDIS Measure	ACLA	SWA
Haemophilus Influenzae Type B (HiB)	85.16%	84.33%
Hepatitis B	89.54%	88.75%
Varicella-Zoster Virus (VZV)	85.64%	84.35%
Pneumococcal Conjugate	69.34%	68.57%
Hepatitis A	81.75%	80.70%
Rotavirus	65.45%	66.63%
Influenza	28.22%	26.49%
Combination 3[I]	63.50%	62.44%
Combination 7	54.26%	53.35%
Combination 10	22.87%	20.30%
Immunization Status for Adolescents		
Meningococcal	83.21%	83.48%
Tetanus, Diphtheria, and Pertussis/Tetanus and Diphtheria (Tdap/Td)	83.70%	84.30%
Human Papillomavirus (HPV)	40.39%	39.08%
Combination 1	82.97%	83.26%
Combination 2[I]	40.39%	38.69%
Colorectal Cancer Screening[I]	35.17%	33.81%
Flu Vaccinations for Adults Ages 18 to 64	40.86%	36.62%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		
Body Mass Index (BMI) Percentile Documentation	73.20%	72.22%
Counseling for Nutrition	62.28%	62.46%
Counseling for Physical Activity	53.35%	55.47%
HIV Viral Load Suppression[B, I]	75.50%	79.04%
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)[*,I]	23.59%	26.61%
Chlamydia Screening in Women		
Total	64.40%	63.13%
Breast Cancer Screening	55.54%	55.83%
Medical Assistance With Smoking and Tobacco Use Cessation		
Advising Smokers to Quit	78.40%	73.05%
Discussing Cessation Medications	53.62%	48.84%
Discussing Cessation Strategies	50.74%	47.04%
Controlling High Blood Pressure[I]	59.90%	57.62%

HEDIS Measure	ACLA	SWA
Statin Therapy for Patients With Cardiovascular Disease		
Received Statin Therapy—Total	81.14%	80.66%
Statin Adherence 80%—Total	67.81%	67.86%
Hemoglobin A1c Control for Patients With Diabetes		
Poor HbA1c Control (>9.0%)[*,1]	39.66%	38.96%
HbA1c Control (<8.0%)	53.04%	52.48%
Eye Exam for Patients With Diabetes	50.36%	53.85%
Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg) (BPD)	56.20%	59.93%
Pharmacotherapy for Opioid Use Disorder	29.55%	27.67%
Initiation and Engagement of Substance Use Disorder (SUD)Treatment		
Initiation of SUD[B]	64.68%	60.37%
Engagement of SUD[B]	28.33%	25.62%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	60.06%	63.46%
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	55.42%	53.17%
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication		
Initiation Phase	40.70%	42.65%
Continuation and Maintenance Phase	51.99%	55.44%
Antidepressant Medication Management		
Effective Acute Phase Treatment	54.72%	55.83%
Effective Continuation Phase Treatment	36.31%	38.18%
Appropriate Treatment for Children With Upper Respiratory Infection	78.87%	79.64%
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	53.82%	51.85%
Use of Imaging Studies for Low Back Pain[B]	72.61%	71.31%
Non-Recommended Cervical Screening in Adolescent Females[*]	2.08%	1.81%
Cervical Cancer Screening[I]	55.36%	56.53%
Self-Reported Overall Health (Adult)	25.80%	27.63%
Adult—Very Good	17.52%	18.98%
Adult—Excellent	8.28%	8.65%
Self-Reported Overall Health (Child General)	70.07%	73.27%
Child General—Very Good	37.83%	36.17%
Child General—Excellent	32.24%	37.10%

HEDIS Measure	ACLA	SWA
Self-Reported Overall Health (Child CCC)	52.58%	59.04%
Child CCC—Very Good	33.09%	36.64%
Child CCC—Excellent	19.49%	22.40%
Self-Reported Overall Mental or Emotional Health (Adult)	40.20%	38.64%
Adult—Very Good	24.44%	22.37%
Adult – Excellent	15.76%	16.27%
Self-Reported Overall Mental or Emotional Health (Child General)	63.36%	65.65%
Child General—Very Good	28.38%	28.34%
Child General—Excellent	34.98%	37.31%
Self-Reported Overall Mental or Emotional Health (Child CCC)	38.60%	40.97%
Child CCC—Very Good	24.26%	24.08%
Child CCC—Excellent	14.34%	16.89%

[*] Indicates a lower rate is desirable.
[B] Indicates a break in trending between the most recent year and the prior year.
[I] Incentive Measure.
Green: ≥ NCQA national 50th percentile benchmark; red: < NCQA national 50th percentile benchmark.

Table 3-3—ACLA HEDIS Access to/Availability of Care Measures—MY 2022

HEDIS Measure	ACLA	SWA
Well-Child Visits in the First 30 Months of Life		
First 15 Months	58.63%	59.52%
15 Months–30 Months	63.54%	63.95%
Adults' Access to Preventive/Ambulatory Health Services		
20–44 Years	68.28%	70.84%
45–64 Years	78.39%	80.13%
65 Years and Older	73.00%	75.93%
Total	71.44%	73.65%
Prenatal and Postpartum Care		
Timeliness of Prenatal Care[C]	85.67%	82.86%
Postpartum Care[C]	76.83%	77.00%

[C] Indicates a caution in trending between the most recent year and the year prior.
Green: ≥ NCQA national 50th percentile benchmark; red: < NCQA national 50th percentile benchmark.

Table 3-4—ACLA HEDIS Use of Services Measures—MY 2022

HEDIS Measure	ACLA	SWA
Child and Adolescent Well-Care Visits		
3–11 Years	54.64%	54.57%
12–17 Years	52.08%	51.26%
18–21 Years	26.97%	27.04%
Total	48.50%	48.34%
Ambulatory Care		
Outpatient Visits/1,000 MM	4670.87	4930.50
Emergency Department Visits/1,000 MM[*]	764.19	746.42

[*] Indicates a lower rate is desirable.
Green: ≥ NCQA national 50th percentile benchmark; red: < NCQA national 50th percentile benchmark.

Table 3-5—ACLA HEDIS Measures Summary—MY 2022

Measure Status	ACLA
≥ NCQA National 50th Percentile Benchmark	31
< NCQA National 50th Percentile Benchmark	47
NCQA National Benchmark Unavailable	11
Total	89

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strengths were identified:

- ACLA's performance for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* measure ranked above the NCQA national 50th percentile benchmark and SWA. Lack of appropriate care for diabetes for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life, and economic outcomes downstream.[3-1] **[Quality]**

[3-1] National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder (SSD, SMD, SMC). Available at: https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/. Accessed on: Jan 24, 2024.

- ACLA's performance for the *Lead Screening in Children* measure ranked above the NCQA national 50th percentile benchmark and SWA. If not found early, exposure to lead and high blood lead levels can lead to irrevocable effects on a child's physical and mental health. Because children who are exposed to lead often have no obvious symptoms, lead poisoning often goes unrecognized. Screening for lead is an easy way to detect an abnormal blood lead level in children.[3-2] **[Quality]**
- ACLA's performance for the *Flu Vaccinations for Adults Ages 18 to 64* measure ranked above the NCQA national 50th percentile benchmark and SWA. Influenza is a common and contagious respiratory illness caused by a set of viruses that can result in serious complications or death. The best protection against flu is to get the annual flu vaccine.[3-3] **[Quality]**
- ACLA's performance for the *Chlamydia Screening in Women* measure ranked above the NCQA national 50th percentile benchmark. Screening for chlamydia is important, as approximately 75 percent of chlamydia infections in women are asymptomatic.[3-4] **[Quality]**
- ACLA's performance for all *Medical Assistance With Smoking and Tobacco Use Cessation* measure indicators ranked above the NCQA national 50th percentile benchmark and SWA. Quitting smoking and tobacco use can save lives and improve overall health. Comprehensive cessation interventions that motivate and help users to quit tobacco use can be very effective. Healthcare providers also play an important role in supporting tobacco users and their efforts to quit.[3-5] **[Quality]**
- ACLA's performance for the *Pharmacotherapy for Opioid Use Disorder* measure ranked above the NCQA national 50th percentile benchmark and SWA. Pharmacotherapy has been identified as a critical part of treatment for individuals with opioid use disorder (OUD). Encouraging pharmacotherapy is critical because individuals with OUD who engage in treatment with pharmacotherapy are less likely to exhibit withdrawal or craving symptoms and use illicit opioids, and are more likely to remain in treatment and engage in mental health therapy.[3-6] **[Quality]**
- ACLA's performance for both *Initiation and Engagement of Substance Use Disorder Treatment* measure indicators ranked above the NCQA national 50th percentile benchmark and SWA. Treatment, in conjunction with counseling or other behavioral therapies, is important because it has been shown to reduce alcohol or other drug-associated morbidity and mortality, improve health, productivity and social outcomes, and reduce healthcare spending.[3-7] **[Quality, Timeliness, and Access]**

3-2 National Committee for Quality Assurance. Lead Screening in Children (LSC). Available at: https://www.ncqa.org/hedis/measures/lead-screening-in-children/. Accessed on: Jan 24, 2024.

3-3 National Committee for Quality Assurance. Flu Vaccinations (FVA, FVO). Available at: https://www.ncqa.org/hedis/measures/flu-vaccinations/. Accessed on: Jan 24, 2024.

3-4 National Committee for Quality Assurance. Chlamydia Screening in Women (CHL). Available at: https://www.ncqa.org/hedis/measures/chlamydia-screening-in-women/. Accessed on: Jan 24, 2024.

3-5 National Committee for Quality Assurance. Medical Assistance With Smoking and Tobacco Use Cessation (MSC). Available at: https://www.ncqa.org/hedis/measures/medical-assistance-with-smoking-and-tobacco-use-cessation/. Accessed on: Jan 24, 2024.

3-6 National Committee for Quality Assurance. Pharmacotherapy for Opioid Use Disorder (POD). Available at: https://www.ncqa.org/hedis/measures/pharmacotherapy-for-opioid-use-disorder/. Accessed on: Jan 24, 2024.

3-7 National Committee for Quality Assurance. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). Available at: https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/. Accessed on: Jan 24, 2024.

For ACLA, the following opportunities for improvement were identified:

- ACLA's performance for the *Follow-Up After Hospitalization for Mental Illness*, *Follow-Up After Emergency Department Visit for Mental Illness*, and *Follow-Up After Emergency Department Visit for Substance Use* measures ranked below the NCQA national 50th percentile benchmark for all indicators, with both the *Follow-Up After Hospitalization for Mental Illness* and *Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days of Discharge* measure indicators falling below the SWA. The importance of providing follow-up care for these measures is critical to improving patient outcomes and decreasing the likelihood of re-hospitalization;[3-8] ensuring fewer repeat emergency department (ED) visits, improved physical and mental function, and increased compliance with follow-up instructions;[3-9] as well as a reduction in substance use, future ED use, hospital admissions and bed days,[3-10] respectively. **[Quality, Timeliness, and Access]**
- ACLA's performance for the *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measure ranked below the NCQA national 50th percentile benchmark and SWA. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream.[3-11] **[Quality]**
- ACLA's performance for the *Eye Exam for Patients With Diabetes* and *Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)* measures ranked below the NCQA national 50th percentile benchmark and SWA. Proper diabetes management is essential to control blood glucose, reduce risks for complications and prolong life.[3-12] **[Quality]**
- ACLA's performance for the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* measure ranked below the NCQA national 50th percentile benchmark and SWA. Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents, they are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first-line treatment. Safer, first-line

3-8 National Committee for Quality Assurance. Follow-Up After Hospitalization for Mental Illness (FUH). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/. Accessed on: Jan 24, 2024.

3-9 National Committee for Quality Assurance. Follow-Up After Emergency Department Visit for Mental Illness (FUM). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/. Accessed on: Jan 24, 2024.

3-10 National Committee for Quality Assurance. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA). Available at: https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/. Accessed on: Jan 24, 2024.

3-11 National Committee for Quality Assurance. Diabetes and Cardiovascular Disease Screening and Monitoring for People With Schizophrenia or Bipolar Disorder (SSD, SMD, SMC). Available at: https://www.ncqa.org/hedis/measures/diabetes-and-cardiovascular-disease-screening-and-monitoring-for-people-with-schizophrenia-or-bipolar-disorder/. Accessed on: Jan 24, 2024.

3-12 National Committee for Quality Assurance. Comprehensive Diabetes Care (CDC). Available at: https://www.ncqa.org/hedis/measures/comprehensive-diabetes-care/. Accessed on: Jan 24, 2024.

psychosocial interventions may be underutilized, and children and adolescents may unnecessarily incur the risks associated with antipsychotic medications.[3-13] **[Quality]**

- ACLA's performance for both *Follow-Up Care for Children Prescribed ADHD Medication* measure indicators ranked below the NCQA national 50th percentile benchmark and SWA. When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.[3-14] **[Quality, Timeliness, and Access]**
- ACLA's performance for both *Antidepressant Medication Management* measure indicators ranked below the NCQA national 50th percentile benchmark and SWA. Effective medication treatment of major depression is important because it can improve a person's daily functioning and well-being and can reduce the risk of suicide.[3-15] **[Quality]**
- ACLA's performance for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure ranked below the NCQA national 50th percentile benchmark and SWA. The misuse of antibiotics can have adverse clinical outcomes, so ensuring the appropriate use of antibiotics for individuals will help them avoid harmful side-effects and possible resistance to antibiotics over time.[3-16] **[Quality]**
- ACLA's performance for the *Non-Recommended Cervical Screening in Adolescent Females* measure ranked below the NCQA national 50th percentile benchmark and SWA. Cervical cancer screening can result in more harm than benefits for adolescent females. Adolescent females tend to have high rates of transient HPV infection and regressive cervical abnormalities. This may produce false-positive results and lead to unnecessary and potentially detrimental follow-up tests and treatment.[3-17] **[Quality]**
- ACLA's performance for the *Cervical Cancer Screening* measure ranked below the NCQA national 50th percentile benchmark and SWA. Cervical cancer was one of the most common causes of cancer death for American women; effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.[3-18] **[Quality]**

[3-13] National Committee for Quality Assurance. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP). Available at: https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/. Accessed on: Jan 24, 2024.

[3-14] National Committee for Quality Assurance. Follow-Up Care for Children Prescribed ADHD Medication (ADD, ADD-E). Available at: https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/. Accessed on: Jan 24, 2024.

[3-15] National Committee for Quality Assurance. Antidepressant Medication Management (AMM). Available at: https://www.ncqa.org/hedis/measures/antidepressant-medication-management/. Accessed on: Jan 24, 2024.

[3-16] National Committee for Quality Assurance. Appropriate Treatment for Upper Respiratory Infection (URI). Available at: https://www.ncqa.org/hedis/measures/appropriate-treatment-for-upper-respiratory-infection/. Accessed on: Jan 24, 2024.

[3-17] National Committee for Quality Assurance. Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS). Available at: https://www.ncqa.org/hedis/measures/non-recommended-cervical-cancer-screening-in-adolescent-females/. Accessed on: Jan 24, 2024.

[3-18] National Committee for Quality Assurance. Cervical Cancer Screening (CCS). Available at: https://www.ncqa.org/hedis/measures/cervical-cancer-screening/. Accessed on: Jan 24, 2024.

- ACLA's performance for the *Adults' Access to Preventive/Ambulatory Health Services* measure ranked below the NCQA national 50th percentile benchmark and SWA for all indicators. Healthcare visits are important because they provide an opportunity for individuals to receive preventive services and counseling, as well as help them to address acute issues or manage chronic conditions.[3-19] **[Quality and Access]**

For ACLA, the following recommendations were identified:

- HSAG recommends that ACLA focus its efforts on increasing timely follow-up care for members following discharge. ACLA should also consider conducting a root cause analysis for the *Follow-Up After Hospitalization for Mental Illness*, *Follow-Up After Emergency Department Visit for Mental Illness*, and *Follow-Up After Emergency Department Visit for Substance Use* measures and implement appropriate interventions to improve performance, such as providing patient and provider education or improving upon coordination of care following discharge. **[Quality, Timeliness, and Access]**
- HSAG recommends that ACLA focus its efforts on increasing low-density lipoprotein cholesterol testing among members with cardiovascular disease and schizophrenia. ACLA should consider conducting a root cause analysis for the *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* measure and implementing appropriate interventions to improve performance, such as patient and provider education. **[Quality]**
- HSAG recommends that ACLA focus its efforts on improving upon diabetes management among its members. ACLA should consider conducting a root cause analysis for the *Eye Exam for Patients With Diabetes* and *Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)* measures and implementing appropriate interventions to improve performance, such as patient and provider education, expanding office hours, outreach campaigns, and sending reminders. **[Quality]**
- HSAG recommends that ACLA focus its efforts on improving upon treatment for children and adolescents through the appropriate use of first-line psychosocial interventions. ACLA should consider conducting a root cause analysis for the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* measure and implementing appropriate interventions to improve performance, such as provider education. **[Quality]**
- HSAG recommends that ACLA focus its efforts on increasing follow-up visits and monitoring of children prescribed ADHD medication. ACLA should consider conducting a root cause analysis for the *Follow-Up Care for Children Prescribed ADHD Medication* measure and implementing appropriate interventions to improve performance, such as expanding clinic hours, offering telehealth services, patient education, and appointment reminders. **[Quality, Timeliness, and Access]**
- HSAG recommends that ACLA focus its efforts on proper antidepressant medication management for members diagnosed with major depression. ACLA should consider conducting a root cause analysis for the *Antidepressant Medication Management* measure and implementing appropriate

[3-19] National Committee for Quality Assurance. Adults' Access to Preventive/Ambulatory Health Services (AAP). Available at: https://www.ncqa.org/hedis/measures/adults-access-to-preventive-ambulatory-health-services/. Accessed on: Jan 24, 2024.

interventions to improve performance, such as patient education and offering telehealth services. **[Quality]**

- HSAG recommends that ACLA focus its efforts on appropriate treatment of upper respiratory infections for members. ACLA should consider conducting a root cause analysis for the *Appropriate Treatment for Children With Upper Respiratory Infection* measure and implementing appropriate interventions to improve performance, such as patient and provider education. **[Quality]**
- HSAG recommends that ACLA focus its efforts on decreasing unnecessary screenings for cervical cancer among adolescent females. ACLA should also consider conducting a root cause analysis for the *Non-Recommended Cervical Screening in Adolescent Females* measure and implementing appropriate interventions to improve performance, such as provider education. **[Quality]**
- HSAG recommends that ACLA focus its efforts on increasing cervical cancer screenings among women. ACLA should consider conducting a root cause analysis for the *Cervical Cancer Screening* measure and implementing appropriate interventions to improve performance, such as offering screenings at more locations or expanding clinic and screening hours. **[Quality and Access]**
- HSAG recommends that ACLA focus its efforts on addressing preventive services to address acute conditions. ACLA should consider conducting a root cause analysis for the *Adults' Access to Preventive/Ambulatory Health Services* measure and implementing appropriate interventions to improve performance, such as patient and provider education, outreach campaigns, and sending reminders. **[Quality and Access]**

Methodology

Objectives

In accordance with 42 CFR §438.330(c), states must require MCOs to submit performance measurement data as part of their QAPI programs. The validation of performance measures is one of the mandatory EQR activities that the state Medicaid agencies are required to perform according to the Medicaid managed care regulations.

