



State of Louisiana Department of Health

Aetna Better Health of Louisiana

Annual External Quality Review Technical Report

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I. Introduction

The Centers for Medicare and Medicaid Services (CMS) require that state agencies contract with an external quality review organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that an MCO furnishes to Medicaid recipients. Quality is defined in 42 Code of Federal Regulations (CFR) 438.320 as “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its enrollees through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge.”

In order to comply with these requirements, the Louisiana Department of Health (LDH) contracted with IPRO to assess and report the impact of its Medicaid managed care program, the Healthy Louisiana Program, and each of the participating Health Plans on the accessibility, timeliness and quality of services. Specifically, this report provides IPRO’s independent evaluation of the services provided by Aetna Better Health of Louisiana (Aetna) for review period July 1, 2018–June 30, 2019.

The framework for IPRO’s assessment is based on the guidelines and protocols established by CMS, as well as Louisiana state requirements. IPRO’s assessment included an evaluation of the mandatory activities, which encompass: performance measure validation, performance improvement project (PIP) validation, and compliance audits. Results of the most current HEDIS and CAHPS surveys are presented and are evaluated in comparison to the NCQA’s *Quality Compass* 2019 National – All Lines of Business ([LOBs] Excluding Preferred-Provider Organizations [PPOs] and Exclusive Provider Organizations [EPOs]) Medicaid benchmarks.

Section VI provides an assessment of the MCO’s strengths and opportunities for improvement in the areas of accessibility, timeliness and quality of services. For areas in which the MCO has opportunities for improvement, recommendations for improving the quality of the MCO’s health care services are provided. To achieve full compliance with federal regulations, this section also includes an assessment of the degree to which the MCO has effectively addressed the recommendations for quality improvement made by IPRO in the previous year’s EQR report. The MCO was given the opportunity to describe current and proposed interventions that address areas of concern, as well as an opportunity to explain areas that the MCO did not feel were within its ability to improve. The response by the MCO is appended to this section of the report.

II. MCO Corporate Profile

Table 1: Corporate Profile

Aetna Better Health of Louisiana	
Type of Organization	Health Maintenance Organization
Tax Status	For Profit
Year Operational	2015
Product Line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid Enrollment (as of June 2019)	112,513

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2019, the MCO's Medicaid enrollment totaled 112,513, which represents 8% of Healthy Louisiana's active members. Table 2 displays Aetna's Medicaid enrollment for 2017 to 2019, as well as the 2019 statewide enrollment totals.

Table 1: Medicaid Enrollment as of June 2019

Aetna ¹	June 2017	June 2018	June 2019	% Change	2019 Statewide Total ²
Total enrollment	111,631	114,377	112,513	1.6%	1,406,048

Data Source: Report No. 109-A.

¹This report shows all active members in Healthy Louisiana as of the effective date above. Members to be disenrolled at the end of the reporting month were not included. Enrollees who gained and lost eligibility during the reporting month were not included. Enrollees who opted out of Healthy Louisiana during the reporting month were not included.

²The statewide total includes membership of all plans.

Provider Network

Providers by Specialty

LDH requires each MCO to report on a quarterly basis the total number of network providers. **Table 3** shows the sum of Aetna's primary care providers, ob/gyns and other physicians with primary care responsibilities within each LDH region as of June 30, 2019.

Table 2: Primary Care & Ob/Gyn Counts by LDH Region

Specialty	Aetna									MCO Statewide Unduplicated
	LDH Region									
	1	2	3	4	5	6	7	8	9	
Family Practice/General Medicine	237	142	41	119	87	68	173	100	76	799
Pediatrics	162	101	27	72	14	24	111	18	34	495
Nurse Practitioners	714	576	198	377	204	232	331	273	327	2593
Internal Medicine ¹	246	153	36	67	53	33	128	37	67	707
Ob/gyn ¹	1	0	0	0	0	0	1	1	0	2
RHC/FQHC	62	30	28	32	19	45	42	42	32	332

Data source: Network Adequacy Review Report 20 2019 Q2.

¹Count includes only those that accept full PCP responsibilities

LDH: Louisiana Department of Health; LDH Region 1: New Orleans; Region 2: Baton Rouge; Region 3: Houma Thibodaux; Region 4: Lafayette; Region 5: Lake Charles; Region 6: Alexandria; Region 7: Shreveport; Region 8: West Monroe; Region 9: Hammond; MCO: managed care organization; RHC/FQHC: Rural Health Clinic/ Federally Qualified Health Center

Provider Network Accessibility

Aetna monitors its provider network for accessibility and network capability using the GeoAccess software program. This program assigns geographic coordinates to addresses so that the distance between providers and members can be assessed to determine whether members have access to care within a reasonable distance from their homes. MCO's are required to meet the distance and/or time standards set by LDH. **Tables 4 and 5** show the percentage of members for whom the distance and time standards were met respectively.

Table 3: GeoAccess Provider Network Accessibility (Distance) as of June 30, 2019

Provider Type		Access Standard ¹ X Provider(s) within X Miles	Percentage of Members for Whom Standard was Met
Adult PCP	Urban	1 in 10 miles	97.5%
	Rural	1 in 30 miles	100%
Pediatric PCP	Urban	1 in 10 miles	92.0%
	Rural	1 in 30 miles	98.2%
Ob/gyn	Urban	1 in 15 miles	95.4%
	Rural	1 in 30 miles	97.0%

Data Source: Network Adequacy Review Report 220 2019 Jan 1 – June 30.

¹The Access Standard is measured in distance to member address.

PCP: Primary Care Physician

Table 5: GeoAccess Provider Network Accessibility (Time) as of June 30, 2019

Provider Type		Access Standard ¹ X Provider(s) within X Minutes	Percentage of Members for Whom Standard was Met
Adult PCP	Urban	1 in 20 minutes	99.8%
	Rural	1 in 60 minutes	100%
Pediatric PCP	Urban	1 in 20 minutes	98.7%
	Rural	1 in 60 minutes	100%
Ob/gyn	Urban	1 in 30 minutes	96.9%
	Rural	1 in 60 minutes	100%

Data Source: Network Adequacy Review Report 220 2019 Jan 1 – June 30.

¹The Access Standard is measured in time to member address.

PCP: Primary Care Physician

IV. Quality Indicators

To measure quality of care provided by the MCOs, the State prepares and reviews a number of reports on a variety of quality indicators. This section is a summary of findings from these reports, including Performance Improvement Projects (PIPs), as well as HEDIS and CAHPS.

Performance Improvement Projects

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

During the period from July 1, 2018, through June 30, 2019, Healthy Louisiana was in the process of conducting three Collaborative PIPs: 1) Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth; a one-year extension after Final PIP report submitted on June 30, 2018, with PIP Extension reporting completed on June 30, 2019; 2) Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with Attention-Deficit Hyperactivity Disorder (ADHD), with Final PIP report submitted on June 30, 2019; and 3) Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), with First Quarter PIP Report for the Intervention Period beginning January 1, 2019, submitted on April 30, 2019. As a Collaborative, the five plans agreed upon the following intervention strategies for each PIP:

1. Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth
 - A. Baseline to Final PIP Measurement Period (Retrospective Performance Indicator reporting): November 6, 2014–November 5, 2017
 - Implement the Notification of Pregnancy communication from provider to MCO
 - Implement the High-Risk Registry communication from MCO to provider
 - Conduct provider education for how to provide and bill for evidence-based care
 - Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination
 - B. Extension Measurement Period (Concurrent Monthly Intervention Tracking Measure [ITM] reporting at monthly ITM meetings): Beginning August 2018, for the measurement period beginning as early as March 2018 (depending upon MCO-specific data reporting) and extending through May 2019, the plans reported monthly on the same Intervention Tracking Measure (ITM) to address each of the following corresponding interventions:
 1. Identify/ risk stratify pregnant women; ITM: The percentage of women with evidence of a previous preterm singleton birth (PPSB) event (24–36 weeks completed gestation) who are currently pregnant (denominator) and who had a comprehensive needs assessment ([CNA] e.g., for physical and behavioral health conditions, lack of social supports, substance abuse, hypertension/preeclampsia, etc.) with risk stratification completed (numerator).
 2. Conduct face-to-face care management; ITM: The percentage of women with evidence of a PPSB event (24–36 weeks completed gestation) who are currently pregnant (same denominator as ITM 1) who had a face-to-face encounter with patient navigator (consider for outlier practices) and/or care manager and/or community outreach worker and/or nurse in any setting (e.g., provider office, clinic, home; numerator).
 3. Conduct 17P-enhanced care coordination; ITM: The percentage of women with evidence of a PPSB event (24–36 weeks completed gestation) who are currently pregnant (denominator) and who were contacted via outreach with completed contact (telephonic or face-to-face) to provide education regarding risk for repeat PPSB and 17P treatment and to facilitate OB appointment (numerator).
 4. Provide contraception education/ reproductive plan; ITM: The percentage of women with evidence of a PPSB event (24–36 weeks completed gestation) who are currently pregnant {same as ITM 1 denominator) who were contacted during the third trimester for contraception education and completed a reproductive plan for postpartum period (numerator).