The primary objectives of the performance measure validation (PMV) process were to:

1. Evaluate the accuracy of performance measure data collected by the MCO.
2. Determine the extent to which the specific performance measures calculated by the MCO (or on behalf of the MCO) followed the specifications established for each performance measure.
3. Identify overall strengths and areas for improvement in the performance measure calculation process.

Technical Methods of Data Collection

CMS' EQR *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity,* February 2023,[3-20] specifies that, in lieu of conducting a full on-site Information Systems Capabilities Assessment (ISCA), the EQRO may review an assessment of the MCO's IS conducted by another party. If an MCO is accredited by NCQA, the MCO will have received a full IS assessment as part of its annual HEDIS Compliance Audit by an NCQA HEDIS Compliance Audit licensed organization (LO). In this case, HSAG would request and review the MCO's NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap), FAR, and the data submission tool in lieu of conducting an on-site assessment.

The validation process is described separately for the HEDIS and non-HEDIS measures that the MCOs report.

HEDIS Measure Validation

The MCOs that report HEDIS measures to NCQA must undergo an audit of their data conducted by an NCQA HEDIS Compliance Audit LO. For these HEDIS measures, HSAG reviews the rates submitted on the NCQA reporting tool (Interactive Data Submission System [IDSS]), which is audited prior to submission, and the FAR, which is completed by the LO and describes the process used to produce the

[3-20] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 2. Validation of Performance Measures: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 18, 2023.

measure rates and any problems that the MCOs experienced in the HEDIS process. Included in the FAR are the measures deemed *Not Reportable* due to biases in the calculation process.

HSAG used the results of the audit to report the results of each measure reported to LDH. Using information provided in the FAR and, if necessary, additional documentation (i.e., NCQA HEDIS Roadmap), HSAG prepared a report indicating the measure results for each of the MCOs that are required to report to LDH. Measures deemed *Not Reportable* were flagged. SWAs were computed, and NCQA Quality Compass benchmarks were provided as well. Results for the prior two years were provided for trending, when appropriate. Any issues in reporting any measure (e.g., medical record abstraction issues) were noted and, if LDH requested any other statistical analyses, the results were included in the report.

Non-HEDIS Measure Validation

For state-specific measures and standardized non-HEDIS measures (e.g., the Prevention Quality Indicators), University of Louisiana Monroe (ULM), contracted by LDH, conducted the audit. Measures that did not pass validation were deemed *Not Reportable*, and the reasons for this designation (e.g., unresolved source code issues) were noted. If LDH requested any other statistical analyses, the results were included in the report. ULM conducted the validation for non-HEDIS measures, and HSAG provided assistance when needed.

Description of Data Obtained

HSAG used the FAR and the MCO rates provided on the IDSS file as the primary data sources. The FAR included information on the MCOs' IS capabilities, findings for each measure, supplemental data validation results, medical record review validation results, results of any corrected programming logic (including corrections to numerators, denominators, or sampling used for final measure calculation), and opportunities for improvement. The FAR included final determinations of validity made by the auditor for each performance measure. 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.

How Data Were Aggregated and Analyzed

In accordance with the MY 2022 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 its rate compared to the NCQA Quality Compass MY 2022 national 50th percentile Medicaid HMO benchmark.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care and services that each MCO provided to members, HSAG evaluated the results for each performance measure and the 2022 performance levels based on comparison to the NCQA national 50th percentile benchmark percentile to identify strengths and weaknesses and determine whether each strength and weakness impacted one or more of the domains of quality, timeliness, or access. Additionally, for each weakness, HSAG made recommendations to support improvement in the quality, timeliness, and accessibility of care and services furnished to the MCO's Medicaid members.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid MCOs, HSAG assigned each of the components reviewed for PMV to one or more of three domains of care. This assignment to domains of care is depicted in Table 3-6. The measures marked *NA* are related to utilization of services.

Table 3-6—Assignment of Performance Measures to the Quality, Timeliness, and Access Domains

Performance Measure	Quality	Timeliness	Access
Childhood Immunization Status—DTaP, *IPV*, *MMR*, *HiB*, *Hepatitis B*, *VZV*, *Pneumococcal Conjugate, Hepatitis A*, *Rotavirus*, *Influenza*, *Combination 3*, *Combination 7*, and *Combination 10*	✓	n/a	✓
Immunization Status for Adolescents—Meningococcal, *Tdap/Td*, *HPV*, *Combination 1*, and *Combination 2*	✓		
Colorectal Cancer Screening	✓	n/a	n/a
Cervical Cancer Screening	✓		
Follow-Up After Hospitalization for Mental Illness—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
Follow-Up After Emergency Department Visit for Mental Illness—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
Follow-Up After Emergency Department Visit for Substance Use—Within 7 Days of Discharge and *Within 30 Days of Discharge*	✓	✓	✓
Hemoglobin A1c Control for Patients With Diabetes—Poor HbA1c Control (>9.0%) and *HbA1c Control (<8.0%)*	✓		
Controlling High Blood Pressure	✓	n/a	n/a
HIV Viral Load Suppression	✓		
Low-Risk Cesarean Delivery (Cesarean Rate for Low-Risk First Birth Women)	✓	n/a	n/a
Child and Adolescent Well-Care Visits—3–11 Years, *12–17 Years*, *18–21 Years*, and *Total*	✓		✓
Well-Child Visits in the First 30 Months of Life—First 15 Months and *15 Months–30 Months*	✓	n/a	✓

Performance Measure	Quality	Timeliness	Access
Adults' Access to Preventive/Ambulatory Health Services—20–44 Years, *45–64 Years*, *65 Years and Older*, and *Total*	✓		✓
Ambulatory Care—Outpatient Visits/1,000 MM and *Emergency Department Visits/1,000 MM*	NA	NA	NA
Plan All-Cause Readmissions—Observed Readmissions, *Expected Readmissions*, and *O/E Ratio*	✓		
CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan, 8+9+10)	✓	n/a	n/a
CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan—General Population, 8+9+10)	✓		
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	✓	n/a	n/a
Diabetes Monitoring for People With Diabetes and Schizophrenia	✓		
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	✓	n/a	n/a
Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose Testing, *Cholesterol Testing*, and *Blood Glucose and Cholesterol Testing*	✓		
Prenatal and Postpartum Care—Timeliness of Prenatal Care and *Postpartum Care*	✓	✓	✓
Lead Screening in Children	✓		
Flu Vaccinations for Adults Ages 18 to 64	✓	n/a	n/a
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Percentile Documentation, *Counseling for Nutrition*, and *Counseling for Physical Activity*	✓		
Chlamydia Screening in Women—Total	✓	n/a	n/a
Breast Cancer Screening	✓		
Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit, *Discussing Cessation Medications*, and *Discussing Cessation Strategies*	✓	n/a	n/a
Statin Therapy for Patients With Cardiovascular Disease—Received Statin Therapy—Total and *Statin Adherence 80%—Total*	✓		
Blood Pressure Control for Patients With Diabetes	✓	n/a	n/a
Eye Exam for Patients With Diabetes	✓		
Pharmacotherapy for Opioid Use Disorder	✓	n/a	n/a
Initiation and Engagement of Substance Use Disorder Treatment—Initiation of SUD and *Engagement of SUD*	✓	✓	✓

Performance Measure	Quality	Timeliness	Access
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	✓	n/a	n/a
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	✓		
Follow-Up Care for Children Prescribed ADHD Medication—Initiation Phase and *Continuation and Maintenance Phase*	✓	✓	✓
Antidepressant Medication Management—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	✓		
Appropriate Treatment for Children With Upper Respiratory Infection	✓	n/a	n/a
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	✓		
Non-Recommended Cervical Screening in Adolescent Females	✓		
Depression Screening and Follow-Up for Adolescents and Adults	✓		
Self-Reported Overall Health (Adult)—Adult—Very Good and *Adult—Excellent*	✓		
Self-Reported Overall Health (Child General)—Child General—Very Good and *Child General—Excellent*	✓		
Self-Reported Overall Health (Child CCC)—Child CCC—Very Good and *Child CCC—Excellent*	✓		
Self-Reported Overall Mental or Emotional Health (Adult)—Adult—Very Good and *Adult—Excellent*	✓		
Self-Reported Overall Mental or Emotional Health (Child General)—Child General—Very Good and *Child General—Excellent*	✓		
Self-Reported Overall Mental or Emotional Health (Child CCC)—Child CCC—Very Good and *Child CCC—Excellent*	✓		
Use of Imaging Studies for Low Back Pain	✓		

4. Assessment of Compliance With Medicaid Managed Care Regulations

Results

In CY 2022, the first year of a new three-year review cycle, LDH's former EQRO conducted a CR covering a review period of CY 2021 and most of the federally required standards. In CY 2023, HSAG conducted a CR for Standard I—Enrollment and Disenrollment (this standard had not been included in the prior year's CR), thereby completing the required evaluation for the administrative and compliance process in a three-year period. LDH plans to use CY 2024 for remediation and to prepare for a new CR cycle. Table 4-1 presents an overview of the results for ACLA.

Table 4-1—Summary of CR Scores for the Three-Year Review Period: CY 2021-CY 2023[1,2]

Standard Name	2021	2022	2023
Enrollment and Disenrollment	n/a	100%	
Member Rights and Confidentiality	99.1%		
Member Information			
Coverage and Authorization of Services	99.2%		
Emergency and Post-Stabilization Services			
Availability of Services	95.0%		
Assurances of Adequate Capacity and Services	100%		
Coordination and Continuity of Care	95.2%		
Provider Selection	100%		
Subcontractual Relationships and Delegation	100%		
Practice Guidelines	100%		
Health Information Systems	100%		
Quality Assessment and Performance Improvement Program	98.6%		
Grievance and Appeal Systems	100%		
Program Integrity	100%		

[1] Grey shading indicates the standard was not reviewed in the calendar year.

[2] Bold text indicates scores that were determined by HSAG. All other scores were determined by LDH's former EQRO. HSAG's scoring methodology included three levels: *Met*, *Not Met*, and *Not Applicable*.

During the 2023 CR, ACLA received a compliance score of 100 percent for Standard I—Enrollment and Disenrollment, which identified ACLA has opportunities for improvement. HSAG assigned a score of *Met* or *Not Met* to each of the individual elements it reviewed. For any elements HSAG scored *Not Met*, ACLA is required to submit a CAP to bring the element into compliance with the applicable standard(s).

Follow-Up on Previous Compliance Review Findings

LDH contracted HSAG to assess the remediation ACLA conducted as a result of the deficiencies identified in the prior year's CR (conducted by LDH's previous EQRO). ACLA was issued a CAP and required to remediate each element as recommended by the previous EQRO. During this year's virtual partial compliance audit, HSAG reviewed the recommendations made by the previous EQRO and ACLA's response. ACLA submitted additional documentation or implemented policies and procedures to meet requirements. ACLA also completed a response document to describe its remediation efforts for each element. HSAG then assessed all remediation elements to determine if compliance with requirements had been met and assigned a final score. Table 4-2 presents an overview of the results for ACLA.

Table 4-2—Summary of Scores for the CAP From the CY 2021 Review

	Total Elements in CAP	Number of Elements		Total Compliance Score From CAP
		M	*NM*	
Follow-Up on CAPs From Prior CR	23	22	1	95.7%

M=*Met*, ***NM***=*Not Met*
Total Elements in CAP: The total number of elements within the CAP from the CY 2021 review. This represents the denominator.
Total Compliance Score From CAP: The overall percentages of the number of elements that received a score of *Met* (1 point) then dividing this total by the total number of elements.

ACLA achieved compliance in 22 of 23 elements from the LDH-approved 2022 CR CAPs. ACLA must implement the remaining approved CAP for the one element for which compliance was not achieved.

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strength was identified:

- The MCO scored 100 percent in the CR for Standard I—Enrollment and Disenrollment, indicating the MCO had implemented strong policies and procedures for enrollment and disenrollment. **[Quality and Access]**

For ACLA, the following opportunities for improvement were identified:

- The CR did not identify any opportunities for improvement for Standard I—Enrollment and Disenrollment.

For ACLA, the following required actions and recommendations were identified:

- The CR did not identify any required actions and recommendations for Standard I—Enrollment and Disenrollment.

Methodology

Standards

Table 4-3 delineates the CR activities as well as the standards that were reviewed during the first two years of the three-year CR cycle. In addition, HSAG conducted a follow-up review of each MCO's implementation of CAPs from the CY 2021 CRs.

Table 4-3—Summary of CR Standards

Standard	Year One (CY 2021)			Year Two (CY 2022)		
	MCO	PAHP	PIHP	MCO	PAHP	PIHP
Standard I—Enrollment and Disenrollment				✓	✓	✓
Standard II—Member Rights and Confidentiality	✓	✓	✓			
Standard III—Member Information	✓	✓	✓			
Standard IV—Emergency and Poststabilization Services	✓	NA				✓
Standard V—Adequate Capacity and Availability of Services	✓	✓	✓			
Standard VI—Coordination and Continuity of Care	✓	✓	✓			
Standard VII—Coverage and Authorization of Services	✓	✓	✓			
Standard VIII—Provider Selection	✓	✓	✓			
Standard IX—Subcontractual Relationships and Delegation	✓		✓		✓	
Standard X—Practice Guidelines	✓	✓	✓			
Standard XI—Health Information Systems	✓	✓	✓			
Standard XII—Quality Assessment and Performance Improvement	✓	✓	✓			
Standard XIII—Grievance and Appeal Systems	✓	✓	✓			
Standard XIV—Program Integrity	✓	✓	✓			

HSAG divided the federal regulations into 14 standards consisting of related regulations and contract requirements. Table 4-4 describes the standards and associated regulations and requirements reviewed for each standard.

Table 4-4—Summary of CR Standards and Associated Regulations

Standard	Federal Requirements Included[1]	Standard	Federal Requirements Included
Standard I—Enrollment and Disenrollment	42 CFR §438.3(d) 42 CFR §438.56	Standard VIII—Provider Selection	42 CFR §438.12 42 CFR §438.102 42 CFR §438.106 42 CFR §438.214 42 CFR §438.602(b) 42 CFR §438.608 42 CFR §438.610
Standard II—Member Rights and Confidentiality	42 CFR §438.100 42 CFR §438.224 42 CFR §422.128	Standard IX—Subcontractual Relationships and Delegation	42 CFR §438.230
Standard III—Member Information	42 CFR §438.10	Standard X—Practice Guidelines	42 CFR §438.236
Standard IV—Emergency and Poststabilization Services	42 CFR §438.114	Standard XI—Health Information Systems	42 CFR §438.242
Standard V—Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207	Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330
Standard VI—Coordination and Continuity of Care	42 CFR §438.208	Standard XIII—Grievance and Appeal Systems	42 CFR §438.228 42 CFR §438.400– 42 CFR §438.424
Standard VII—Coverage and Authorization of Services	42 CFR §438.210 42 CFR §438.404	Standard XIV—Program Integrity	42 CFR §438.608

[1] The CR standards comprise a review of all requirements, known as "elements," under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

Objectives

Private accreditation organizations, state licensing agencies, and state Medicaid agencies all recognize that having standards is only the first step in promoting safe and effective healthcare. Making sure that the standards are followed is the second step. The objective of each virtual review was to provide meaningful information to LDH and the MCOs regarding:

- The MCOs' compliance with federal managed care regulations and contract requirements in the standard areas reviewed.

- Strengths, opportunities for improvement, recommendations, or required actions to bring the MCOs into compliance with federal managed care regulations and contract requirements with the standard areas reviewed.
- The quality, timeliness, and access to care furnished by the MCOs, as addressed within the specific areas reviewed.
- Possible additional interventions recommended to improve the quality of the MCOs' care provided and services offered related to the areas reviewed.

Technical Methods of Data Collection

To assess the MCOs' compliance with regulations, HSAG conducted the five activities described in CMS' EQR *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity,* February 2023.[4-1] Table 4-5 describes the five protocol activities and the specific tasks that HSAG performed to complete each activity.

Table 4-5—Protocol Activities Performed for Assessment of Compliance With Regulations

For this protocol activity,	HSAG completed the following activities:
Activity 1:	**Establish Compliance Thresholds**
	Conducted before the review to assess compliance with federal managed care regulations and LDH contract requirements: • HSAG and LDH collaborated to determine the timing and scope of the reviews, as well as scoring strategies. • HSAG developed and submitted CR tools, report templates, and agendas, and sent review dates to LDH for review and approval. • HSAG forwarded the CR tools and agendas to the MCOs. • HSAG scheduled the virtual reviews to facilitate preparation for the reviews.
Activity 2:	**Perform Preliminary Review**
	• HSAG conducted an MCO pre-virtual review preparation session to describe HSAG's processes and allow the MCOs the opportunity to ask questions about the review process and MCO expectations. • HSAG confirmed a primary MCO contact person for the review and assigned HSAG reviewers to participate. • During the MCO pre-virtual review preparation session, HSAG notified the MCOs of the request for desk review documents. HSAG delivered a desk review form, the CR tool, CAP implementation review tool, and a webinar review agenda via HSAG's Secure Access File Exchange (SAFE) site. The desk review request included

[4-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 3. Review of Compliance With Medicaid and CHIP Managed Care Regulations: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 18, 2023.

For this protocol activity,	HSAG completed the following activities:
	instructions for organizing and preparing the documents to be submitted. The MCO provided documentation for the desk review, as requested. • Examples of documents submitted for the desk review and CR consisted of the completed desk review form, the CR tool with the MCO's section completed, policies and procedures, staff training materials, reports, minutes of key committee meetings, and member and provider informational materials. • The HSAG review team reviewed all documentation submitted prior to the scheduled webinar and prepared a request for further documentation and an interview guide to use during the webinar.
Activity 3:	**Conduct MCO Virtual Review**
	• HSAG conducted an opening conference, with introductions and a review of the agenda and logistics for HSAG's virtual review activities. • During the review, HSAG met with groups of the MCO's key staff members to obtain a complete picture of the MCO's compliance with Medicaid and CHIP managed care regulations and contract requirements, explore any issues not fully addressed in the documents, and increase overall understanding of the MCO's performance. • HSAG requested, collected, and reviewed additional documents, as needed. • HSAG conducted a closing conference during which HSAG reviewers summarized preliminary findings, as appropriate.
Activity 4:	**Compile and Analyze Findings**
	• HSAG used the 2023 LDH-approved CR Report Template to compile the findings and incorporate information from the CR activities. • HSAG analyzed the findings and calculated final scores based on LDH-approved scoring strategies. • HSAG determined opportunities for improvement, recommendations, and required actions based on the review findings.
Activity 5:	**Report Results to LDH**
	• HSAG populated and submitted the draft reports to LDH and the MCOs for review and comments. • HSAG incorporated the feedback, as applicable, and finalized the reports. • HSAG included a pre-populated CAP template in the final report for all requirements determined to be out of compliance with managed care regulations (i.e., received a score of *Not Met*). • HSAG distributed the final reports to the MCOs and LDH.

Description of Data Obtained

The following are examples of documents reviewed and sources of the data obtained:

- Committee meeting agendas, minutes, and reports
- Written policies and procedures
- Management/monitoring reports and audits
- Narrative and/or data reports across a broad range of performance and content areas
- Records for delegation
- Member and provider materials

How Data Were Aggregated and Analyzed

HSAG aggregated and analyzed the data resulting from the desk review, virtual interviews conducted with key MCO personnel, and any additional documents submitted as a result of the interviews. The data that HSAG aggregated and analyzed included the following:

- Documented findings describing the MCO's performance in complying with each standard requirement.
- Scores assigned to the MCO's performance for each requirement.
- The total percentage-of-compliance score calculated for each standard.
- The overall percentage-of-compliance score calculated across the standards.
- Documentation of the actions required to bring performance into compliance with the requirements for which HSAG assigned scores of *Not Met*.
- Recommendations for program enhancements.

Based on the results of the data aggregation and analysis, HSAG prepared and forwarded draft reports to LDH and to each MCO's staff members for their review and comment prior to issuing final reports.

HSAG analyzed the quantitative results obtained from the above compliance activity to identify strengths and weaknesses in each domain of quality, timeliness, and access to care furnished by each MCO. HSAG then identified common themes and the salient patterns that emerged across MCOs related to the compliance activity conducted.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and access to care provided by the MCOs, HSAG assigned each of the components reviewed for assessment of compliance with regulations to one or more of those domains of care. Each standard may involve assessment of more than one domain of care due to the combination of individual requirements within each standard. HSAG then analyzed, to draw

conclusions and make recommendations, the individual requirements within each standard that assessed the quality, timeliness, or access to care and services provided by the MCOs. Table 4-6 depicts assignment of the standards to the domains of care.

Table 4-6—Assignment of CR Standards to the Quality, Timeliness, and Access Domains

CR Standard	Quality	Timeliness	Access
Standard I—Enrollment and Disenrollment	✓		✓
Standard II—Member Rights and Confidentiality			✓
Standard III—Member Information			✓
Standard IV—Emergency and Poststabilization Services		✓	✓
Standard V—Adequate Capacity and Availability of Services		✓	✓
Standard VI—Coordination and Continuity of Care	✓	✓	✓
Standard VII—Coverage and Authorization of Services		✓	✓
Standard VIII—Provider Selection	✓	✓	✓
Standard IX—Subcontractual Relationships and Delegation	✓		
Standard X—Practice Guidelines	✓		
Standard XI—Health Information Systems	✓		✓
Standard XII—Quality Assessment and Performance Improvement	✓		
Standard XIII—Grievance and Appeal Systems	✓	✓	✓
Standard XIV—Program Integrity	✓	✓	✓

Results

Provider Access Surveys

The provider access survey results were not final at the time of reporting. Provider access survey results will be included in the SFY 2024 EQR technical report. At the time of reporting, HSAG and LDH finalized the first semiannual provider access survey methodology, and HSAG conducted the survey telephone calls.

Provider Directory Accuracy

This section presents the results from the Quarter 1 PDV for all sampled ACLA providers by specialty type. Quarter 2 through Quarter 4 PDV results were not final at the time of reporting and will be included in the SFY 2024 EQR technical report.

Table 5-1 illustrates the survey disposition and response rates for ACLA by specialty type.

Table 5-1—Survey Dispositions and Response Rates for ACLA by Specialty Type

Specialty Type	Sampled Cases	Respondents	Refusals*	Bad Phone Number**	Unable to Reach***	Response Rate
Total	**125**	**118**	**0**	**1**	**6**	**94.4%**
Internal Medicine/Family Medicine	25	22	0	0	3	88.0%
Pediatrics	25	25	0	0	0	100%
Obstetrics/Gynecology (OB/GYN)	25	25	0	0	0	100%
Specialists (any)	25	25	0	0	0	100%
Behavioral Health (any)	25	21	0	1	3	84.0%

* This includes offices that refused to participate, or the representative did not have enough information to answer the survey questions.
** This includes reaching a disconnected number, fax number, nonmedical facility, or billing office that was unable to transfer/provide corrected number.
*** This includes reaching a voicemail, busy signal, continuous ringing, and/or extended hold time after three attempts.

Table 5-2 illustrates the indicator match rates for ACLA by specialty type.

Table 5-2—Indicator Match Rates for ACLA by Specialty Type

Specialty Type	Correct Address		Provider at Location		Confirmed Specialty		Accepted MCO		Accepted Louisiana Medicaid		Accepted New Patients	
	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)	Count	Rate (%)
Total	**100**	**84.7%**	**93**	**78.8%**	**89**	**75.4%**	**88**	**74.6%**	**86**	**72.9%**	**92**	**78.0%**
Internal Medicine/Family Medicine	17	77.3%	18	81.8%	17	77.3%	17	77.3%	15	68.2%	17	77.3%
Pediatrics	19	76.0%	19	76.0%	19	76.0%	19	76.0%	18	72.0%	19	76.0%
OB/GYN	22	88.0%	22	88.0%	21	84.0%	22	88.0%	22	88.0%	22	88.0%
Specialists (any)	21	84.0%	19	76.0%	19	76.0%	15	60.0%	18	72.0%	19	76.0%
Behavioral Health (any)	21	100%	15	71.4%	13	61.9%	15	71.4%	13	61.9%	15	71.4%

Table 5-3 presents ACLA's PDV weighted compliance scores by specialty type. Please see the network adequacy validation (NAV) methodology for the weighted compliance score calculation criteria.

Table 5-3—PDV Weighted Compliance Scores by Specialty Type

Specialty Type	Total	Compliant[1]	Weighted Compliance Score
Total	**125**	**72**	**62.1%**
Internal Medicine/Family Medicine	25	13	60.0%
Pediatrics	25	14	61.3%
OB/GYN	25	20	84.0%
Specialists (any)	25	13	54.7%
Behavioral Health (any)	25	12	50.7%

[1] Compliant providers include providers in which all indicators match between the online provider directory and the information obtained during the survey call to the sampled location.
[2] The compliance scores shaded in green indicate the compliance score met the ≥ 75 percent requirement.

Table 5-4 presents ACLA's reasons for noncompliance.

Table 5-4—Reasons for Noncompliance

Reason	Count	Rate (%)
Noncompliant providers	**53**	**42.4%**
Total reasons for noncompliance	**62**	**Not Applicable**
Provider does not participate with MCO or Louisiana Medicaid	10	8.0%
Provider is not at site	22	17.6%
Provider not accepting new patients	1	0.8%
Wrong telephone number	0	0.0%
No response/busy signal/disconnected telephone number (after three calls)	7	5.6%
Representative does not know	0	0.0%
Incorrect address reported	17	13.6%
Address (suite number) needs to be updated	1	0.8%
Wrong specialty reported	4	3.2%

GeoAccess Provider Network Accessibility

ACLA's contract with LDH (effective dates January 1, 2023–December 31, 2025) requires ACLA to comply with the following GeoAccess standards:

- Travel distance to adult primary care (family/general practice, internal medicine, Federally Qualified Health Center [FQHC], Rural Health Center [RHC], and pediatric primary care (pediatric practices, family/general practice, internal medicine, FQHC, RHC):
  - Urban—10 miles
  - Rural—30 miles
- Travel distance to acute inpatient hospitals
  - Urban—10 miles
  - Rural—30 miles
- Travel distance to ancillary care (laboratory and radiology):
  - Urban—20 miles
  - Rural—30 miles
- Travel distance to ancillary care (pharmacy and hemodialysis):
  - Urban—10 miles
  - Rural—30 miles

- Travel distance to specialty care (OB/GYN and psychiatrists):
  - Urban—15 miles
  - Rural—30 miles
- Travel distance to all other specialty care (except behavioral health care):
  - Urban—60 miles
  - Rural—60 miles
- Travel distance to licensed mental health specialists (advanced practice registered nurse [APRN], psychologist, licensed clinical social worker [LCSW]):
  - Urban—15 miles
  - Rural—30 miles
- Travel distance to pediatric psychiatric residential treatment facilities (PRTFs) (mental health and American Society of Addiction Medicine [ASAM]):
  - Urban—200 miles
  - Rural—200 miles
- Travel distance to ASAM levels of care (LOCs) (both urban and rural):
  - ASAM LOC 1 (adult and pediatric 1):
    - Urban—15 miles
    - Rural—30 miles
  - ASAM LOC 2.1 (adult and pediatric)
    - Urban—15 miles
    - Rural—30 miles
  - ASAM LOC 2 Withdrawal Management (WM) (adult and pediatric)—60 miles
  - ASAM LOC 3.1 (adult)—30 miles
  - ASAM LOC 3.1 (pediatric)—60 miles
  - ASAM LOC 3.2WM (adult and pediatric)—60 miles
  - ASAM LOC 3.3 (adult)—30 miles
  - ASAM LOC 3.5 (adult)—30 miles
  - ASAM LOC 3.5 (pediatric)—60 miles
  - ASAM LOC 3.7 (adult)—60 miles
  - ASAM LOC 3.7WM (adult)—60 miles
- Travel distance to psychiatric inpatient hospital services (free standing, distinct psychiatric unit):
  - Urban—90 miles
  - Rural—90 miles
- Travel distance to behavioral health rehabilitation services (legacy and non-legacy agency):
  - Urban—15 miles
  - Rural—30 miles

Table 5-5 presents the percentage of members ACLA reported having access within the required distance standard for the reporting period of July 1, 2022, through June 30, 2023, for the physical health provider types depicted in Attachment F of ACLA's contract with LDH.

Table 5-5—GeoAccess Results for ACLA—Physical Health

Provider Type	Region	Standard	Reporting Period 07/01/22—12/31/22	Reporting Period 01/01/23—06/30/23
Adult Primary Care	Urban	10 miles/100%	97.9%	96.8%
	Rural	30 miles/100%	100%	100%
Pediatric Primary Care	Urban	10 miles/100%	93.2%	89.3%
	Rural	30 miles/100%	99.3%	99.7%
FQHCs	Urban	10 miles/100%	87.7%	84.5%
	Rural	30 miles/100%	99.8%	99.2%
RHCs	Urban	10 miles/100%	29.2%	42.6%
	Rural	30 miles/100%	100%	99.8%
Acute Inpatient Hospitals	Urban	10 miles/100%	90.9%	89.8%
	Rural	30 miles/100%	99.8%	99.4%
Ancillary Care—Laboratory	Urban	20 miles/100%	98.6%	98%
	Rural	30 miles/100%	99.9%	99.6%
Ancillary Care—Radiology	Urban	20 miles/100%	99.0%	98.4%
	Rural	30 miles/100%	99.9%	99.7%
Ancillary Care—Pharmacy	Urban	10 miles/100%	97.9%	97%
	Rural	30 miles/100%	100%	100%
Ancillary Care—Hemodialysis	Urban	10 miles/100%	91.5%	88.7%
	Rural	30 miles/100%	98.3%	97.5%
Specialty Care—OB/GYN	Urban	15 miles/100%	95.0%	93.5%
	Rural	30 miles/100%	94.9%	80.3%
Allergy/Immunology	Urban	60 miles/100%	99.8%	99.2%
	Rural	60 miles/100%	95.0%	92.8%

Provider Type	Region	Standard	Reporting Period 07/01/22—12/31/22	Reporting Period 01/01/23—06/30/23
Cardiology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	100%	100%
Dermatology	Urban	60 miles/100%	90.8%	95.8%
	Rural	60 miles/100%	79.2%	89.7%
Endocrinology and Metabolism	Urban	60 miles/100%	95.2%	94.7%
	Rural	60 miles/100%	92.5%	89.3%
Gastroenterology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	100%	100%
Hematology/Oncology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	96.3%	96.9%
Nephrology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	99.5%	97.4%
Neurology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	99.1%	100%
Ophthalmology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	100%	100%
Orthopedics	Urban	60 miles/100%	100%	100%
	Rural	60 miles/100%	100%	100%
Otorhinolaryngology/ Otolaryngology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	99.9%	99.8%
Urology	Urban	60 miles/100%	99.9%	99.9%
	Rural	60 miles/100%	99.7%	98.4%

Meets the required distance standards
Results of 99.0% or higher

Table 5-6 presents the percentage of members ACLA reported having access within the required distance standard for the reporting period of July 1, 2022, through June 30, 2023, for the behavioral health provider types depicted in Attachment F of ACLA's contract with LDH.

Table 5-6—GeoAccess Results for ACLA—Behavioral Health

Provider Type	Region	Standard	Quarter 1 07/01/22—09/30/22	Quarter 2 10/01/22—12/31/22	Quarter 3 01/01/23—03/01/23	Quarter 4 04/01/23—06/30/23
Specialty Care—Psychiatrists	Urban	15 miles/100%	96.9%	97.2%	95.7%	95.3%
	Rural	30 miles/100%	98.9%	98.9%	96.5%	96.3%
Behavioral Health Specialists	Urban	15 miles/100%	99.3%	99.2%	98.7%	98.8%
	Rural	30 miles/100%	99.9%	99.9%	99.4%	100%
All Prescribers	Urban	15 miles/100%	99.2%	99.2%	98.2%	98.3%
	Rural	30 miles/100%	100%	100%	100%	100%
Pediatric PRTF	Urban or Rural	200 miles/100%	100%	100%	100%	100%
ASAM LOC 1	Urban	15 miles/100%	NR	NR	87.1%	87.7%
	Rural	30 miles/100%	NR	NR	96.6%	96.1%
ASAM LOC 2.1	Urban	15 miles/100%	NR	NR	87.2%	87.8%
	Rural	30 miles/100%	NR	NR	84.5%	84.3%
ASAM LOC 2WM	Urban	60 miles/100%	NR	NR	75.9%	76.0%
	Rural	60 miles/100%	NR	NR	53.8%	76.4%
ASAM LOC 3.1 Adult	Urban	30 miles/100%	NR	NR	88.9%	88.8%
	Rural	30 miles/100%	NR	NR	13.8%	14.0%
ASAM LOC 3.1 Pediatric/Adolescent	Urban or Rural	60 miles/100%	NR	NR	87.4%	88.1%
ASAM LOC 3.2WM Adult	Urban	60 miles/100%	NR	NR	88.5%	88.3%
	Rural	60 miles/100%	NR	NR	69.4%	69.4%
ASAM LOC 3.2WM Pediatric/ Adolescent	Urban or Rural	60 miles/100%	NR	NR	69.3%	69.3%
ASAM LOC 3.3 Adult	Urban	30 miles/100%	89.7%	81.2%	73.6%	73.5%
	Rural	30 miles/100%	60.0%	48.7%	56.3%	56.6%

Provider Type	Region	Standard	Quarter 1 07/01/22—09/30/22	Quarter 2 10/01/22—12/31/22	Quarter 3 01/01/23—03/01/23	Quarter 4 04/01/23—06/30/23
ASAM LOC 3.5 Adult	Urban	30 miles/100%	95.7%	95.3%	89.3%	91.1%
	Rural	30 miles/100%	70.0%	64.8%	60.6%	60.8%
ASAM LOC 3.7 Adult	Urban	60 miles/100%	98.5%	94.9%	91.8%	91.8%
	Rural	60 miles/100%	91.7%	87.9%	95.2%	95.3%
ASAM LOC 3.7WM Adult	Urban	60 miles/100%	99.9%	99.8%	97.8%	97.9%
	Rural	60 miles/100%	96.5%	90.3%	95.6%	95.6%
ASAM LOC 3.5 Pediatric	Urban or Rural	60 miles/100%	98.9%	99.1%	98.9%	99.0%
Inpatient Psychiatric	Urban	90 miles/100%	99.9%	99.9%	99.9%	99.9%
	Rural	90 miles/100%	100%	100%	100%	100%
Medication-Assisted Treatment (MAT)	Urban	15 miles/100%	95.3%	95.7%	91.5%	93.3%
	Rural	30 miles/100%	88.8%	95.3%	91.9%	94.3%
Behavioral Health Rehabilitation	Urban	15 miles/100%	NR	NR	92.6%	92.2%
	Rural	30 miles/100%	NR	NR	100%	100%

Meets the required distance standards
Results of 99.0% or higher

NR—Not Reported; MCOs were not required to report these ASAM LOCs prior to January 2023. ACLA did not provide results for these LOCs until fiscal quarter 4 (April–June 2023).

ACLA provided gap analysis reports and updated network development plans throughout the state fiscal year. ACLA reported that, generally, rural parishes have limited membership and population density, presenting barriers to having available psychiatric and behavioral health specialists to recruit. ACLA stated that to address behavioral health network gaps, strategies included offering telehealth services, targeted recruitment efforts, and offering alternative payment methods.