5. Notify providers of members at risk for preeclampsia; ITM: the percentage of pregnant women with a history of hypertension/ preeclampsia (denominator) whose provider received notification from the plan that the member is at risk for hypertension/preeclampsia (numerator).
 6. Primary care/ Inter-conception referral; ITM: The percentage of women with a current preterm delivery (denominator) with postpartum outreach within six weeks of delivery for comprehensive education on chronic disease management, as indicated; pregnancy spacing and contraception planning; progesterone and ASA AND had an appointment with a PCP scheduled (numerator).
2. Improving the Quality of Diagnosis, Management and Care Coordination for Children and Adolescents with ADHD
 - Improve workforce capacity;
 - Conduct provider education for ADHD assessment and management consistent with clinical guidelines;
 - Expand PCP access to behavioral health consultation; and
 - Develop and implement or revised care management programs to improve outreach to eligible and at-risk members for engagement in care coordination.
 3. Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
 - Conduct provider training to expand the workforce for treatment initiation and follow-up (e.g., Medication assisted treatment guidelines, waiver training);
 - Partner with hospitals/emergency departments (EDs) to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols);
 - Provide enhanced member care coordination (e.g., behavioral health integration, case management (CM), improved communication between MCO UM and case management (CM) for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches); and
 - Other interventions as informed by the MCO's barrier analyses they will conduct as part of the PIP process.

Summaries of each of the PIPs conducted by Aetna Better Health follow.

Improving Prenatal and Postpartum Care to Reduce the Risk of Preterm Birth

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are as follows:

1. The percentage of women 15–45 years of age with evidence of a previous pre-term singleton birth event (< 37 weeks completed gestation) who received one or more progesterone injections between the 16th and 21st week of gestation (also as reported in the PTB incentive measure).

Baseline to final measurement goal: Increase the percentage of women who received one or more progesterone injections between the 16th and 21st week of pregnancy by 10 percentage points (from 10% to 20%).

2. The percentage of women aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy.

Baseline to final measurement goal: Increase the percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy by 15 percentage points (from 72% to 87%).

3. The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.

Baseline to final measurement goal: Increase the number of women who delivered a live birth and had at least one test for HIV during pregnancy by 17 percentage points (from 70% to 87%).

4. The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.

Baseline to final measurement goal: Increase the number of women who delivered a live birth and had at least one test for syphilis during pregnancy by 14 percentage points (from 73% to 87%).

5. The percentage of postpartum women who:

a. Adopt use of a most effective Food and Drug Administration (FDA)-approved method of contraception (i.e., female sterilization or long-acting reversible contraception [LARC], such as contraceptive implants or intrauterine devices or systems [IUD/IUS]).

Baseline to final measurement goal: Increase the percentage of postpartum women who adopt use of the most effective FDA-approved method of contraception by 12 percentage points (from 7% to 19%).

b. Adopt use of a moderately effective method of contraception (i.e., use of injectable, oral pills, patch, ring or diaphragm).

Baseline to final measurement goal: Increase the percentage of postpartum women who adopt use of a moderately effective contraception by 22 percentage points (from 9% to 31%).

c. Adopt use of LARC during delivery hospitalization.

Baseline to final measurement goal: Increase the percentage of postpartum women who adopt use of LARC during delivery hospitalization by 28 percentage points (from 15% to 43%).

d. Adopt use of LARC outpatient within 56 days postpartum.

Baseline to final measurement goal: Increase the percentage of postpartum women who adopt use of LARC within 56 days postpartum by 28 percentage points (from 15% to 43%).

6. The percentage of women with a postpartum visit as per the HEDIS prenatal and postpartum care (PPC) postpartum measure.

Baseline to final measurement goal: Increase the percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure by 10 percentage points (from 58% to 68%).

Intervention Summary:

- Interventions to address member barriers: Interventions were created to include: Notification of Pregnancy (NOP) form, internal pregnancy registry, member education, and care management effectiveness.
- Interventions to address provider barriers: Interventions were created to include: NOP form, internal pregnancy registry, provider education, and care management effectiveness.

Results/Strengths – Final PIP Report:

- The original PIP measure for 17P receipt rate increased from 9.1% to 22.2%, exceeding the 20% target rate.
- The incentive 17P rate increased from 12.7% to 20.5%.
- The rate for chlamydia screening increased from 72.4% at baseline to 85.94% at final re-measurement (just short of the targeted rate of 87%).
- The rate for HIV testing increased from 70.3% at baseline to 85.7% at interim re-measurement, then fell to 79.68% at final re-measurement (still higher than baseline, although below the targeted rate of 87%).
- The rate for syphilis testing increased from 27.3% at baseline to 84.24% at final re-measurement (just short of the target rate of 87%).
- The rate of adoption of use of a most effective FDA-approved method of contraception increased from a baseline rate of 1.4% to a final rate of 17.06% (just short of the targeted rate of 19%).
- The rate of adoption of use of a moderately effective FDA-approved method of contraception increased from a baseline rate of 9% to a final rate of 26.04% (although this represents a drop from the interim rate of 29.3% and falls short of the target rate of 31%).
- The HEDIS PPC rate increased from 58.28% at baseline to 63.5 at final re-measurement and met the state target rate of 63.12%.

Results/Strengths – Final ITM Workgroup ITM 3 Run Chart Presentation 6/20/19:

- The plan presented a run chart for ITM 3; however, no shifts or trends were observed for the ITM 3 monthly rate. The annual rate for 17P receipt increased from 11.59% in 2015 to 21.79% in 2018.