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strengths were identified:

- ACLA had a PDV response rate of 100 percent for three provider types: pediatrics, OB/GYN, and specialists. A higher response rate correlates to correct provider data (i.e., telephone number accuracy) and improves a member's ability to contact provider locations when seeking care. **[Quality and Access]**
- ACLA had a PDV match rate of 100 percent for the address indicator (i.e., accuracy of ACLA's directory reflecting the correct address) for behavioral health providers. Correct address information is essential for members to locate providers when seeking care. **[Quality and Access]**
- ACLA met the ≥ 75 percent PDV compliance score requirement for OB/GYN providers with a compliance score of 84.0 percent. Exceeding the LDH compliance score indicates ACLA's OB/GYN provider information is accurate and has a positive impact on a member's experience seeking OB/GYN care. **[Quality and Access]**
- For GeoAccess, ACLA achieved above 99 percent across both reporting periods for 13 of 22 physical health provider types reported separately for rural standards. ACLA achieved above 99 percent across both reporting periods for 10 of 22 physical health provider types reported separately for urban standards. [**Access]**
- For all four quarters, ACLA achieved GeoAccess results above 99 percent for rural behavioral health specialists, rural behavioral health prescribers, urban and rural pediatric PRTFs, and urban and rural inpatient psychiatric providers. [**Access]**

For ACLA, the following opportunities for improvement were identified:

- Acceptance of Louisiana Medicaid had an overall match rate at 72.9 percent across all provider types in the PDV. **[Quality and Access]**
- Acceptance of the MCO had an overall match rate at 74.6 percent across all provider types in the PDV. **[Quality and Access]**
- Overall, 75.4 percent of respondents confirmed the provider's specialty listed in the online provider directory was accurate. **[Quality and Access]**
- Overall, 78.0 percent of providers confirmed they were accepting new patients; however, only providers listed as accepting new patients in the online provider directory were selected for the PDV reviews. **[Quality and Access]**
- Affiliation with the sampled provider was low in the PDV, with 78.8 percent of the locations confirming affiliation with the sampled provider. **[Quality and Access]**
- Overall, 87.4 percent of PDV respondents confirmed ACLA's directory reflected the correct address. **[Quality and Access]**
- ACLA demonstrated a shortage of RHCs in urban areas, with GeoAccess results below 50 percent. **[Access]**

- ACLA reported GeoAccess results for pediatric primary care as less than 90 percent for the reporting period of January 1, 2023, through June 30, 2023. **[Access]**
- ACLA did not meet any GeoAccess standards for any ASAM or MAT provider types. **[Access]**

For ACLA, the following recommendations were identified:

- LDH should provide ACLA with the case-level PDV data files (i.e., flat files) and a defined timeline by which it will address provider data deficiencies identified during the PDV reviews (e.g., provider specialty, MCO acceptance, and Louisiana Medicaid acceptance). **[Quality and Access]**
- In addition to updating provider directory information, ACLA should conduct a root cause analysis to identify the nature of the data mismatches for PDV study indicators that scored below 90 percent. **[Quality and Access]**
- ACLA should contract with additional providers, if available, for provider types that did not meet GeoAccess standards. **[Access]**
- ACLA should conduct an in-depth review of provider types for which GeoAccess standards were not met, with the goal of determining whether failure to meet the standard(s) resulted from a lack of providers or an inability to contract with providers in the geographic area. Analyses should evaluate the extent to which ACLA has requested exemptions from LDH for provider types for which providers may not be available or willing to contract. **[Access]**
- ACLA should evaluate whether offering additional telehealth services could increase compliance with GeoAccess standards. **[Access]**

Methodology

Objectives

The purpose of NAV activities is to evaluate the sufficiency of the provider network as reported by the MCO, ensure the sufficiency of the network to provide adequate access to all services covered under the contract for all members, and provide recommendations to address network deficiencies.

Technical Methods of Data Collection

In February 2023, CMS released updates to the CMS EQR protocols, including the newly developed NAV protocol. As established in the 2016 final rule, states must begin conducting the NAV activity at 42 CFR §438.358(b)(1)(iv) no later than one year from the issuance of CMS' EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023 (CMS Protocol 4).[5-1] This means that by February 2024, HSAG will begin conducting NAV activities in accordance with CMS Protocol 4 and will report results in the EQR technical report due April 30, 2025.

Provider Directory Validation

To conduct the NAV analysis, HSAG utilized the MCOs' online provider directories to locate and extract provider data elements. Trained interviewers collected survey responses using a standardized script to validate survey indicators pertaining to provider data accuracy, such as telephone number, address, provider specialty, provider affiliation with the requested MCO, provider's acceptance of Medicaid, and accuracy of new patient acceptance.

Provider Access Survey

To conduct the NAV analysis, each MCO used the data request document prepared by HSAG to identify providers potentially eligible for survey inclusion, and to submit provider data files used to populate its online provider directory to HSAG. At a minimum, the data elements requested for each provider included: provider name, Medicaid identification (ID), National Provider Identification (NPI) number, provider specialty, physical (practice) address, telephone number, provider taxonomy code, and whether or not the provider accepted new patients.

Upon receipt of the data files, HSAG assessed the data to ensure alignment with the requested data file format, data field contents, and logical consistency between data elements. HSAG also assessed the distribution of provider specialty data values present in each MCO's data to determine which data values attributed to each provider domain.

[5-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 20, 2023.

GeoAccess Provider Network Accessibility Assessment

The MCO was required to submit network analysis reports, GeoAccess mapping and tables, network gap analysis reports, and development plans depicting interventions or activities designed to address identified gaps in the networks. The MCO used GeoAccess mapping software to calculate compliance with contractual distance standards for each required provider type. HSAG compared each MCO's GeoAccess compliance reporting to the contractual standards.

Description of Data Obtained

HSAG, with approval from LDH, conducted the following network adequacy monitoring tasks during CY 2023:

1. PDV, to validate the MCOs' online provider directories to ensure members have appropriate access to provider information. HSAG utilized the MCOs' online provider directories to locate and extract provider data elements required to conduct the survey component of the PDV activity.
2. Provider access survey, to determine the accuracy of the managed care network information supplied to Healthy Louisiana members using the MCOs' provider data files and to ensure that Louisiana provider networks are following the established LDH standard for office-hour appointments. HSAG utilized the MCOs' provider data files used to populate their online provider directories to conduct the survey component of the provider access survey activity.
3. HSAG assessed the GeoAccess Provider Network Accessibility reports and tables, and Gap Analysis reports submitted by each MCO to LDH.

How Data Were Aggregated and Analyzed

Provider Directory Validation

For each sampled case, HSAG compared the MCOs' provider directory values to the information obtained via the survey call for the following list of indicators. All items must match exactly, except for common United States Postal Service (USPS) standard abbreviations and naming conventions (e.g., E and East or 1st and First).

- Telephone number
- Address
- Office affiliation with the sampled provider
- Accuracy of provider specialty
- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid
- Accuracy of new patient acceptance

HSAG used the following validation responses to assess each indicator:

- Yes, the information matched between the online provider directory and the survey call.
- No, the information did not match between the online provider directory and the survey call.

Using the results of the PDV, HSAG calculated a compliance score for each MCO. The criteria in Table 5-7 were used to calculate the weight of each noncompliance survey outcome.

Table 5-7—Noncompliance Reasons and Weighting

Noncompliance Reason	Weight
Provider does not participate with MCO or Louisiana Medicaid	3
Provider is not at site	3
Provider not accepting new patients	3
Wrong telephone number	3
No response/busy signal/disconnected telephone number (after three calls)	3
Representative does not know	3
Incorrect address reported	2
Address (suite number) needs to be updated	1
Wrong specialty reported	1
Refused to participate in survey	0

Table 5-8—Weighted Noncompliance Criteria

Weighted Noncompliance Scores	
Numerator	The numerator is the sum of all provider noncompliance scores for the MCO. Each provider record received a noncompliance score based upon the reasons for noncompliance in Table 5-7. If multiple noncompliance criteria are met, the noncompliance criterion with the largest weight was used.
Denominator	The denominator is the number of provider records multiplied by 3.

Weighted compliance score equation:

MCO's weighted compliance score = 1 – the weighted noncompliance score

Compliance: The MCOs were compliant if their weighted compliance score was ≥ 75 percent **or** have a weighted compliance score ≥ 50 percent **and** have improved by ≥ 2 percentage points from the previous quarter.

Provider Access Survey

Using a survey script approved by LDH, HSAG validated the following information pertaining to provider data accuracy:

- Telephone number
- Address
- Accuracy of provider specialty
- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid
- Accuracy of new patient acceptance
- Sampled provider at location
- Appointment availability

Using the results of the survey, HSAG calculated a compliance score for each MCO. The criteria in Table 5-9 were used to calculate the weight of each noncompliance survey outcome.

Table 5-9—Noncompliance Reasons and Weighting

Noncompliance Reason	Weight
Provider does not participate with MCO or Louisiana Medicaid	3
Provider is not at site	3
Provider not accepting new patients	3
Wrong telephone number	3
No response/busy signal/disconnected telephone number (after three calls)	3
Representative does not know	3
Incorrect address reported	2
Address (suite number) needs to be updated	1
Wrong specialty reported	1
Refused to participate in survey	0

Table 5-10—Weighted Noncompliance Criteria

Weighted Noncompliance Scores	
Numerator	The numerator is the sum of all provider noncompliance scores for the MCO. Each provider record received a noncompliance score based upon the reasons for noncompliance in Table 5-9. If multiple noncompliance criteria are met, the noncompliance criterion with the largest weight was used.
Denominator	The denominator is the number of provider records multiplied by 3.

Weighted compliance score equation:

MCO's weighted compliance score = 1 – the weighted noncompliance score

Compliance: The MCOs were compliant if their weighted compliance score was ≥ 75 percent **or** have a weighted compliance score ≥ 50 percent **and** have improved by ≥ 2 percentage points from the previous quarter.

GeoAccess Provider Network Accessibility Assessment

HSAG used a standard reporting table to aggregate the GeoAccess mapping results for each provider type. HSAG determined whether the results for each provider type were compliant or noncompliant with the contract standards. HSAG then reviewed each MCO's reports to determine whether the MCO developed interventions to address network deficiencies.

How Conclusions Were Drawn

HSAG determined that results of network adequacy activities could provide information about MCO performance related to the quality, timeliness, and access domains of care. For example, HSAG determined that GeoAccess mapping not only provides insight into whether the access to specific providers is sufficient, but also that if network gaps exist, the quality of care a member receives may be impacted if care is received by nonqualified providers or not received at all. HSAG used analysis of the network data obtained to draw conclusions about Healthy Louisiana member access to particular provider networks (e.g., primary, specialty, or behavioral health care) in specified geographic regions. The data also allowed HSAG to draw conclusions regarding the quality of the MCOs' ability to track and monitor their respective provider networks.

To draw conclusions about the quality, timeliness, and accessibility of care provided by the Medicaid MCOs, HSAG assigned each of the components reviewed for NAV activities to one or more of three domains of care. This assignment to domains of care is depicted in Table 5-11.

Table 5-11—Assignment of NAV Activities to the Quality, Timeliness, and Access Domains

NAV Activity	Quality	Timeliness	Access
PDV	✓		✓
Provider Access Survey	✓	✓	✓
GeoAccess Provider Network Accessibility Assessment	✓		✓

Results

Table 6-1 presents ACLA's 2022 and 2023 adult achievement scores.

Table 6-1—Adult Achievement Scores for ACLA

Measure	2022	2023
Rating of Health Plan	82.18%	81.21%
Rating of All Health Care	76.40%	82.30% ↑
Rating of Personal Doctor	84.76%	85.77%
Rating of Specialist Seen Most Often	75.47%	79.72%
Getting Needed Care	82.93%	82.28%
Getting Care Quickly	80.60%	86.39% ↑
How Well Doctors Communicate	94.25%	93.41%
Customer Service	93.52%	95.76% ↑

A minimum of 100 respondents is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of respondents are denoted as *Not Applicable (NA)*.

↑ *Indicates the 2023 score is statistically significantly higher than the 2023 NCQA national average.*
↓ *Indicates the 2023 score is statistically significantly lower than the 2023 NCQA national average.*
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*

Table 6-2 presents ACLA's 2022 and 2023 general child achievement scores.

Table 6-2—General Child Achievement Scores for ACLA

Measure	2022	2023
Rating of Health Plan	85.71%	86.33%
Rating of All Health Care	88.55%	86.57%
Rating of Personal Doctor	88.79%	91.85%
Rating of Specialist Seen Most Often	NA	NA
Getting Needed Care	83.78%	86.29%
Getting Care Quickly	89.51%	90.10% ↑
How Well Doctors Communicate	95.09%	93.08%
Customer Service	NA	NA

A minimum of 100 respondents is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of respondents are denoted as *Not Applicable (NA)*.

↑ *Indicates the 2023 score is statistically significantly higher than the 2023 NCQA national average.*
↓ *Indicates the 2023 score is statistically significantly lower than the 2023 NCQA national average.*
▲ *Indicates the 2023 score is statistically significantly higher than the 2022 score.*
▼ *Indicates the 2023 score is statistically significantly lower than the 2022 score.*

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strengths were identified:

- For the adult population, ACLA's scores for *Rating of All Health Care*, *Getting Care Quickly*, and *Customer Service* were statistically significantly higher than the 2023 NCQA national average. **[Quality and Timeliness]**
- For the general child population, ACLA's score for *Getting Care Quickly* was statistically significantly higher than the 2023 NCQA national average. **[Timeliness]**

For ACLA, the following opportunities for improvement were identified:

- For the adult and general child populations, ACLA's 2023 achievement scores were not statistically significantly lower than in 2022, and scores were not statistically significantly lower than the 2023 NCQA national average on any measure; therefore, no opportunities for improvement were identified.

For ACLA, the following recommendation was identified:

- HSAG recommends ACLA monitor the measures to ensure significant decreases in scores over time do not occur. **[Quality, Timeliness, and Access]**

Methodology

Objectives

The CAHPS activity assesses members' experiences with an MCO and its providers, and the quality of care they receive. The goal of the CAHPS surveys is to provide feedback that is actionable and will aid in improving members' overall experiences.

Technical Methods of Data Collection and Analysis

The MCOs accomplished the technical method of data collection by administering the CAHPS 5.1H Adult Medicaid Health Plan Survey to the adult Medicaid population, and the CAHPS 5.1H Child Medicaid Health Plan Survey (with the Children with Chronic Conditions [CCC] measurement set) to the child Medicaid population. The MCOs employed various methods of data collection used for the CAHPS surveys, such as mixed-mode (i.e., mailed surveys followed by telephone interviews of non-respondents) and mixed-mode and Internet protocol methodology (i.e., mailed surveys with an Internet link included on the cover letter followed by telephone interviews of non-respondents). In addition, some MCOs had an option for members to complete the survey in Spanish and Chinese. Adult members and parents/caretakers of child members completed the surveys from February through May 2023, following NCQA's data collection protocol.

The CAHPS 5.1H Medicaid Health Plan Surveys included a set of standardized items (40 items for the CAHPS 5.1H Adult Medicaid Health Plan Survey and 76 items for the CAHPS 5.1H Child Medicaid Health Plan Survey with CCC measurement set) that assessed members' experiences with care. The survey categorized questions into eight measures of experience. These measures included four global ratings and four composite measures.[6-1] The global ratings reflected patients' overall experiences with their personal doctor, specialist, MCO, and all healthcare. The composite measures were derived from sets of questions to address different aspects of care (e.g., *Getting Needed Care* and *How Well Doctors Communicate*).

For each of the four global ratings, HSAG calculated the percentage of respondents who chose a positive experience rating (a response value of 8, 9, or 10 on a scale of 0 to 10). For each of the four composite measures, HSAG calculated the percentage of respondents who chose a positive response. CAHPS composite measure response choices were "Never," "Sometimes," "Usually," or "Always." A positive response for the composite measures was a response of "Usually" or "Always."

[6-1] For this report, the 2023 Child Medicaid CAHPS results presented are based on the CAHPS survey results of the general child population only (i.e., results for children selected as part of the general child CAHPS sample). Therefore, results for the CAHPS survey measures evaluated through the CCC measurement set of questions (i.e., five CCC composite scores and items) and CCC population are not presented in this report.

For this report, HSAG included results for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was not met. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. HSAG used a cross (+) to denote CAHPS scores with fewer than 100 respondents. Additionally, for this report, HSAG compared the adult and general child Medicaid populations' survey findings to the 2023 NCQA CAHPS adult and general child Medicaid national averages.[6-2]

HSAG compared each measure rate to the 2023 NCQA national average and identified a statistically significant difference by using the confidence interval for each measure rate. Information provided below the figures discusses statistically significant differences between each measure rate's lower and upper confidence intervals and the 2023 NCQA national average.

Description of Data Obtained

The CAHPS survey asks adult members or parents/caretakers of child members to report on and to evaluate their/their child's experiences with healthcare. The survey covers topics important to members, such as the communication skills of providers and the accessibility of services. The MCOs contracted with a CAHPS vendor to administer the survey to adult members and parents/caretakers of child members. The CAHPS survey asks about members' experiences with their MCO during the last six months of the measurement period (i.e., July through December 2022).

The MCOs' CAHPS vendors administered the surveys from February to May 2023. The CAHPS survey response rate is the total number of completed surveys divided by all eligible members of the sample. A survey received a disposition code of "completed" if at least three of the designated five questions were completed.[6-3] Eligible members included the entire sample minus ineligible members. Ineligible members met at least one of the following criteria: they were deceased, were invalid (they did not meet the eligible population criteria), had a language barrier, or were mentally or physically incapacitated (adult Medicaid only). The survey also identified ineligible members during the process. The survey vendor recorded this information and provided it to HSAG in the data received.

How Data Were Aggregated and Analyzed

HSAG performed a trend analysis of the results in which the 2023 achievement scores were compared to their corresponding 2022 achievement scores to determine whether there were statistically significant differences. Statistically significant differences between the 2023 achievement scores and the 2022 achievement scores are noted with directional triangles. An MCO's score that performed statistically significantly higher in 2023 than 2022 is noted with a black upward (▲) triangle. An MCO's score that performed statistically significantly lower in 2023 than 2022 is noted with a black downward (▼)

[6-2] National data were obtained from NCQA's 2023 Quality Compass.

[6-3] A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for adult Medicaid: questions 3, 10, 19, 23, and 28. A survey was assigned a disposition code of "completed" if at least three of the following five questions were completed for child Medicaid: questions 3, 25, 40, 44, and 49.

triangle. An MCO that did not perform statistically significantly higher or lower between years is not denoted with a triangle.

Additionally, HSAG compared MCO scores to the NCQA national averages to determine if there were any statistically significant differences. An MCO that performed statistically significantly higher than the 2023 NCQA national average was denoted with a green upward (↑) arrow.[6-4] Conversely, an MCO that performed statistically significantly lower than the 2023 NCQA national average was denoted with a red downward (↓) arrow. An MCO that did not perform statistically significantly higher or lower than the 2023 NCQA national average was not denoted with an arrow.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and accessibility of care and services that each MCO provided to members, HSAG compared each MCO's 2023 survey results to the 2023 NCQA national averages to determine if there were any statistically significant differences. HSAG drew conclusions concerning quality of care, timeliness of care, and/or access to care by evaluating the questions included in each of the global ratings and composite measures presented in this report and relating the questions to the definitions of the three domains. This assignment to the domains is depicted in Table 6-3.

Table 6-3—Assignment of CAHPS Survey Measure Activities to the Quality, Timeliness, and Access Domains

CAHPS Survey Measure	Quality	Timeliness	Access
Rating of Health Plan	✓		
Rating of All Health Care	✓		
Rating of Personal Doctor	✓		
Rating of Specialist Seen Most Often	✓		
Getting Needed Care	✓		✓
Getting Care Quickly	✓	✓	
How Well Doctors Communicate	✓		
Customer Service	✓		

[6-4] National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2023.* Washington, DC: NCQA, September 2023.

7. Behavioral Health Member Satisfaction Survey

Results

Table 7-1 presents the adult 2023 achievement scores for ACLA and the Healthy Louisiana SWA.

Table 7-1—Adult Achievement Scores for ACLA

Measure	2023	Healthy Louisiana SWA
Rating of Health Plan	58.93%	58.96%
How Well People Communicate	92.44%	90.06%
Cultural Competency	90.00%+	73.77%+
Helped by Counseling or Treatment	73.65%	67.65%
Treatment or Counseling Convenience	90.42%	86.70%
Getting Needed Treatment	81.33%	77.08%
Help Finding Counseling or Treatment	34.38%+	47.04%
Customer Service	73.08%+	67.14%+
Helped by Crisis Response Services	78.57%+	76.09%

Scores with fewer than 100 respondents are denoted with a cross (+). In cases of fewer than 100 respondents for a measure, caution should be exercised when interpreting results.
↑ *Indicates the 2023 score is statistically significantly higher than the 2023 Healthy Louisiana SWA.*
↓ *Indicates the 2023 score is statistically significantly lower than the 2023 Healthy Louisiana SWA.*

Table 7-2 presents the child 2023 achievement scores for ACLA and the Healthy Louisiana SWA.

Table 7-2—Child Achievement Scores for ACLA

Measure	2023	Healthy Louisiana SWA
Rating of Health Plan	64.29%+	62.67%
How Well People Communicate	93.49%+	92.54%
Cultural Competency	100.00%+	97.85%+
Helped by Counseling or Treatment	70.83%+	58.20%
Treatment or Counseling Convenience	91.67%+	89.52%
Getting Needed Treatment	85.92%+	77.36%
Help Finding Counseling or Treatment	30.77%+	41.85%+
Customer Service	71.43%+	61.54%+
Getting Professional Help	87.14%+	88.83%
Help to Manage Condition	91.55%+	85.94%

Scores with fewer than 100 respondents are denoted with a cross (+). In cases of fewer than 100 respondents for a measure, caution should be exercised when interpreting results.
↑ *Indicates the 2023 score is statistically significantly higher than the 2023 Healthy Louisiana SWA.*
↓ *Indicates the 2023 score is statistically significantly lower than the 2023 Healthy Louisiana SWA.*
— *Indicates the MCO's score was not reported due to insufficient data.*

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strengths were identified:

- For the adult and child populations, ACLA did not score statistically significantly higher than the 2023 Healthy Louisiana SWA on any measure; therefore, no strengths were identified.

For ACLA, the following opportunities for improvement were identified:

- For the adult and child populations, ACLA did not score statistically significantly lower than the 2023 Healthy Louisiana SWA on any measure; therefore, no opportunities for improvement were identified.

For ACLA, the following recommendations were identified:

- HSAG recommends ACLA monitor the measures to ensure significant decreases in scores over time do not occur. **[Quality, Timeliness, and Access]**
- HSAG recommends ACLA focus on increasing response rates to the behavioral health member satisfaction survey for both populations so there are greater than 100 respondents for each measure. This can be achieved by educating and engaging all employees to increase their knowledge of surveys and providing awareness to members during the survey period. Additionally, member-facing teams, such as the customer service team, could consider asking members if they know about the behavioral health member satisfaction survey and, if they received the survey, what barriers may prevent them from responding to the survey. These questions can be asked during routine contacts with members or when members outreach to ACLA. The information provided by these members could be shared with LDH to help identify solutions to address low response rates. **[Quality, Timeliness, and Access]**

Methodology

Objectives

The primary objective of this activity is to gather direct feedback from Healthy Louisiana adult members and parents/caretakers of child members who received behavioral health services regarding their experiences and the quality of the services they received. The survey covers topics that are important to members, such as the communication skills of people they saw for counseling or treatment and the accessibility of behavioral health services. This feedback will aid in improving overall experiences of adults and parents/caretakers of child members who receive behavioral health services.

Technical Methods of Data Collection and Analysis

To conduct the activity, HSAG, with support from LDH, developed and administered a custom behavioral health member satisfaction survey to the Healthy Louisiana MCO members. The survey was administered to adult members and parents/caretakers of child members identified as having three or more specified outpatient behavioral health encounters during the measurement period. All adult members and parents/caretakers of sampled child members completed the survey from July to September 2023.

The adult and child behavioral health member satisfaction survey included one global measure question, one composite measure, and 11 individual item measures. The global measure (also referred to as global rating) reflects overall member experience with the MCO. The composite measure is a set of questions grouped together to address a specific aspect of care (i.e., *How Well People Communicate)*. The individual item measures are individual questions that look at different areas of care (e.g., *Cultural Competency* or *Helped by Counseling or Treatment*).

For the global rating, HSAG calculated the percentage of respondents who chose a positive experience rating (i.e., a response of 9 or 10 on a scale of 0 to 10). For the composite measure, HSAG calculated the percentage of respondents who chose a positive response. The composite measure response choices were "Never," "Sometimes," "Usually," or "Always." A positive response for the composite measure was a response of "Usually" or "Always." For the individual item measures, HSAG calculated the percentage of respondents who chose a positive response (i.e., "Usually/Always," "Yes," "A lot," or "Not a problem").

For this report, HSAG included results for a measure even when there were less than 100 respondents. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. HSAG used a cross (+) to denote scores with fewer than 100 respondents.

Description of Data Obtained

The behavioral health member satisfaction survey asked adult members or parents/caretakers of child members to report on and to evaluate their/their child's experiences with behavioral health services. HSAG requested sample frame data files from each MCO that included the following information related to each member of the eligible population: name, gender, date of birth, mailing address, telephone number, primary language, race, and ethnicity. HSAG utilized information received in the sample frame data files to conduct the behavioral health member satisfaction survey.

How Data Were Aggregated and Analyzed

HSAG compared the MCO-specific results to the total MCO program average to determine if the results were significantly different. The total MCO program results were weighted based on the eligible population included in each MCO. An MCO that performed statistically significantly higher than the program average was denoted with an upward black (↑) arrow. Conversely, an MCO that performed statistically significantly lower than the program average was denoted with a downward black (↓) arrow. An MCO that did not perform statistically significantly different than the program average was not denoted with an arrow. Comparisons to national data could not be performed given the custom nature of the survey instruments administered.

How Conclusions Were Drawn

To draw conclusions about the quality, timeliness, and access to care and services provided by the MCOs, HSAG assigned the measures evaluated in the behavioral health member satisfaction survey to one or more of these three domains. This assignment to domains is shown in Table 7-3.

Table 7-3—Assignment of Behavioral Health Member Satisfaction Survey Measures to the Quality, Timeliness, and Access Domains

Behavioral Health Member Satisfaction Survey Measure	Quality	Timeliness	Access
Rating of Health Plan	✓		
How Well People Communicate	✓		
Cultural Competency	✓		
Helped by Counseling or Treatment	✓		
Treatment or Counseling Convenience			✓
Getting Counseling or Treatment Quickly	✓	✓	
Getting Needed Treatment	✓		✓
Barriers to Counseling or Treatment	✓		✓
Help Finding Counseling or Treatment	✓		✓

Behavioral Health Member Satisfaction Survey Measure	Quality	Timeliness	Access
Customer Service	✓		
Crisis Response Services Used			✓
Receipt of Crisis Response Services			✓
Helped by Crisis Response Services	✓		
Getting Professional Help	✓		✓
Help to Manage Condition	✓		

8. Case Management Performance Evaluation

Introduction

States may direct their EQROs to conduct focus studies for QI, administrative, legislative, or other purposes. Focus studies may examine clinical or nonclinical aspects of care provided by MCOs and assess quality of care at a specific point in time. LDH contracted with HSAG to conduct a focused CMPE to evaluate the MCO's compliance with the CM provisions of its contract with LDH and determine the effectiveness of CM activities.

Activities Conducted During SFY 2023

During SFY 2023, HSAG and LDH collaborated to determine the scope, methodology, data sources, and timing of the CMPE. HSAG will conduct the focus study, which will commence in SFY 2024, in accordance with CMS EQR *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023.[8-1]

At the time of this report, the CMPE had not been completed. Results, including conclusions, strengths, and opportunities for improvement, will be reported in the SFY 2024 EQR technical report.

Methodology

Objectives

LDH requires the Healthy Louisiana MCO reporting of data on CM services to determine the number of individuals, the types of conditions, and the impact that CM services have on enrollees receiving those services. LDH established CM requirements to ensure that the services provided to enrollees with special health care needs (SHCN) are consistent with professionally recognized standards of care. To assess MCO compliance with CM elements, LDH requested that HSAG evaluate the MCOs' compliance with the CM provisions of their contracts with LDH, including the rates of engagement in CM; the specific services offered to enrollees receiving CM; and the effectiveness of CM in terms of increasing the quality of care, increasing the receipt of necessary services, and reducing the receipt of potentially unnecessary services such as acute care.

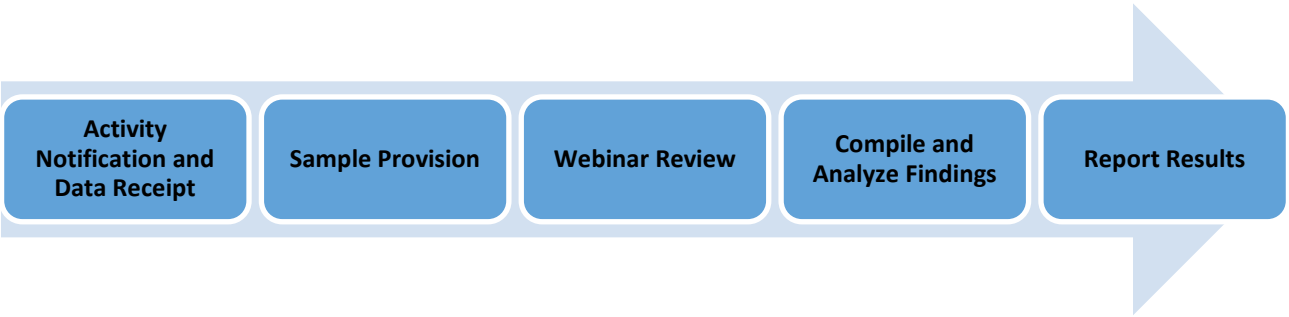
HSAG's CMPE review tool will comprehensively address the services and supports that are necessary to meet enrollees' needs. The tool will include elements for review of CM documentation and enrollee care

[8-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 9. Conducting Focus Studies of Health Care Quality: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Dec 19, 2023.

plans to ensure that they are consistent with a person-centered approach to care planning and service delivery and that outcomes are being achieved or progress is being made toward their achievement. The CMPE review tool will include MCO contract requirements, evaluation criteria of those requirements, and reviewer determinations of performance.

Review Process

HSAG's CM Review process will include five activities:



Activity 1: Activity Notification and Data Receipt

To initiate the CM Review, HSAG will conduct an activity notification webinar for the MCOs. During the webinar, HSAG will provide information about the activity and expectations for MCO participation, including provision of data. HSAG will request the LA PQ039 Case Management report from each MCO.

Table 8-1—Activity 1: Activity Notification and Data Receipt

For this step,	HSAG will…
Step 1:	**Notify the MCOs of the review.**
	HSAG will host a webinar to introduce the activity to the MCOs. The MCOs will be provided a timeline, review tools, and a question and answer (Q&A) document post-webinar. HSAG will provide assistance to all MCOs prior to the review, including clear instructions regarding the scope of the review, timeline and logistics of the webinar review, identification of expected review participants, and any other expectations or responsibilities.
Step 2:	**Receive data universes from the MCOs.**
	HSAG will review the data received from the MCOs for completeness.

Activity 2: Sample Provision

Upon receipt of each MCO's LA PQ039 Case Management report, HSAG will review the data to ensure completeness for sample selection. To be included in the sample, the enrollee must meet the following criteria:

- Have a classification of "SHCN-MED," "SHCN-BH," or "SHCN-BOTH." HSAG will identify these enrollees by the "reason identified for case management" field provided in the LA PQ039 Case Management report.
- Current CM span began on or before June 1, 2023. HSAG will identify these enrollees by the "date entered case management" field provided in the LA PQ039 Case Management report.
- Enrollees with a CM span of at least three months. HSAG will identify these enrollees by utilizing data from the "date entered case management" and "date exited case management" fields provided in the LA PQ039 Case Management report.

Enrollees who are identified by the MCOs for CM but not enrolled will be excluded from the sample. HSAG will exclude any enrollees identified in the "members identified, but not enrolled" field in the LA PQ039 Case Management report.

In future review years, HSAG will collaborate with LDH to determine any changes to the sampling criteria, including exclusions such as enrollees who were selected for the review the year prior.

Based on the inclusion criteria, HSAG will generate a random sample of 110 enrollees for each MCO, which includes a 10 percent oversample to account for exclusions or substitutions. HSAG will provide each MCO with its sample 10 business days prior to the webinar review. The MCO will be given five business days to provide HSAG with any requests for exclusions or substitutions. If the oversample is not large enough to obtain the necessary sample size, HSAG will select additional random samples to fulfill the sample size. The final sample of cases (100 total) will be confirmed with the MCO no later than three business days prior to the webinar review.

Table 8-2—Activity 2: Sample Provision

For this step,	HSAG will…
Step 1:	**Identify enrollees for inclusion in the sample.**
	HSAG will utilize the data provided in each MCO's LA PQ039 Case Management report.
Step 2:	**Provide the sample to the MCOs.**
	HSAG will provide the 100-enrollee sample and 10-enrollee oversample to each MCO 10 business days prior to the webinar review. The sample will be provided via HSAG's SAFE site.
Step 3:	**Finalize the sample.**
	The MCOs will provide HSAG with any requests for exclusions or substitutions to the sample within five business days of receipt of the sample file from HSAG. HSAG will provide the final sample of 100 enrollee cases to each MCO no later than three business days prior to the webinar.

Activity 3: Webinar Review

HSAG will collaborate with the MCOs to schedule and conduct webinar reviews with key MCO staff members to:

- Ensure understanding of terminology and documents used by the MCO to record CM activities.
- Review sampled cases to determine compliance with contractual requirements.

The webinar review consists of several key activities:

- Entrance Conference: HSAG will dedicate the first 15 minutes of each webinar to introduce the activity and the HSAG review team, and to provide key logistics of the review. HSAG will review documentation naming conventions with the MCO to ensure understanding of the information that will be displayed by the MCO and reviewed during the activity.
- Case Review: HSAG will conduct a review of each sample file. The MCO's CM representative(s) will navigate the MCO's CM system and respond to HSAG reviewers' questions. The review team will determine evidence of compliance with each of the scored elements on the CM Review tool. Concurrent interrater reliability will be conducted by the HSAG team lead to respond to questions from the review team in real time so that feedback can be provided to the MCO, and any discrepancies addressed, prior to the end of the review.
- Leadership Meeting (optional): HSAG will schedule a meeting with the MCO and LDH to discuss the progress of the review and provide preliminary findings. The meeting will also allow HSAG to confirm information that may be needed to complete the review of cases, and for the MCO to ensure understanding of LDH's expectations.
- Exit Conference: HSAG will schedule a 30-minute exit conference with the MCO and LDH. During the exit conference, HSAG will provide a high-level summary of the cases reviewed, preliminary findings, and recommendations to address opportunities for improvement.

Table 8-3—Activity 3: Webinar Review

For this step,	HSAG will…
Step 1:	**Provide the MCOs with webinar dates.**
	HSAG will provide the MCOs with their scheduled webinar dates. HSAG will consider MCO requests for alternative dates or accommodations.
Step 2:	**Identify the number and types of reviewers needed.**
	HSAG will assign review team members who are content area experts with in-depth knowledge of CM requirements who also have extensive experience and proven competency conducting case reviews. To ensure interrater reliability, HSAG reviewers are trained on the review methodology to ensure that the determinations for each element of the review are made in the same manner.

For this step,	HSAG will…
Step 3:	**Conduct the webinar review.**
	During the webinar, HSAG will set the tone, expectations, and objectives for the review. MCO staff members who participate in the webinar reviews will navigate their documentation systems, answer questions, and assist the HSAG review team in locating specific documentation. As a final step, HSAG will meet with MCO staff members and LDH to provide a high-level summary and next steps for receipt of findings.

Scoring Methodology

HSAG will use the CM Review tool to record the results of the case reviews. HSAG will use a two-point scoring methodology. Each requirement will be scored as *Met* or *Not Met* according to the criteria identified below. HSAG will also use a designation of *NA* if the requirement is not applicable to a record; *NA* findings will not be included in the two-point scoring methodology.

Met indicates full compliance defined as the following:

- All documentation listed under contract requirements was present in the case file.
- Cases reviewed met the scoring criteria assigned to each requirement.
- Cases reviewed had documentation that met "due diligence" criteria.

Not Met indicates noncompliance defined as either of the following:

- Cases reviewed did not meet the scoring criteria assigned to each requirement.
- Not all documentation was present.

Not Applicable (NA) indicates a requirement that will not be scored for compliance based on the criteria listed for the specific element in the Review Tool and Evaluation Criteria document.

HSAG will calculate the overall percentage-of-compliance score for each of the requirements. HSAG calculated the score for each requirement by adding the score from each case, indicating either a score of *Met* (value: 1 point) or *Not Met* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis will also include aggregate performance by domain.

Reporting of Abuse, Neglect, or Exploitation (ANE)

If, during the review process, a reviewer identifies potential ANE of an enrollee, HSAG will report the concern to the MCO immediately upon identification and to LDH within 24 hours of identification. If the reviewer identifies a potential health, safety, or welfare concern that does not rise to the level of an ANE, HSAG will report the concern to the MCO and LDH at the identification of the concern and no later than the end of the webinar review.

Activity 4: Compile and Analyze Findings

Following the webinar review, HSAG will compile and analyze findings for each MCO. Findings will include performance by domain and each scored element. Additional data gathering information may be compiled to inform analysis and results (e.g., program information such as the total number of enrollees in CM during the lookback period).

Domain and Element Performance

Findings will be compiled into domains, which represent a set of elements related to a specific CM activity (e.g., assessment, care planning). Domain performance is calculated by aggregating the scores for each element in the domain and dividing by the total number of applicable cases. Domain performance scores provide a high-level result to inform analysis of opportunities for improvement.

Analysis of scored element performance allows for targeted review of individual elements that may impact overall domain performance. Individual element performance scores will be used to inform analysis of specific opportunities for improvement, especially when an element is performing at a lower rate than other elements in the domain.

Analysis of findings will include identification of opportunities for improvement.

Activity 5: Report Results

HSAG will develop a draft and final report of results and findings for each MCO. The report will describe the scores assigned for each requirement, assessment of the MCO's compliance by domain, and recommendations for improvement. Following LDH's approval of the draft report, HSAG will issue the final report to LDH and each MCO.

How Conclusions Were Drawn

Upon completion of the activity, HSAG will provide results for each MCO in three performance domains: Assessment, Care Planning, and Enrollee Interaction and Coordination of Services. Each domain includes scored elements, displayed in Table 8-4, which demonstrate each MCO's compliance with contractual requirements.