Opportunities for Improvement/ Next Steps Identified by Aetna:

- ITM 1: Modification of Dynamo documentation tool and Louisiana electronic event registration files will be reviewed weekly for identification of members with deliveries.
- ITM 2: Will contact providers for identification of updated phone numbers.
- ITM 3: All high-risk pregnant members to receive third trimester outreach and all pregnant members receive contraception education letter.
- ITM 5: Send monthly preeclampsia faxes to primary obstetrics (OB) providers.
- ITM 6: To provide staff training on documentation of measures checklist used for monthly chart audits.

Overall Credibility of Results:

The validation findings generally indicate that the credibility of the PIP results is not at risk. Interpretations of improvement attributable to interventions must be interpreted with some caution due to lack of evidence of improvement in ITMs.

Improving the Quality of Diagnosis, Management and Care Coordination for Children with ADHD

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are as follows.

A. Hybrid Measures (Utilizing a Random, Stratified Sample of New ADHD Cases for Chart Review):

A1. Validated ADHD Screening Instrument: The percentage of the eligible population sample whose PCP used a validated ADHD screening instrument.

Baseline to final measurement goal: Increase the percentage of validated ADHD screening instruments used from 45.45% at baseline to 59% target goal at final re-measurement. The target goal is set to match the NCQA HEDIS 50th percentile for ADD – Initiation and Continuation Phase by June 2019.

A2. ADHD Screening in Multiple Settings: The percentage of the eligible population sample whose PCP used a validated ADHD screening instrument completed by reporters across multiple settings (i.e., at home and school).

Baseline to final measurement goal: Increase the percentage of ADHD screenings in multiple settings from 27.27% at baseline to 59% target goal at final re-measurement. The target goal is set to match the NCQA HEDIS 50th percentile for ADD – Initiation and Continuation Phase by June 2019.

A3. Assessment of Other Behavioral Health Conditions/Symptoms: The percentage of the eligible population sample whose PCP conducted a screening, evaluation, or utilized behavioral health consultation for at least one alternate cause of presenting symptoms and/or co-occurring conditions (e.g., oppositional-defiant disorder, conduct disorder, anxiety, depression, autism, learning/language disorders, substance use disorder, trauma exposure/toxic stress).

Baseline to final measurement goal: Increase the percentage of assessments of other behavioral health conditions from 45.45% at baseline to 59% target goal at final-re-measurement. The target goal is set to match the NCQA HEDIS 50th percentile for ADD – Initiation and Continuation Phase by June 2019.

A4. Positive Findings of Other Behavioral Health Conditions: The percentage of the eligible subpopulation sample with screening, evaluation or utilization of behavioral health consultation whose PCP documented positive findings (i.e., positive screens or documented concerns for alternate causes of presenting symptoms and/or co-occurring conditions; goal setting not applicable).

A5a. Referral for Evaluation of Other Behavioral Health Conditions: The percentage of the eligible subpopulation sample with positive findings regarding alternate causes/co-occurring conditions whose PCP documented a referral to a specialist behavioral health provider for evaluation and/or treatment of alternate causes of presenting symptoms and/or co-occurring conditions.

Baseline to final measurement goal: Increase the referrals for evaluation of other behavioral health conditions from 0.00% as baseline to 59% target goal at re-measurement. The target goal is set to match the NCQA HEDIS 50th percentile for ADD – Initiation and Continuation Phase by June 2019.

A5b. Referral to Treat Other Behavioral Health Conditions: The percentage of the eligible subpopulation sample referred to behavioral specialist for evaluation/treatment of alternate causes/co-occurring conditions whose PCP documented referral to a mental health rehabilitation provider (e.g., community psychiatric support treatment, psychosocial rehabilitation, coordinated system of care to treat alternate causes of presenting symptoms and/or co-occurring conditions).

Baseline to final measurement goal: Increase the percentage of referrals to treat other behavioral conditions from 0.00% as baseline to 59% target goal at re-measurement. The target goal is set to match the NCQA HEDIS 50th percentile for ADD – Initiation and Continuation Phase by June 2019.

A6. PCP Care Coordination: The percentage of the eligible population sample who received PCP care coordination (e.g., provider notes regarding communication with a behavioral therapist, other specialist, the child’s teacher, or health plan case manager) regarding ADHD care coordination.

Baseline to final measurement goal: Increase the percentage of PCP care coordination from 9.09% at baseline to 59% target goal at final re-measurement by June 2019.

A7. MCO Care Coordination: The percentage of the eligible population sample who received care coordination services from the health plan care coordinator.

Baseline to final measurement goal: Increase the percentage of members under 21 receiving care coordination services from 0.00% at baseline to 75% target goal at final re-measurement by June 2019.

A8. MCO Outreach with Member Contact: The percentage of the eligible population sample who were contacted by the health plan care coordinator.

Baseline to final measurement goal: Increase the percentage of members under 21 receiving case management outreaches from 0.00% at baseline to 75% target goal at final re-measurement by June 2019.

A9. MCO Outreach with Member Engagement: The percentage of the members contacted via outreach who were engaged in care management.

Baseline to final measurement goal: Increase the percentage of members under 21 with engagement in case management. The measure did not apply to any members at baseline. The target goal is set at 45% at final re-measurement June 2019.

A10. First-Line Behavior Therapy for Children < 6 years: The percentage of the eligible population sample aged < 6 years who received evidence-based behavior therapy as first-line treatment for ADHD.

Baseline to final measurement goal: Increase the percentage of members < 6 who received first-line behavioral therapy from 0.00% at baseline to 45 target goal by final re-measurement.

B. Administrative Measures (Utilizing Encounter/Pharmacy Files):

HEDIS Administrative Measures:

B1a. Initiation Phase: The percentage of members aged 6–12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase.

Baseline to final measurement goal: Increase the percent of members aged 6–12 who had one follow-up visit with the practitioner during the 30-day initiation phase, from 45.3% at baseline to 47.6% at final re-measurement. Target goal is set to match the NCQA HEDIS 50th percentile annually, and at the final re-measurement of 2019.

B1b. Continuation and Maintenance (C&M) Phase: The percentage of members aged 6–12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the initiation phase ended.

Baseline to final measurement goal: Increase the percent of members aged 6–12 who had two follow-up visits with a practitioner within nine months after the initiation phase ended, from 51.2% at baseline to 55.9% at final re-

measurement. Target goal is set to match the NCQA HEDIS 50th percentile annually and at the final re-measurement of 2019.

Non-HEDIS Administrative Measures:

B2a. BH Drugs with Behavioral Therapy: Percentage of any ADHD cases, aged 0–20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotics, and/or other psychotropics), with behavioral therapy.

Baseline to final measurement goal: Increase the percentage of members, aged 0–20 years, with documentation of behavioral health pharmacotherapy with therapy from 30.0% at baseline to 40.0% at final re-measurement.

B2b. BH Drugs without Behavioral Therapy: Percentage of any ADHD cases, aged 0–20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (ADHD medication, antipsychotics, and/or other psychotropics), without behavioral therapy.

Baseline to final measurement goal: Decrease the percentage of members, aged 0–20 years, with documentation of behavioral health pharmacotherapy without therapy from 56.3% at baseline to 47.0% at final re-measurement. The target goal is set to match the HEDIS national percentiles.

Aetna conducted the following interventions:

- Improve member education.
- Increase case management outreach and enrollment.
- Improve case management training module.
- Provide on-site provider education after findings from the 2018 chart review concluded a knowledge deficit in the metrics reported. Also, education will include information to assist providers with accessing and utilizing the provider toolkit provided by AAP.
- Collaborate with provider relations.
- Improve provider educational materials.
- Target PCP high prescribers.
- Conduct outreach to the 70 foster care members identified by December 31, 2018. The case management team will engage members to enroll in the program to provide the highest level of care coordination to assure member needs are met.

Aetna reported the following results:

- Performance indicator B1b HEDIS ADD Measure for Continuation Phase showed improvement from baseline (51.2%) to interim (60.34%) re-measurement; however, the rate decreased to 53.33% for the final re-measurement year. The target rate of 55.9% was not achieved.
- Performance indicator B2a BH Drug with Behavioral Therapy showed improvement from baseline (29.4%) to interim (34.40%) re-measurement and remained essentially the same (34.42%) at final re-measurement. The target rate of 40% was not achieved.
- Performance indicator A5a Referral for Evaluation of Other BH Conditions increased from 0% at baseline to 32.14% at interim and, with EQRO correction for appropriate denominator, to 50% at final re-measurement. Although improvement was sustained, the target rate of 59% was not achieved.
- Performance indicator A5b Referral to Treat Other BH Conditions increased from 0% at baseline to 35.71% at interim and, with EQRO correction for appropriate denominator, to 42.86% at final re-measurement; therefore, improvement was sustained, but the target rate of 59% was not achieved.
- Performance indicator A7 MCO Care Coordination improved from baseline (0%; n = 11) to interim (11.67%; n = 60), but decreased during the final re-measurement year to 6.98%. The target rate of 75% was not achieved.
- Performance indicator A8 MCO Outreach with Member Contact improved from baseline (0%; n = 11) to interim (21.67%; n = 60), but decreased during the final re-measurement year to 16.28%. The target rate of 75% was not achieved.
- ITM for Intervention 10 Enhanced Case Management outreach by care coordinators increased from 16.94% (51/301) in Q1 2017 to 62.11% (159/256) in Q1 2018 and, if ITM 5 corresponds to this same intervention (different numbering

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makes this unclear), this improvement rate appears to have been maintained without an upward improvement trend, with quarterly rates of 66.03% (Q2 2018), 52.19% (Q3 2018), and 64.37% (Q4 2018).