Table 8-4—Assignment of CMPE Measures to the Quality, Timeliness, and Access Domains

CMPE Measure	Quality	Timeliness	Access
The enrollee's initial health needs assessment was completed within 90 calendar days of enrollment.		✓	
The enrollee's initial comprehensive assessment was completed within 90 calendar days of identification of SHCN.		✓	

CMPE Measure	Quality	Timeliness	Access
A reassessment was completed in person quarterly with the enrollee.		✓	
A plan of care (POC) was developed within 30 calendar days of identification of risk stratification.		✓	
A POC was developed within 90 calendar days of identification of risk stratification.		✓	
The MCO developed and implemented a person-centered care plan reflective of the most recent assessment and included all enrollee goals, needs, and risks as well as the formal and informal supports responsible for assisting the enrollee with the POC.	✓		
The POC was updated per the enrollee's tier schedule.		✓	
The POC was updated when the enrollee's circumstances or needs changed significantly, or at the request of the enrollee, their parent or legal guardian, or a member of the multidisciplinary care team.	✓		
The MCO developed a multidisciplinary care team, including the case manager, enrollee and/or authorized representative, and members based on the enrollee's specific care needs and goals.	✓		✓
The multidisciplinary care team was convened at regular intervals required for the enrollee's tier level.		✓	
The case manager made valid timely contact, or due diligence is documented in the enrollee's record.		✓	
For enrollees demonstrating needs requiring coordination of services, the case manager coordinated needed care/services, actively linking the enrollee to providers; medical services; and residential, social, community, and other support services.	✓		✓

Results

The 2023 (CY 2022) QRS results for ACLA are displayed in Table 9-1.

Table 9-1—2023 (CY 2022) QRS Results

Composites and Subcomposites	ACLA
Overall Rating*	**3.5**
Consumer Satisfaction	**4.0**
Getting Care	3.5
Satisfaction with Plan Physicians	4.0
Satisfaction with Plan Services	4.0
Prevention	**3.0**
Children and Adolescent Well-Care	2.5
Women's Reproductive Health	3.0
Cancer Screening	3.5
Other Preventive Services	3.5
Treatment	**2.5**
Respiratory	2.0
Diabetes	3.0
Heart Disease	3.0
Behavioral Health—Care Coordination	1.5
Behavioral Health—Medication Adherence	2.5
Behavioral Health—Access, Monitoring, and Safety	3.0
Risk-Adjusted Utilization	3.0

**This rating includes all measures in the 2023 Health Plan Report Card as well as an Accreditation bonus for those MCOs that are NCQA Accredited.*
Insufficient Data indicates that the plan was missing most data for the composite or subcomposite.

ACLA received an Overall Rating of 3.5 points, with 4.0 points for the Consumer Satisfaction composite, 3.0 points for the Prevention composite, and 2.5 points for the Treatment composite.

MCO Strengths, Opportunities for Improvement, and Recommendations

For ACLA, the following strengths were identified:

- For the Consumer Satisfaction composite, ACLA received 4.0 points for the Satisfaction with Plan Physicians subcomposite, 4.0 points for the Satisfaction with Plan Services subcomposite, and 3.5 points for the Getting Care subcomposite. These subcomposites are based on ACLA member responses to CAHPS survey questions, demonstrating ACLA members are satisfied with their health plan, providers, and the care they receive. **[Quality]**
- For the Prevention composite, ACLA received 3.5 points for the Cancer Screening subcomposite, demonstrating strength for ACLA related to ensuring women receive breast and cervical cancer screenings. ACLA also received 3.5 points for the Other Preventive Services subcomposite, demonstrating strength for ACLA related to providing chlamydia screenings in women, tobacco cessation counseling, and flu vaccinations in adults. **[Quality and Access]**

For ACLA, the following opportunities for improvement were identified:

- For the Treatment composite, ACLA received 2.0 points for the Respiratory subcomposite, demonstrating opportunities for ACLA to ensure appropriate treatment of upper respiratory infections. ACLA received 1.5 points for the Behavioral Health—Care Coordination subcomposite, demonstrating opportunities for ACLA to ensure timely follow-up after hospitalizations and ED visits for mental illness. **[Quality, Access, and Timeliness]**

ACLA should reference the recommendations made in Section 3—Validation of Performance Measures and Section 6—Consumer Surveys: CAHPS-A and CAHPS-C as the 2023 Health Plan Report Card reflects HEDIS and CAHPS results.

Methodology

Objectives

HSAG was tasked with developing a QRS to evaluate the performance of the five Healthy Louisiana Medicaid MCOs (i.e., ABH, ACLA, HBL, LHCC, and UHC) relative to national benchmarks and assign ratings to each MCO in key areas. The 2023 Health Plan Report Card is targeted toward a consumer audience; therefore, it is user friendly, easy to read, and addresses areas of interest for consumers.

Technical Methods of Data Collection

HSAG received MY 2022 CAHPS member-level data files and HEDIS IDSS data files from LDH and the five MCOs. The *HEDIS MY 2022 Specifications for Survey Measures, Volume 3* was used to collect and report on the CAHPS measures. The *HEDIS MY 2022 Technical Specifications for Health Plans, Volume 2* was used to collect and report on the HEDIS measures.

Description of Data Obtained

HSAG received the final, auditor-locked HEDIS IDSS data files from each of the MCOs, as well as the CAHPS member-level data files and summary reports. HSAG also downloaded the 2022 (MY 2021) Quality Compass national Medicaid all lines of business (ALOB) benchmarks for this analysis.[9-1]

How Data Were Aggregated and Analyzed

Using the HEDIS and CAHPS measure results for each MCO, HSAG calculated MCO ratings in alignment with NCQA's 2023 Health Plan Ratings Methodology, where possible, for the following composites and subcomposites:[9-2]

- Overall
- Consumer Satisfaction
  - Getting Care
  - Satisfaction with Plan Physicians
  - Satisfaction with Plan Services

[9-1] 2022 (MY 2021) Quality Compass national Medicaid ALOB benchmarks were used since LDH requested a finalized report card by October 1, 2023, and 2023 (MY 2022) Quality Compass national Medicaid ALOB benchmarks were not available until September 29, 2023.

[9-2] National Committee for Quality Assurance. 2023 Health Plan Ratings Methodology. Available at: https://www.ncqa.org/wp-content/uploads/2022/12/2023-HPR-Methodology_12.14.2022.pdf. Accessed on: Dec 19, 2023.

- Prevention
  - Children and Adolescent Well-Care
  - Women's Reproductive Health
  - Cancer Screening
  - Other Preventive Services
- Treatment
  - Respiratory
  - Diabetes
  - Heart Disease
  - Behavioral Health—Care Coordination
  - Behavioral Health—Medication Adherence
  - Behavioral Health—Access, Monitoring, and Safety
  - Risk-Adjusted Utilization

For each measure included in the 2023 Health Plan Report Card, HSAG compared the raw, unweighted measure rates to the 2022 (MY 2021) Quality Compass national Medicaid ALOB percentiles and scored each measure as outlined in Table 9-2. For the *Plan All-Cause Readmissions* measure, HSAG followed NCQA's methodology for scoring risk-adjusted utilization measures.

Table 9-2—Measure Rate Scoring Descriptions

Score	MCO Measure Rate Performance Compared to National Benchmarks
5	The MCO's measure rate was at or above the national Medicaid ALOB 90th percentile.
4	The MCO's measure rate was at or between the national Medicaid ALOB 66.67th and 89.99th percentiles.
3	The MCO's measure rate was at or between the national Medicaid ALOB 33.33rd and 66.66th percentiles.
2	The MCO's measure rate was at or between the national Medicaid ALOB 10th and 33.32nd percentiles.
1	The MCO's measure rate was below the national Medicaid ALOB 10th percentile.

HSAG then multiplied the scores for each measure by the weights that align with NCQA's 2023 Health Plan Ratings. For each composite and subcomposite, HSAG calculated scores using the following equation:

$$Composite\ or\ Subcomposite\ Rating = \frac{\sum(Measure\ Rating * Measure\ Weight)}{\sum(Measure\ Weights)}$$

To calculate the Overall Rating, HSAG calculated a weighted average using the weighted measure-level scores previously calculated. HSAG also added 0.5 bonus points to scores for MCOs that were Accredited or had Provisional status, and 0.15 bonus points for MCOs that had Interim status. These bonus points were added to the Overall Rating before rounding to the nearest half-point.

For the Overall Rating and each composite/subcomposite rating, HSAG aligned with NCQA's rounding rules and awarded scores as outlined in Table 9-3.

Table 9-3—Scoring Rounding Rules

Rounded Score	5	4.5	4.0	3.5	3.0	2.5	2.0	1.5	1.0	0.5	0.0
Score Range	≥4.750	4.250–4.749	3.750–4.249	3.250–3.749	2.750–3.249	2.250–2.749	1.750–2.249	1.250–1.749	0.750–1.249	0.250–0.749	0.000–0.249

How Conclusions Were Drawn

For the 2023 Health Plan Report Card, HSAG displayed star ratings based on the final scores for each rating. Stars were partially shaded if the MCO received a half rating (e.g., a score of 3.5 was displayed as 3.5 stars).

10. MCO Strengths, Opportunities for Improvement, and Recommendations

HSAG used its analyses and evaluations of EQR activity findings from SFY 2023 to comprehensively assess ACLA's performance in providing quality, timely, and accessible healthcare services to Louisiana's Medicaid and CHIP members. HSAG provides ACLA's strengths, opportunities for improvement, and recommendations in Table 10-1 through Table 10-3.

Table 10-1—Strengths Related to Quality, Timeliness, and Access

Overall MCO Strengths	
Quality	• ACLA demonstrated strengths in several performance measures related to quality that ranked above the NCQA national 50th percentile benchmark and SWA (i.e., *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Lead Screening in Children*, *Flu Vaccinations for Adults Ages 18 to 64*, *Chlamydia Screening in Women*, *Medical Assistance With Smoking and Tobacco Use Cessation*, *Pharmacotherapy for Opioid Use Disorder*). • ACLA's 2023 achievement scores revealed strengths in the adult and general child populations. For the adult population, results revealed achievement scores for *Rating of Health Care*, *Getting Care Quickly*, and *Customer Service* were statistically significantly higher than the 2023 NCQA national averages. For the general child population, results revealed the achievement score for *Getting Care Quickly* was statistically significantly higher than the 2023 NCQA national average.
Quality, Timeliness, and Access	• ACLA's performance for both *Initiation and Engagement of Substance Use Disorder Treatment* measure indicators ranked above the NCQA national 50th percentile benchmark and SWA. • The 2023 Health Plan Report Card showed that, for the Overall Rating, ACLA received 3.5 stars. ACLA received 4.0 stars for the Consumer Satisfaction composite, including 4.0 stars for both the Satisfaction with Plan Physicians and Satisfaction with Plan Services subcomposites, demonstrating strength for ACLA in these areas.

Table 10-2—Opportunities for Improvement Related to Quality, Timeliness, and Access

Overall MCO Opportunities for Improvement	
Quality	• ACLA's performance for the following measures ranked below the NCQA national 50th percentile benchmark and SWA: – *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia* – *Eye Exam for Patients With Diabetes* – *Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)* – *Antidepressant Medication Management* – *Cervical Cancer Screening*

Overall MCO Opportunities for Improvement	
Quality, Timeliness, and/or Access	• ACLA had challenges following up and managing the care of members who accessed the hospital or ED for mental illness and substance abuse. ACLA's performance for the *Follow-Up After Hospitalization for Mental Illness*, *Follow-Up After Emergency Department Visit for Mental Illness*, and *Follow-Up After Emergency Department Visit for Substance Use* measures ranked below the NCQA national 50th percentile benchmark for all indicators, with both the *Follow-Up After Hospitalization for Mental Illness* and *Follow-Up After Emergency Department Visit for Mental Illness—Within 30 Days of Discharge* measure indicators falling below the SWA. • ACLA demonstrated opportunities to improve critical aspects of effective monitoring for children and adolescents. ACLA's performance ranked below the NCQA national 50th percentile benchmark and SWA for the *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics* measure, the *Follow-Up Care for Children Prescribed ADHD Medication* measure indicators, the *Non-Recommended Cervical Screening in Adolescent Females* measure, and the *Appropriate Treatment for Children With Upper Respiratory Infection* measure. • The 2023 Health Plan Report Card showed that ACLA received 2.0 stars and 1.5 stars for the Respiratory and Behavioral Health—Care Coordination subcomposites, respectively, demonstrating opportunities for improvement for ACLA in these areas.
Access	• The results of several EQR activities indicate opportunities for ACLA to improve access to care for its members. ACLA only met a total of 10 GeoAccess standards, and the provider directory information maintained and provided by ACLA was poor. Rates for the *Adults' Access to Preventive/Ambulatory Health Services* measure indicators were lower than the NCQA national 50th percentile benchmark and SWA as well as several other HEDIS measures related to access.

Table 10-3—Recommendations

Overall MCO Recommendations	
Recommendation	**Associated Quality Strategy Goals to Target for Improvement**
HSAG recommends that ACLA focus its efforts on increasing timely follow-up care for members following discharge. ACLA should also consider conducting a root cause analysis for the *Follow-Up After Hospitalization for Mental Illness*, *Follow-Up After Emergency Department Visit for Mental Illness*, and *Follow-Up After Emergency Department Visit for Substance Use* measures and implement appropriate interventions to improve performance, such as providing patient and provider education and enhancing communication and collaboration with hospitals to improve effectiveness of transitions of care, discharge planning, and handoffs to community settings for members with behavioral health needs.	Goal 1: Ensure access to care to meet enrollee needs Goal 2: Improve coordination and transitions of care Goal 3: Facilitate patient-centered, whole-person care

Overall MCO Recommendations	
ACLA should convene a focus group to conduct root cause analyses to determine barriers to child and adolescent members receiving: • Appropriate use of first-line psychosocial interventions. • Follow-up visits and monitoring of children prescribed ADHD medication. • Appropriate treatment of upper respiratory infections for child members. • Unnecessary screenings for cervical cancer among adolescent females. The focus group should include parent/guardian and provider participation as well as subject matter experts. The focus group should recommend evidenced-based interventions that address barriers. ACLA should consider holistic and novel interventions that aim to improve monitoring rates rather than reiterating previous interventions focused on specific topics or short-term campaigns.	Goal 1: Ensure access to care to meet enrollee needs Goal 4: Promote wellness and prevention Goal 7: Pay for value and incentivize innovation
ACLA should consider conducting a root cause analysis for the performance measures that ranked below the NCQA national 50th percentile benchmark and SWA and implementing appropriate interventions to improve performance.	Goal 1: Ensure access to care to meet enrollee needs Goal 4: Promote wellness and prevention
To improve access to care, ACLA should adopt a programmatic approach to identify barriers to access across all aspects of Medicaid operations. A planwide taskforce should include provider network staff members, subject matter experts for the access-related HEDIS measures that performed poorly, utilization management staff members, and other members as determined by ACLA. The taskforce should include key community stakeholders to identify barriers/facilitators to members accessing preventive and follow-up care. ACLA should consider multi-tiered approaches such as: • Reviewing provider office procedures for ensuring appointment availability standards. • Conducting "secret shopper" provider office surveys. • Evaluating member use of telehealth services to determine best practices or opportunities to improve access that may be reproduceable. • Conduct drill-down analyses of access-related measures to determine disparities by race, ethnicity, age group, geographic location, etc.	Goal 1: Ensure access to care to meet enrollee needs Goal 6: Partner with communities to improve population health and address health disparities

11. Follow-Up on Prior Year's Recommendations

Regulations at 42 CFR §438.364 require an assessment of the degree to which each MCO, PIHP, PAHP, or PCCM entity (described in 42 CFR §438.310[c][2]) has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR. LDH required each MCO to document the follow-up actions per activity that the MCO completed in response to SFY 2020–2021 recommendations. Table 11-1 through Table 11-7 contain a summary of the follow-up actions that ACLA completed in response to the previous EQRO's SFY 2022 recommendations. Furthermore, HSAG assessed ACLA's approach to addressing the recommendations. Please note that the responses in this section were provided by the plans and have not been edited or validated by HSAG.

EQRO's Scoring Assessment

HSAG developed a methodology and rating system for the degree to which each health plan addressed the prior year's EQR recommendations. In accordance with CMS guidance, HSAG used a three-point rating system. The health plan's response to each EQRO recommendation was rated as *High*, *Medium,* or *Low* according to the criteria below.

High indicates *all* of the following:

- The plan implemented new initiatives or revised current initiatives that were applicable to the recommendation.
- Performance improvement directly attributable to the initiative was noted *or* if performance did not improve, the plan identified barriers that were specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming identified barriers.

A rating of *high* is indicated by the following graphic:

Medium indicates one or more of the following:

- The plan continued previous initiatives that were applicable to the recommendation.
- Performance improvement was noted that may or may not be directly attributable to the initiative.
- If performance did not improve, the plan identified barriers that may or may not be specific to the initiative.
- The plan included a viable strategy for continued improvement or overcoming barriers.

A rating of *medium* is indicated by the following graphic:

Low indicates one or more the following:

- The plan did not implement an initiative or the initiative was not applicable to the recommendation.
- No performance improvement was noted *and* the plan did not identify barriers that were specific to the initiative.
- The plan's strategy for continued improvement or overcoming identified barriers was not specific or viable.

A rating of *low* is indicated by the following graphic: 

Table 11-1—Follow-Up on Prior Year's Recommendations for PIPs

1. Prior Year Recommendations from the EQR Technical Report for Performance Improvement Projects:
Recommendations
PIP 1: Improving Rates for IET, FUA, and POD ACLA conducted a meaningful retrospective evaluation of opportunities for improvement. To build on that approach, the following proactive approach is recommended moving forward: • Activation of the rapid and ongoing cycle improvement process should be initiated early in the PIP process to identify opportunities for improvement in real time by evaluating ITM progress and implementing modifications on an ongoing basis throughout the course of the PIP.
Response
Describe initiatives implemented based on recommendations: AmeriHealth continues to implement rapid-cycle improvement processes on current PIPs to identify and measure changes over a shorter time frame to allow for continuous improvement.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): Using the Plan-Do-Study-Act (PDSA) cycle with Intervention Tracking Measures, adjustments can be made accordingly to increase the chances of delivering and sustaining a desired improvement.
Identify any barriers to implementing initiatives: Using the Plan-Do-Study-Act (PDSA) cycle with Intervention Tracking Measures, adjustments can be made accordingly to increase the chances of delivering and sustaining a desired improvement
Identify strategy for continued improvement or overcoming identified barriers: The plan conducts investigations prior to starting the use of PDSA to ensure that the problem is correctly understood and framed. Additionally, the PDSA cycle is used in conjunction with other quality improvement methods.
HSAG Assessment

Recommendations
PIP 2: Improve Screening for Chronic HCV and Pharmaceutical Treatment Initiation Item 5d. The previous EQRO recommended that the MCO use Microsoft Excel formulas for all calculations.