- In response to the low case management outreach rates, the plan indicated that a report was created that lists all newly diagnosed members, including ADHD prescription fills, and anticipated an increase in member outreach for the final re-measurement period; however, ITM rates for successful contact and CM enrollment did not show improvement during 2018, and the plan acknowledged this in the PIP report discussion section, despite several new interventions implemented during 2018.
- Findings indicated there was an increased rate of children ages 6–12 in foster care who were prescribed an ADHD without BH therapy, from 38.3% at baseline to 50% at interim. In response to this finding, on September 2018, the plan implemented a collaborative intervention of care coordination with the state case worker. The objective of the collaborative intervention was to ensure that BH therapy is integrated into care. However, because there was neither a corresponding ITM nor a final rate for this same measure reported, it is unclear if this intervention had an impact on the percentage of members in foster care who are prescribed an ADHD drug in the absence of BH therapy. A similar measure not restricted to ADHD prescription (i.e., percentage of ADHD cases aged 6–12 in foster care aged with a claim for any medication in the BH drug list tab but without a claim for any counseling type) was reported as 53.5%; the latter does not indicate improvement.

IPRO identified the following opportunities for improvement:

- The plan conducted Plan-Do-Study-Act (PDSA) testing of non-clinician outreach and determined to modify intervention to conduct outreach by clinicians; however, there was no corresponding quarterly or monthly ITM reported.
- The nonexistent and small numbers in the denominators for member ITM 9 for behavioral specialist referrals (denominator = 0), and ITM 13 for engagement plan (denominator = 5) are not meaningful and raise questions about the restricted member impact of this PIP. The plan indicated work in progress to generate reports to track this information. If automation poses a barrier, then the plan should not rely upon automated reports such as the Geo Access reports, but instead be prepared to conduct alternative tracking (e.g., manual, Excel or Access), as needed.
- A discussion of direct feedback from members on barriers would have better informed next steps.
- Lessons learned and system-level changes made/planned focused on provider-targeted interventions without commensurate attention to member interventions.

Overall Credibility of Results: The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to the data miscalculations for three of the final performance indicators, as well as the lack of consistently measured ITMs to monitor successful member outreach for susceptible subpopulations and, consequently, missed opportunities to use ITM data to flag trends, conduct barrier analysis, and use barrier analysis findings to inform modifications to interventions.

Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Indicators, Baseline Rates and Goals: The indicators, baseline rates and corresponding target rates for performance improvement from baseline to final re-measurement are shown in **Table 6**.

Table 6: Indicators, Baseline Rates, and Goals for IET

Performance Indicator	Baseline Period HEDIS MY 2018 01/01/2017–12/31/2017	Final Goal/Target Rate
Indicator 1a.i Initiation treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Eligible population = 8 Exclusions = 0 If “H,” sample size = N/A Numerator = 4 Denominator = 8 Rate = 50%	Target rate: 53.00% Rationale: Based on 2018 Louisiana state average
Indicator 1a.ii Initiation treatment: age 13–17 years,	Eligible population = 0 Exclusions = 0	Target Rate: NR Rationale: No baseline 2018

Performance Indicator	Baseline Period HEDIS MY 2018 01/01/2017–12/31/2017	Final Goal/Target Rate
opioid abuse or dependence diagnosis cohort	If "H," sample size = N/A Numerator = 0 Denominator = 0 Rate = NS	
Indicator 1a.iii. Initiation treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Eligible population = 37 Exclusions = 0 If "H," sample size = N/A Numerator = 23 Denominator = 37 Rate = 62.16%	Target Rate: 65.16% Rationale: Based on 2018 Louisiana state average
Indicator 1a.iv. Initiation treatment: age 13–17 years, total diagnosis cohort	Eligible population = 42 Exclusions = 0 If "H," sample size = N/A Numerator = 24 Denominator = 42 Rate = 57.14%	Target rate: 60.14% Rationale: Based on 2018 Louisiana state average
Indicator 1b.i. Initiation treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Eligible population = 1663 Exclusions = 0 If "H," sample size = N/A Numerator = 731 Denominator = 1,663 Rate = 43.96%	Target rate: 46.49% Rationale: Based on 2018 Louisiana state average
Indicator 1b.ii. Initiation treatment: age 18+ years, opioid abuse or dependence diagnosis cohort	Eligible population = 829 Exclusions = 0 If "H," sample size = N/A Numerator = 500 Denominator = 829 Rate = 60.31%	Target rate: 63.31% Rationale: Based on 2018 Louisiana state average
Indicator 1b.iii Initiation treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Eligible population = 2,510 Exclusions = 0 If "H," sample size = N/A Numerator = 1,234 Denominator = 2,510 Rate = 49.16%	Target rate: 52.16% Rationale: Based on 2018 Louisiana state average
Indicator 1b.iv. Initiation treatment: age 18+ years, total diagnosis cohort	Eligible population = 4,269 Exclusions = 0 If "H," sample size = N/A Numerator = 2,030 Denominator = 4,269 Rate = 47.55%	Target rate: 50.55% Rationale: Based on 2018 Louisiana state average
Indicator 1c.i. Initiation treatment: total age groups, alcohol abuse or dependence diagnosis cohort	Eligible population = 1,671 Exclusions = 0 If "H," sample size = N/A Numerator = 735 Denominator = 1,671 Rate = 43.99%	Target rate: 46.99% Rationale: Based on 2018 Louisiana state average
Indicator 1c.ii. Initiation treatment: total age groups,	Eligible population = 829 Exclusions = 0	Target rate: 63.31% Rationale: Based on 2018 Louisiana state