1. Prior Year Recommendations from the EQR Technical Report for Performance Improvement Projects:
Response
Describe initiatives implemented based on recommendations: To assure measures are calculated correctly, AmeriHealth Caritas Louisiana implemented a second level data review by the Quality Team Lead to validate rates. Additionally, Microsoft® Excel® formulas are used to calculate rates to the nearest hundredth to limit rounding and calculation errors.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): AmeriHealth Caritas Louisiana saw a notable decrease in calculation errors.
Identify any barriers to implementing initiatives: No barriers were noted with the initiative implemented.
Identify strategy for continued improvement or overcoming identified barriers: AmeriHealth Caritas Louisiana will continue to use Microsoft® Excel® formulas to calculate rates.
HSAG Assessment

Recommendations
PIP 3: Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Vaccine Eligible Enrollees: Persons 18 Years of Age or Older Item 5d. The previous EQRO recommended that the MCO use Microsoft Excel formulas for all calculations.
Response
Describe initiatives implemented based on recommendations: To assure measures are calculated correctly, AmeriHealth Caritas Louisiana implemented a second level data review by the Quality Team Lead to validate rates. Additionally, Microsoft® Excel® formulas are used to calculate rates to the nearest hundredth to limit rounding and calculation errors.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): AmeriHealth Caritas Louisiana saw a notable decrease in calculation errors.
Identify any barriers to implementing initiatives: No barriers were noted with the initiative implemented.
Identify strategy for continued improvement or overcoming identified barriers: AmeriHealth Caritas Louisiana will continue to use Microsoft® Excel® formulas to calculate rates.
HSAG Assessment


Table 11-2—Follow-Up on Prior Year's Recommendations for Performance Measures

2. Prior Year Recommendations from the EQR Technical Report for Performance Measures:
Recommendations
ACLA should target interventions to improve rates for the measures that fell below the NCQA 50th percentile.
Response
Describe initiatives implemented based on recommendations: AmeriHealth Caritas Louisiana selected two measures, Postpartum Care and Childhood Immunization Status Combo 3 (CIS Combo 3), that fell below the NCQA 50th percentile. For each measure, goals were added to the quality improvement activity with targeted interventions. Quarterly workgroups are conducted to monitor goals and adapt interventions as needed. The intervention for Postpartum Care included the re-implementation of face-to-face Community Baby Showers across the state. During these showers, member education is provided regarding the needs of prenatal and postpartum care. Additionally, the plan identified a disparity within the Black/African American population in Region 1. Members that are unable to be contacted during postpartum outreach are referred to the Community Health Navigators for an attempt at a face-to-face visit with the member to educate on the importance of postpartum care and to address any identified barriers to care. The intervention for CIS Combo 3 included outreach calls to noncompliant members to provide education, assist with appointment scheduling and address any identified barriers. Additionally, the plan re-implemented a texting campaign to CIS Combo 3 noncompliant members.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): The Postpartum Care measure demonstrated a 3.57% increase from Measurement Year 2021 to Measurement year 2022 and Measurement Year 2023 year-to-date data reveals a 2.99% improvement from prior year rate. For the disparity intervention, data analysis indicates a slight disparity gap decrease of 0.29%. The CIS Combo 3 measure showed a 2.43% increase from Measurement Year 2021 to Measurement year 2022 and Measurement Year 2023 year-to-date data reveals a 12.82% improvement from prior year rate.
Identify any barriers to implementing initiatives: The plan continues to experience a large unable to contact rate with outreach calls. In addition, the plan has seen a significant match issue with Louisiana Immunization Network (LINKS) file uploads due to incorrect member demographics in the LINKS registry.
Identify strategy for continued improvement or overcoming identified barriers: The strategy to improve member outreach contacts includes the use of all available phone numbers provided, calls at varying times of the day, as well as calls to the pharmacy and Primary Care Provider for updated information. To improve matching issues with the LINKS file uploads, the plan has met with the Office of Public Health (OPH) to present the issues experienced by the plan. OPH is currently working on an improved matching algorithm.
HSAG Assessment


Table 11-3—Follow-Up on Prior Year's Recommendations for Compliance With Medicaid Managed Care Regulations

3. Prior Year Recommendations from the EQR Technical Report for Compliance With Medicaid Managed Care Regulations:
As described in Section 4—Assessment of Compliance With Medicaid Managed Care Regulations, LDH contracted with HSAG to validate ACLA's remediation of the deficiencies identified in the prior year's CR CAP. HSAG reviewed ACLA's responses and the additional documentation they submitted to assess whether compliance had been reached. The details of this follow-up are included in Appendix B.

Table 11-4—Follow-Up on Prior Year's Recommendations for Network Adequacy

4. Prior Year Recommendations from the EQR Technical Report for Validation of Network Adequacy:
Recommendations
None identified.

Table 11-5—Follow-Up on Prior Year's Recommendations for CAHPS

5. Prior Year Recommendations from the EQR Technical Report for Validation of Quality of Care Surveys – CAHPS Member Experience Survey:
Recommendations
Ten of 27 CAHPS measures fell below the 50th percentile; the MCO should continue to work to improve CAHPS scores that perform below the 50th percentile.
Response
Describe initiatives implemented based on recommendations: AmeriHealth Caritas Louisiana selected two of the CAHPS measures, Rating of Specialist Seen Most Often (Adult) and Rating of Personal Doctor (Child without CC), that fell below the NCQA 50th percentile. The plan has developed a goal of meeting or exceeding the NCQA 50th percentile for all CAHPS composites and rating measures. Monthly CAHPS workgroups as well as subgroups targeted on specific composites are conducted to identify interventions that address member satisfaction. Interventions that support these two composites include, the Post-Appointment (PULSE) survey, development of a website pop-up survey to assess member satisfaction with health plan/providers and plans are underway for a targeted text-messaging campaign. Report cards from the Pulse survey will be shared with providers so they have a better understanding of feedback received from their patients.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): The Rating of Specialist Seen Most Often (Adult) demonstrated a 4.23% increase from Measurement Year 2021 to Measurement Year 2022. Rating of Personal Doctor (Child without CC) demonstrated a 3.11% increase from Measurement Year 2021 to Measurement Year 2022.
Identify any barriers to implementing initiatives: No barriers were noted with intervention implementation. Improved performance was seen in both the selected measures for the recent measurement period.
Identify strategy for continued improvement or overcoming identified barriers: The plan will continue to work on the interventions listed as well as continued promotion of the Post-Appointment survey to our members so we can better understand their provider related experience for their

5. Prior Year Recommendations from the EQR Technical Report for Validation of Quality of Care Surveys – CAHPS Member Experience Survey:
personal doctor as well as their specialist. On-going education to providers will continue so they have a better understanding of feedback received from their patients.
HSAG Assessment


Table 11-6—Follow-Up on Prior Year's Recommendations for the Behavioral Health Member Satisfaction Survey

6. Prior Year Recommendations from the EQR Technical Report for the Behavioral Health Member Satisfaction Survey:
Recommendations
None identified.

Table 11-7—Follow-Up on Prior Year's Recommendations for the Quality Rating System

7. Prior Year Recommendations from the EQR Technical Report for MCO Quality Ratings:
Recommendations
ACLA should focus its attention on categories with lower than 3 points.
Response
Describe initiatives implemented based on recommendations: The plan implemented numerous interventions and initiatives to improve Prevention and Treatment categories. The plan offered member incentives for well visits and specified screenings to encourage members to receive needed services. Texting campaigns, social media campaigns, newsletters, mailers and telephonic outreach were implemented throughout the year to help support our members with their healthcare journey. Providers were educated on best practices and clinical practice guidelines via Quality and Provider Network Management visits. Providers were incentivized for closing gaps through our Primary Care Provider and Perinatal Quality Enhancement Programs. Numerous Community Events were held throughout the year and ACLA Wellness and Opportunity Centers were used for events such as Baby Showers or as testing centers. The Community Health Education team conducted health queries/home visits to at risk populations and members that are unable to be contacted via telephonic outreach.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): The plan implemented numerous interventions and initiatives to improve Prevention and Treatment categories. The plan offered member incentives for well visits and specified screenings to encourage members to receive needed services. Texting campaigns, social media campaigns, newsletters, mailers and telephonic outreach were implemented throughout the year to help support our members with their healthcare journey. Providers were educated on best practices and clinical practice guidelines via Quality and Provider Network Management visits. Providers were incentivized for closing gaps through our Primary Care Provider and Perinatal Quality Enhancement Programs. Numerous Community Events were held throughout the year and ACLA Wellness and Opportunity Centers were used for events such as Baby Showers or as testing centers. The Community Health

7. Prior Year Recommendations from the EQR Technical Report for MCO Quality Ratings:
Education team conducted health queries/home visits to at risk populations and members that are unable to be contacted via telephonic outreach. Treatment: Diabetes - The plan showed a 2 year upward trend for the following HEDIS® measures: Hemoglobin A1c Control for Patients with Diabetes, Blood Pressure Control for Patients with diabetes, Statin Therapy for Patients with diabetes—statin adherence 80%, and Kidney Health Evaluation for Patients with diabetes. Treatment: Heart Disease: The plan increased it's rating from 2.5 to 3.0. Additionally, the Controlling Blood Pressure HEDIS® measure and the Statin Therapy for Patients with Cardiovascular Disease HEDIS® measure showed a 2 year upward trend.
Identify any barriers to implementing initiatives: The plan continues to experience a large unable to contact rate with outreach calls.
Identify strategy for continued improvement or overcoming identified barriers: The strategy to improve member outreach contacts includes the use of all available phone numbers provided, calls at varying times of the day, as well as calls to the pharmacy and Primary Care Provider for updated information.
HSAG Assessment


Appendix A. MCO Health Equity Plan Summary

For the annual EQR technical report, LDH asked HSAG to summarize information from ACLA's Health Equity Plan (HEP) submission from February 2023.

Health Equity Plan

HSAG reviewed ACLA's HEP submitted February 2023. In the section titled "RFP Response Related to Proposed Health Equity Approach and Experience to Date," HSAG summarized and organized each MCO's response into the following topics, for comparison among MCOs—Stated Goals; Policies and Procedures; Staffing and Resources; Leveraging Data; Social Determinants of Health; and Community, Provider, and Member Engagement Initiatives. For the other sections of the HEP, HSAG organized the discussions in this report as each MCO presented the topics in its own HEP. Therefore, comparison across MCOs for the "Health Equity Plan Development Process," "Health Equity Action Plan by Focus Area," "Plan to Conduct Cultural Responsiveness and Implicit Bias Training," and "Stratify MCO Results on Attachment H Measures" sections of the HEP is not possible.

RFP Response Related to Health Equity Approaches and Experience

HSAG summarized and organized ACLA's Request for Proposal (RFP) responses into a standard set of topics as follows:

Stated Goals

ACLA reported the following programmatic goals in its HEP:

- Develop policies and programming to improve the health and health outcomes of all citizens, while also closing the health gaps of Louisiana's most vulnerable people, populations, and communities.
- Embed health equity into company culture, community engagement, hiring practices, member and provider engagement, and organizational processes.
- Achieve a staffing mix and team that is reflective racially, ethnically, and linguistically of the communities it serves.
- Build a more inclusive community, both inside and outside the organization.
- Assist providers to integrate best practices into serving enrollees.
- Obtain NCQA Health Equity Accreditation.
- Enhance service delivery and member experience, ensuring the delivery of services in a culturally appropriate and effective manner by promoting cultural humility and awareness of implicit biases and how they impact policy and processes.
- Improve provider satisfaction.
- Implement programs that address social determinants of health (SDOH).

Policies and Procedures

ACLA reported the following organizational policies and procedural program components:

- Support associates in obtaining/maintaining bilingual certifications in Arabic, French, Haitian-Creole, Vietnamese, Hindi, and Guajarati.
- Use Culturally and Linguistically Appropriate Services (CLAS) as a foundational infrastructure.
- Build equity concepts into nondiscrimination policies, privacy policies and practices, as well as data collection and storage.
- Ensure that health equity and bias training are mandatory trainings for all staff.
- ACLA plans to provide the following value-added benefits (VABs):
  - Doula services
  - Home visits by community health navigators to provide prenatal and postpartum services
- ACLA has developed a Population Health Strategic Plan that uses a trauma-aware approach to engaging members.

Staffing and Resources

ACLA reported the following staffing and resource commitments to further heath equity:

- ACLA has a health equity administrator and a health equity analyst who work interdepartmentally to lead health equity efforts throughout the organization.
- The health equity administrator chairs the Health Equity, Louisiana Style (HELS) workgroup and the diversity, equity, and inclusion (DEI) council.
- ACLA maintains an annual strategic workplan that aligns with the National Standards for CLAS in Health and Health Care and NCQA accreditation.
- ACLA has implemented Distinction in Multicultural Health Care standards and evaluates and updates the program annually.
- ACLA has a dedicated FTE (CLAS specialist) that leads the CLAS program. The plan achieved its most recent NCQA Multicultural Healthcare Distinction of 100 percent in 2021.
- ACLA requires health equity and bias training as a mandatory training for all associates, new hires, and subcontractors. Trainings are updated annually.
- Associates participated in Living Beyond Breast Cancer Cultural Competency Training.
- ACLA has a commitment to hire and mentor a culturally diverse staff by supporting associate resource groups (ARGs) to support associates with diverse backgrounds.
- Human resource staff actively seek to hire bilingual staff members.
- ACLA will provide continuing training for the community health education team.
- ACLA will engage in ongoing outreach and education strategies that address planning for a doctor visit and the importance of preventive care.

Leveraging Data

ACLA reported the following:

- ACLA is committed to assessing the needs and barriers experienced by members in specific ethnic groups, engaging stakeholders and enrollees to determine the key issues that are contributing to disparate health outcomes, and using this information to develop customized strategic interventions.
- ACLA uses data analysis and engages the provider community to help inform the design of health equity-focused performance measures.
- ACLA has completed a statewide Spanish-language education campaign to address barriers to care identified through root-cause analysis.
- Transportation usage is also reviewed to monitor enrollee engagement in rural areas targeted for improvement.
- ACLA completed the annual *Provider Network Responsiveness for Language and Culture* report, which includes a review of geographic access based on enrollee language needs.
- ACLA uses data from CAHPS surveys; call center data reports; behavioral health enrollee satisfaction surveys; pulse surveys following provider visits; councils and focus groups; and enrollee feedback, complaints, and grievances to develop strategies for program improvements, materials creation, enrollee education, VABs, additional community outreach, and associate and provider training.

Social Determinants of Health

ACLA reported the following:

- The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) team will conduct quarterly focus groups designed to gain feedback from enrollees on how ACLA can design services and interventions that address integrated care and childhood adversity and trauma.
- The Provider Advisory Council (PAC) is leveraged to provide tools to address SDOH and resources for developing health equity programming that addresses gaps and barriers from a provider perspective.
- The PAC reviews qualitative data provider awareness of ACLA programs and services that address SDOH and strategies for ACLA to support increasing provider referrals but lowering barriers to completing those referrals.
- The Enrollee Advisory Council (EAC) will develop and conduct community presentations that address SDOH, discrimination, and health disparity issues.
- ACLA will focus EAC membership recruitment on non-English-speaking members.
- Perinatal community health navigators (CHNs) will receive training on how to support enrollees' SDOH needs.
- The HELS workgroup developed a provider engagement strategy that included materials that address SDOH, patient autonomy, discrimination, and bias.

- Ongoing reminders and advice on how to support health equity, including use of Z code claims for SDOH screenings, will be integrated into regularly scheduled provider communications.
- ACLA uses a provider newsletter and the PAC to encourage and support provider interventions in addressing SDOH through the use of community resources and the findhelp.org resource list.
- ACLA addresses member SDOH through referrals to organizations in the findhelp.org and United Way 211 online databases, and referrals to case management.

Community, Provider, and Member Engagement Initiatives

ACLA reported the following:

- ACLA created an Enrollee Advisory Council (EAC) as a regional forum for enrollees, caregivers, providers, and representatives of advocacy groups to offer feedback about existing programs and policies, and to participate in the development of new programs.
- EAC meetings are offered with a virtual attendance option to encourage increased participation.
- EAC committee members are recruited through grassroots efforts, with special attention to those with strong existing community, consumer, or clinical links and a commitment to improving health services.
- ACLA will develop and distribute maternity equity toolkits to providers.
- The CLAS specialist facilitates quarterly provider training on Health Equity and CLAS.
- The PAC is a subcommittee of ACLA's Quality of Service Committee (QSC) and provides a quarterly regional forum for providers.
- ACLA administered a survey to community-based organizations (CBOs) to identify community needs that are beyond the scope of the particular CBO's services.
- ACLA utilizes CHNs, who live in the communities they serve, in the care management program for building trust, engaging enrollees with complex needs, and delivering culturally competent care coordination.
- ACLA is working to facilitate community intervention workshops to actively enlist participation from community organizations who can assist in developing specific health needs solutions.
- ACLA will implement a pilot program, with an affiliated community organization, designed to address health disparities and improve member engagement in southwest Louisiana.
- ACLA is working with the March of Dimes to facilitate implicit bias training for providers.
- ACLA offers an online course for providers, Dismantling Bias in Maternity and Infant Health Care, designed to increase awareness and encourage care that addresses implicit bias in maternity healthcare.

Health Equity Plan Development Process

ACLA reported using the following processes to develop the HEP:

- ACLA operates with a Health Equity by Design approach, which recognizes that health equity is an integrated component to all organizational activities.
- ACLA uses a framework to developing strategies that includes the following:
  - Prioritizing health equity
  - Engaging the community
  - Targeting health disparities
  - Acting on data
  - Learning and integrating information into further process and program improvement
- ACLA uses a Plan-Do-Study-Act (PDSA) cycle of improvement.

Health Equity Action Plan by Focus Area

Table A-1 describes ACLA's focus areas, goals and objectives, strategies, activities planned, and participants needed to address each focus area:

Table A-1—Addressing Focus Areas

Focus Area	Goals	Objectives	Strategies	Activities	Participants
A. Monitoring and Improving Internal Processes	• Increased enrollee engagement in ACLA Programs and services That Support SDOH • Engagement of diverse families Through EPSDT focus groups • Incorporating the perspective of the member	• Increase engagement of targeted groups in programs and services that address SDOH and known health needs by 2 percent by December of year 2023, 2024, 2025 • Increased participation in care management services by 2 percent by December 2023 • Increase participation in EAC and Youth	• Use the HELS workgroup to support improvement in disparate HEDIS outcomes • Operationalize cross-departmental practices that support increased enrollee referrals • Obtain feedback from diverse families through moderated focus groups and trigger lists • Targeted engagement of diverse	• Review population health data collection • Review and stratify data by demographics, social risk, and location • Conduct a root cause analysis • Integrate member feedback into internal communications and outreach processes related to SDOH benefits and programs	• HELS workgroup • Population Health staff • Provider Network Management staff • Quality Improvement staff • Communications staff • Community Education staff • EPSDT team • Health Equity staff

Focus Area	Goals	Objectives	Strategies	Activities	Participants
		Advisory Council (YAC) by 2 percent by December of year 2023, 2024, 2025 • Standardize member and provider processes that address health equity • Standardize processes for collection and integration of provider feedback into health equity programming and communications by December 2023	membership to gain enrollee feedback on communications	• Conduct quarterly focus group discussions • Engage families through a trigger list that addresses trauma • Establish a process to educate and receive feedback from diverse families • EAC and YAC review of 25 percent of all new member-facing documents created	
B. HEDIS Initiatives	• Improved HEDIS outcomes for targeted groups/ geographic location	• Standardize provider process that addresses health equity by December 2023, with implementation in 2024 and 2025	• Provide ongoing, responsive support for quality improvement initiatives related to selected measures • Monthly reporting of specific HEDIS metrics that is stratified by REL • Trending measures to determine ongoing goals • Stratify improvements by demographics	• Design planned interventions by HEDIS measure	• HELS workgroup • Population Health staff • DEI analyst • Provider Network Management staff • Quality Improvement staff • Communications staff • Community Education staff • EPSDT team • Health Equity staff

Focus Area	Goals	Objectives	Strategies	Activities	Participants
C. Community Partnerships and SDOH	• CBO Equity Network development • Increased member referrals for SDOH needs	• Recruit 3 CBOs for participation in each year by December 2023, 2024, and 2025 • Increased referrals by Rapid Response/ Outreach team (RROT) and Community Education teams in each year by December 2023, 2024, and 2025	• CBOs to provide direct health and social support services that address barriers to care and chronic disease management, including food, transportation, health education, employment assistance, language services, and access to public program assistance • Develop and execute community events • Use targeted outreach and engagement efforts to increase member engagement and retention	• Strengthen existing mutually beneficial community-based partnerships • Engaging communities and individuals to develop goals and processes • Facilitate bi-monthly health equity CBO sessions • Inter-departmental activities to identify member-specific SDOH barriers and the provider resources to address them	• Health Equity staff • Population Health staff • Community Education staff • Communications staff • CBOs • RROT

Plan to Conduct Cultural Responsiveness and Implicit Bias Training

ACLA reported the following activities designed to conduct cultural responsiveness and implicit bias training:

- Cultural competency and Health Equity training during new hire onboarding and annually thereafter.
- Additional training for providers and associates who work directly with members.
- Cultural Humility, Equity, and Anti-Bias Training for personnel at all levels of the organization and across all disciplines to ensure culturally and linguistically competent service delivery.
- Track training attendance.
- Monitor language services provided to enrollees and related grievances.
- Developed and implemented a multi-faceted, comprehensive cultural competency and CLAS training program for providers, delivered through written materials, website postings, site visits,

orientations, provider newsletters, Provider Cultural Competency Guide, and ACLA's Provider Handbook.

- The provider network staff remind providers about the importance of cultural competency; effective communication with enrollees who have limited-or-no English proficiency; and providers' responsibility for implementing appropriate measures that address barriers that could exclude, deny, delay, or prevent timely delivery of culturally appropriate services.
- Provider education on usage of ACLA's CBO referral service, findhelp.org.

Stratify MCO Results on Attachment H Measures

With the HEP submission, ACLA submitted preliminary measure rates with stratification by race, ethnicity, language, gender, and geography.

Appendix B. Compliance Review Remediation Follow-Up

Appendix B includes ACLA's response to the CAP recommendations made by the previous EQRO for addressing deficiencies from the prior year's CR and HSAG's findings after reviewing ACLA's responses and additional documentation. Please note that the responses in this section were provided by the plans and have not been edited by HSAG.

Recommendations
Requirement - *Development of plan of care to address risks and medical needs and other responsibilities as defined in Section 6.33.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement, however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 156.900, Continuity for BH Care Coordination w Primary Care and BH Providers to specify Primary Care Providers' Responsibilities.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: Limited provider participation
Identify strategy for continued improvement or overcoming identified barriers: ACLA will continue to educate providers on coordination of care with Primary Care and Behavioral Health Providers. Continue to inform providers when members are engaged in Care Management services. Care Managers will continue to conduct outreach calls to coordinate with providers and office staff regarding risk and member needs. ACLA will continue to attempt to conduct Care Management rounds with providers as needed to address barriers to adequate healthcare and assist with timely resolution. ACLA will continue to strive for coordination and continuity of care with providers to address risk and medical needs for health plan members.
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Maintaining hospital admitting privileges or arrangements with a physician who has admitting privileges at an MCO participating hospital.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations:

ACLA updated P&P 159.302, Provider Contracts to specify that the providers have a responsibilities to maintain hospital admitting privileges or arrangements with a physician who has admitting privileges at an ACLA participating hospital.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: ACLA added hospital affiliation to our enrollment forms to ensure information is captured
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Working with MCO case managers to develop plans of care for members receiving case management services.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 156.900, Continuity for BH Care Coordination w Primary Care and BH Providers, as well as P&P 159.302, Provider Contracts, to specify that providers are to work with ACLA case managers to develop plans of care for members receiving case management services.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: Limited provider participation
Identify strategy for continued improvement or overcoming identified barriers: ACLA educates the provider community on our case management services available for our members. ACLA continues to inform providers when members are engaged in Care Management services. Care Managers will continue to conduct outreach calls to coordinate with providers and office staff regarding risk and member needs. ACLA will continue to attempt to conduct Care Management rounds with providers as needed to address barriers to adequate healthcare and assist with timely resolution. ACLA will continue to strive for coordination and continuity of care with providers to address risk and medical needs for health plan members.
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Participating in the MCO's case management team, as applicable and medically necessary.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.

Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 156.900, Continuity for BH Care Coordination w Primary Care and BH Providers, as well as P&P 159.302, Provider Contracts, to specify that providers are to participate in ACLA's case management team, as applicable and as medically necessary
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: Limited provider participation
Identify strategy for continued improvement or overcoming identified barriers: Continue to inform providers when members are engaged in Care Management services. Care Managers will continue to conduct outreach calls to coordinate with providers and office staff regarding risk and member needs. ACLA will continue to attempt to conduct Care Management rounds with providers as needed to address barriers to adequate healthcare and assist with timely resolution. ACLA will continue to strive for coordination and continuity of care with providers to address risk and medical needs for health plan members
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Provide training for its providers and maintain records of such training.* This requirement is evidenced in a record of trainings provided in an email. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.700, Provider Communications and Training Manual 2023 to address operational requirements for providing training to providers and maintaining records of such training
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: ACLA continues to provide training for participating providers and maintains records of such training.
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *MCO's shall give hospitals and provider groups ninety (90) days' notice prior to a contract termination without cause. Contracts between the MCO and single practitioners are exempt from this requirement.*

This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.301, Provider Termination Policy to specify that ACLA shall give hospitals and provider groups ninety days' notice prior to termination of a contract without cause.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall encourage network providers and subcontractors to cooperate and communicate with other service providers who serve Medicaid members. Such other service providers may include: Head Start programs; Healthy Start programs; Nurse Family Partnership; Early Intervention programs; Aging and Disability Councils; Areas on Aging; and school systems. Such cooperation may include performing annual physical examinations for schools and the sharing of information (with the consent of the enrollee).* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.302, Provider Contracts to specify network provider agreement requirements for cooperating and communicating with other service providers who serve Medicaid members.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: ACLA continues to educate providers to cooperate and communicate with other service providers who serve Medicaid members
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Subject to the limitations in 42 CFR §438.102(a)(2), the MCO shall not prohibit or otherwise restrict a health care provider acting within the lawful scope of practice from advising or advocating on behalf*

of a member, who is a patient of the provider, regardless of whether the benefits for such care or treatment are provided under the Contract, for the following:
This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations:
ACLA updated P&P 159.302, Provider Contracts, to document that ACLA shall not prohibit or otherwise restrict health care providers from advising or advocating on behalf of a member
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
None
Identify any barriers to implementing initiatives:
None
Identify strategy for continued improvement or overcoming identified barriers:
None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.*
This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations:
ACLA updated P&P 159.302, Provider Contracts, to document that ACLA shall not prohibit or otherwise restrict health care providers from advising or advocating on behalf of a member who is a patient, regarding the member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered
Identify any noted performance improvement as a result of initiatives implemented (if applicable):
None
Identify any barriers to implementing initiatives:
None
Identify strategy for continued improvement or overcoming identified barriers:
ACLA continues to educate providers
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Any information the member needs in order to decide among relevant treatment options.*

This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.302, Provider Contracts, to document that ACLA shall not prohibit or otherwise restrict health care providers from advising or advocating on behalf of a member who is a patient, any information the member needs in order to decide among relevant treatment options
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The risks, benefits and consequences of treatment or non-treatment.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.302, Provider Contracts, to document that ACLA shall not prohibit or otherwise restrict health care providers from advising or advocating on behalf of a member who is a patient, information about the risks, benefits and consequences of treatment or non-treatment.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The member's right to participate in decisions regarding their health care, including, the right to refuse treatment, and to express preferences about future treatment decisions.*

This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.201, Provider Accessibility and Availability Standards to require that ACLA maintains and monitors a network of appropriate providers supported by written provider agreements which is sufficient to provide adequate access to all services for all members, including those with limited English proficiency or physical or mental disabilities.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall 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 under this contract for all members, including those with limited English proficiency or physical or mental disabilities.* This requirement is addressed in the Provider Handbook. ACLA should update relevant policies to include this language. The provider handbook satisfies part of this requirement however the expectation that policies and procedures address all operational requirements remains.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 159.201, Provider Accessibility and Availability Standards to require that ACLA maintains and monitors a network of appropriate providers supported by written provider agreements which is sufficient to provide adequate access to all services for all members, including those with limited English proficiency or physical or mental disabilities.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): ACLA evaluates the network to ensure there is network access provided to our members including those with limited English proficiency or physical or mental disabilities.
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations
Requirement - *Patients with a condition that causes chronic pain and have five (5) or more ED visits in the most recent 12-month period for chief complaint of pain are contacted by the MCO for a pain management plan and this plan will be shared with the patients' PCP, the patient, and relevant ED staff.* This requirement is partially addressed by the Emergency Room Outreach Workflow. After the interview, ACLA submitted the Population Health Management Referral Trigger Criteria Policy, but this did not address all aspects of this requirement. Additionally, a monthly pain report was referred to, but this documentation was not part of the resubmission. ACLA should create a policy, procedure, or program description that addresses this requirement. The Emergency Room Outreach Workflow clearly shows how ACLA implements this requirement; however, a policy dictating the information in the workflow is necessary to meet the requirement. The Population Health Management Referral Trigger Criteria Policy is too broad: pain is listed as a trigger for care coordination, but there is no mention of the details outlined in this requirement and in the workflow.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 156.202, Population Health Management Referral/Trigger criteria to specify identification and referral to Case Management for all patients with a condition that causes chronic pain and have five or more ED visits in the most recent 12 month period for chief complaint of pain for development of a pain management plan, which will be shared with the patient's PCP, the patient, and relevant ED staff.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Ensure a best effort is made to conduct an initial screening of the member's needs within ninety (90) days of their enrollment date for all new members. If the initial attempt is unsuccessful, subsequent attempts shall be made within the ninety (90) day time period.* The submitted documentation is in regards to state contract requirement 6.19.2, which does not address this requirement. ACLA should create a policy, procedure, or program description that addresses this requirement.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 124.01.015, New Member Education and Health Risk Assessment Outreach to ensure a best effort is made to conduct an initial screening of a member's needs within 90 days of a new member's enrollment date. Subsequent attempts will be made if the initial attempt is unsuccessful.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None

Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall submit Case Management Program policies and procedures to LDH for approval within thirty (30) days from the date the Contract is signed by the MCO, annually and prior to any revisions. Case Management policies and procedures shall include, at a minimum, the following elements:* This requirement is not addressed by the 2020 Population Health Management Program Evaluation. ACLA should create a policy, procedure, or program description that addresses this requirement.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 168.302 to confirm that Case Management Program Policies and Procedures shall be submitted to LDH for approval within thirty days from the date the contract is signed, annually, and provider to any revisions.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall submit Chronic Care Management Program policies and procedures to LDH for approval within thirty (30) days of signing the Contract, annually and previous to any revisions. The MCO shall develop and implement policies and procedures that.* The 2021 Program Strategy Report does not address the requirement. ACLA should create a policy, procedure, or program description that addresses this requirement.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 156.202, Population Health Management Referral Trigger Criteria, 156.921 Case Management Tier Levels, and Population Health Management Program Strategy to include written descriptions of the stratification levels for each identified chronic condition, including member criteria and associated interventions.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): As outlined in Population Health Program Description/Strategy document Care Managers continue to address chronic conditions and utilize associated interventions as outlined in Clinical Pathways

Identify any barriers to implementing initiatives: No identified barriers as process implemented prior to review
Identify strategy for continued improvement or overcoming identified barriers: ACLA Population Health will continue to utilize enterprise processes for addressing chronic conditions
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Include a written description of the stratification levels for each chronic condition, including member criteria and associated interventions.* This requirement is partially addressed by the Asthma Navigation Pathway document; however, the requirement specifies "a written description…for each chronic condition." Additionally, this document is dated from 2022, after the review time frame. ACLA should create a policy, procedure, or program description to address this requirement. Additionally, all descriptions for each chronic condition should clearly state stratification level definitions, including member criteria and associated interventions.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 153.003, Standard and Urgent Prior (PreService Authorization) to establish that a member may submit orally or in writing a service request for the provision of services.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *Provide a mechanism in which a member may submit, whether oral or in writing, a service authorization request for the provision of services. This process shall be included in its member manual and incorporated in the grievance procedures.* This requirement is addressed in the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure; however, the language that meets this standard was added in 2022. This was confirmed during the interview that this was added after the review period; it will be in place going forward. ACLA should continue to include this standard in the Standard and Urgent Prior (Pre-Service) Authorization policy and procedure.
Response
Describe initiatives implemented based on recommendations: ACLA updated P&P 153.003, Standard and Urgent Prior (Pre-Service) Authorization to specify that a member may submit a service request for the provision of services either orally or in writing.

Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: The requirement continues to be included in 153.003, the member handbook, and in the grievance procedures.
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall develop and maintain separate member handbooks that adhere to the requirements in 42 CFR §438.10 (g) and may use the state developed model member handbook for each of the covered populations as specified in section 3.3.3.).* This requirement is partially addressed by the Member Handbook. ACLA should incorporate the member handbook requirements into a member handbook policy or a broader written material policy.
Response
Describe initiatives implemented based on recommendations: ACLA created P&P 220.110, Enrollee Handbook Development and Approval, to specify the requirements for developing and maintaining separate member handbooks that adhere to the requirements in 42 CFR §438.10 (g) and ACLA may use the state developed model member handbook for each of the covered populations
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The documents submitted by the MCO did not address the recommendation from the 2022 CR, and the MCO was unable to demonstrate compliance during the virtual review. The MCO must address this recommendation to remediate the finding.
Recommendations
Requirement - *Identification of any restrictions on the enrollee's freedom of choice among network providers.* This requirement is partially addressed by the Provider Directory. ACLA should add this requirement to the Provider Directory policy.
Response
Describe initiatives implemented based on recommendations: ACLA updated 159.600, Provider Directory and Online Tools to indicate that there are no restrictions on the enrollee's freedom of choice among network providers.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None

Identify any barriers to implementing initiatives:

None

Identify strategy for continued improvement or overcoming identified barriers:

ACLA continues to educate the provider community

HSAG Assessment

The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.

Recommendations

Requirement - *The MCO shall reduce underutilization of services in areas including, but not limited to HIV and Syphilis screening in pregnant women, use of long-acting reversible contraceptives, appropriate pain management approaches in patients with sickle cell disease, and behavioral therapy for ADHD and other disorders for children under age 6.*

This requirement is partially addressed in the Quality Management Program Description 2021 on pages 23, 27, and 61, the 2021 Population Health Management Strategy on page 55, the Behavioral Health Provider Toolkit on page 17, and in the Michigan Quality Improvement Consortium Guideline Prevention of Unintended Pregnancy in Adults 18 Years and Older; however, the latter document does not support MCO implementation for Healthy Louisiana enrollees. The plan should develop and implement policies and programs to address long acting reversible contraceptives.

Response

Describe initiatives implemented based on recommendations:

AmeriHealth Caritas Louisiana implemented a Quality Improvement Activity (policy) to address long-acting reversible contraceptives. The goal is of the QIA is to improve rates for contraceptive care, lower the unintended pregnancy rate for our members, educate members on the importance of contraceptive care and proper birth spacing, provide the most up-to-date information on LARC methods and increase access to LARCs. Additionally, LARC language was added to the Quality Assessment and Performance Improvement (QAPI) Program Description. Bright Start Case Managers and Care Connectors start the conversation around contraceptive care and proper birth spacing in the third trimester with members. The third trimester assessments indicate member's family planning and preferred birth control method. Providers are outreached and educated regarding LARCs through visits, alerts, provider portal and newsletters.

Identify any noted performance improvement as a result of initiatives implemented (if applicable):

The plan demonstrated improvement in the following CCP measures in Measurement Year 2022:

- 0.16 percentage point increase in the CCP (ages 21-44), most or moderately effective, 3 day rate;
- 7.69 percentage point increase in the CCP (ages 21–44), most or moderately effective, *90 day rate (*measure changed from 60 day to 90 day)
- 0.37 percentage point increase in the CCP (ages 21–44), LARC 3 day rate
- 3.49 percentage point increase in the CCP (ages 21–44), LARC *90 day rate (*measure changed from 60 day to 90 day)

Identify any barriers to implementing initiatives:

The plan continues to experience a high unable to contact member rate.

Identify strategy for continued improvement or overcoming identified barriers:

The strategy to improve member outreach contacts includes the use of all available phone numbers provided, calls at varying times of the day, as well as calls to the pharmacy and Primary Care Provider for updated

information. The plan continues to host quarterly maternity workgroups to assess and monitor progress towards goals and adapt as needed. Monthly LARC data is analyzed for trends and intervention impact.
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.
Recommendations
Requirement - *The MCO shall provide an orientation and ongoing training for Council members so they have sufficient information and understanding to fulfill their responsibilities.* This requirement was not addressed in any policy or procedure. In response to the previous EQRO's request for documentation, the plan indicated that this requirement was added to the 2021 Member Advisory Charter; however, since this addition was made after the review period, this requirement would be addressed in next year's review, but not this year's review. The plan should develop and implement policies and programs to address long-acting reversible contraceptives.
Response
Describe initiatives implemented based on recommendations: ACLA updated the MAC Charter and Enrollee Advisory Council Policy to provide an orientation and ongoing training for Council members, so they have sufficient information and understanding to fulfill their responsibilities.
Identify any noted performance improvement as a result of initiatives implemented (if applicable): None
Identify any barriers to implementing initiatives: None
Identify strategy for continued improvement or overcoming identified barriers: None
HSAG Assessment
The MCO submitted revised policies and/or demonstrated compliance during the virtual review that evidenced implementation of the LDH-approved CAPs and compliance with the requirements.