Performance Indicator	Baseline Period HEDIS MY 2018 01/01/2017–12/31/2017	Final Goal/Target Rate
opioid abuse or dependence diagnosis cohort	If “H,” sample size = N/A Numerator = 500 Denominator = 829 Rate = 60.31%	average; Aetna not meeting goal.
Indicator 1c.iii. Initiation treatment: total age groups, other drug abuse or dependence diagnosis cohort	Eligible population = 2,547 Exclusions = 0 If “H,” sample size = N/A Numerator = 1,257 Denominator = 2,547 Rate = 49.35%	Target rate: 52.35% Rationale: Based on 2018 Louisiana state average
Indicator 1c.iv. Initiation treatment: total age groups, total diagnosis cohort	Eligible population = 4,311 Exclusions = 0 If “H,” sample size = N/A Numerator = 2,054 Denominator = 4,311 Rate = 47.65%	Target rate: 50.65% Rationale: Based on 2018 Louisiana state average
Indicator 2a.i. Engagement treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Eligible population = 8 Exclusions = 0 If “H,” sample size = N/A Numerator = 1 Denominator = 8 Rate = 12.50%	Target rate: 15.50% Rationale: Based on 2018 Louisiana state average
Indicator 2a.ii. Engagement treatment: age 13–17 years, opioid abuse or dependence diagnosis cohort	Eligible population = 0 Exclusions = 0 If “H,” sample size = N/A Numerator = 0 Denominator = 0 Rate = NS	Target rate: NR Rationale: No baseline 2018
Indicator 2a.iii. Engagement treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Eligible population = 37 Exclusions = 0 If “H,” sample size = N/A Numerator = 12 Denominator = 37 Rate = 32.43%	Target rate: 35.43% Rationale: Based on 2018 Louisiana state average
Indicator 2a.iv. Engagement treatment: age 13–17 years, total diagnosis cohort	Eligible population = 42 Exclusions = 0 If “H,” sample size = N/A Numerator = 12 Denominator = 42 Rate = 28.57%	Target rate: 31.57% Rationale: Based on 2018 Louisiana state average
Indicator 2b.i. Engagement treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Eligible population = 1663 Exclusions = 0 If “H,” sample size = N/A Numerator = 166 Denominator = 1,663 Rate = 9.98%	Target rate: 12.98% Rationale: Based on 2018 Louisiana state average. ABH is meeting goal
Indicator 2b.ii. Engagement treatment: age 18+ years, opioid abuse or dependence diagnosis	Eligible population = 829 Exclusions = 0 If “H,” sample size = N/A	Target rate: 27.73% Rationale: Based on 2018 Louisiana state average

Performance Indicator	Baseline Period HEDIS MY 2018 01/01/2017–12/31/2017	Final Goal/Target Rate
cohort	Numerator = 205 Denominator = 829 Rate = 24.73%	
Indicator 2b.iii. Engagement treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Eligible population = 2,510 Exclusions = 0 If “H,” sample size = N/A Numerator = 302 Denominator = 2,510 Rate = 12.03%	Target rate: 15.03% Rationale: used on 2018 Louisiana state average
Indicator 2b.iv. Engagement treatment: age 18+ years, total diagnosis cohort	Eligible population = 4,269 Exclusions = 0 If “H,” sample size = N/A Numerator = 558 Denominator = 4,269 Rate = 13.07%	Target rate: 16.07% Rationale: Based on 2018 Louisiana state average
Indicator 2c.i. Engagement treatment: Total age groups, alcohol abuse or dependence diagnosis cohort	Eligible population = 1671 Exclusions= 0 If “H”, sample size = N/A Numerator = 167 Denominator = 1,671 Rate = 43.99%	Target rate: 12.99% Rationale: Based on 2018 Louisiana state average
Indicator 2c.ii. Engagement treatment: total age groups, opioid abuse or dependence diagnosis cohort	Eligible population = 829 Exclusions = 0 If “H,” sample size = N/A Numerator = 205 Denominator = 829 Rate = 24.73%	Target rate: 27.73% Rationale: Based on 2018 Louisiana state average; Aetna not meeting goal.
Indicator 2c.iii. Engagement treatment: total age groups, other drug abuse or dependence diagnosis cohort	Eligible population = 2,547 Exclusions = 0 If “H,” sample size = N/A Numerator = 314 Denominator = 2,547 Rate = 12.33%	Target rate: 15.33% Rationale: Based on 2018 Louisiana state average
Indicator 2c.iv. Engagement treatment: Total age groups, total diagnosis cohort	Eligible population = 4,311 Exclusions = 0 If “H,” sample size = N/A Numerator = 570 Denominator = 4,311 Rate = 13.22%	Target rate: 16.22% Rationale: Based on 2018 Louisiana state average

HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year; H: hybrid measure; N/A: not applicable; NR: not reported

Aetna conducted the following interventions:

- Monitoring of member survey response rates of reasons for non-participation and modifying our engagement strategies based on the findings;
- Member education of the benefits of treatment, disease-specific education, community resources, treating providers inclusive of telemedicine options, and free nicotine treatment services;
- Tracking of member referrals to outpatient, residential, and hospital service providers;

- Increasing family or support system engagement in treatment and care planning;
- Health fairs and on-site education of services available with direct referrals to treatment programs;
- Identification social determinants of care for sub-populations and to social determinants to care, including those for tribal members;
- Member enrollment in the medication restriction program, restricting frequency and total amount of prescribed medication, singular pharmacy, and singular prescribing physician; and
- Increased engagement with tribal council members and collaboration in implementation of tribal action plan to reduce substance misuse and abuse by tribal members.

Aetna implemented the following provider interventions:

- MAT training for first-line providers (e.g., PCPs, nurse practitioners, ob/gyn, ED providers);
- Screening, brief intervention, and referral to treatment (SBIRT)/training alliance for public safety (TAPS) training workshops available to first line providers;
- Improved utilization of SBIRT and/or TAPS to accurately identify members and refer them to various treatment options;
- Aetna collaboration with hospital ED for education of ED providers regarding protocols for ED-initiated buprenorphine treatment, and linkage to services post-discharge;
- Track and trend proportion of members discharged who received evidence-based comprehensive discharge planning, implementation of X1 action to improve communication/coordination of care;
- Track and trend provider-controlled substance prescribing practices; and
- Active distribution of resource lists and information of available member treatment options to first-line providers, including tobacco cessation programs.

Results/ Strengths: Performance Indicators that met or exceeded the target rate in the first quarter 2019 (reported April 2019) include the following:

- Indicator 1b. i: Initiation of AOD Treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort;
- Indicator 1c. i: Initiation of AOD Treatment: Total age groups, alcohol abuse or dependence diagnosis cohort;
- Indicator 2b. i: Engagement of AOD Treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort; and
- Indicator 2b. iii: Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort.

IPRO identified the following opportunities for improvement:

- Develop and implement an intervention to improve referral for American Society of Addiction Medicine 6D risk evaluation.
- Develop and implement an intervention to identify/recruit substance use disorder treatment providers to connect with outpatient MAT prescribers.
- The focus of this PIP is on how to improve initiation and engagement in AOD treatment, not to address prescribing practices; therefore, member and provider interventions for this PIP should be restricted to this focus.
- Development of communication flowcharts should be incorporated into the barrier analysis, with findings used to inform the development of a modified intervention.
- Resources/ vacant IET PIP position is stated as a PIP barrier; however, this is not a PIP barrier, but instead, is an obstacle to compliance.

Overall Credibility of Results: Final PIP validation to be conducted upon IPRO receipt of the Final IET PIP report.

Performance Measures: HEDIS 2019 (Measurement Year 2018)

MCO-reported performance measures were validated as per HEDIS 2019 Compliance Audit specifications developed by the National Committee for Quality Assurance (NCQA). The results of each MCO's HEDIS 2019 Compliance Audit are summarized in its final audit report (FAR).

HEDIS Effectiveness of Care Measures

HEDIS Effectiveness of Care measures evaluate how well an MCO provides preventive screenings and care for members with acute and chronic illnesses. **Table 7** displays MCO performance rates for select HEDIS Effectiveness of Care measures for HEDIS 2017, HEDIS 2018, HEDIS 2019, Healthy Louisiana 2019 statewide averages and Quality Compass 2019 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 7: HEDIS Effectiveness of Care Measures – 2017–2019

Measure	Aetna			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2019 Average
	HEDIS 2017	HEDIS 2018	HEDIS 2019		
Adult BMI Assessment	72.22%	79.32%	85.40%	25th	82.51%
Antidepressant Medication Management - Acute Phase	81.63%	57.23%	56.97%	75th	48.17%
Antidepressant Medication Management - Continuation Phase	73.78%	44.60%	43.59%	75th	32.56%
Asthma Medication Ratio (5-64 Years)	52.25%	53.11%	59.97%	25th	64.08%
Breast Cancer Screening in Women	57.14%	58.21%	59.64%	50th	57.70%
Cervical Cancer Screening	49.18%	44.28%	47.69%	10th	56.41%
Childhood Immunization Status - Combination 3	47.45%	65.21%	73.24%	66.67th	70.99%
Chlamydia Screening in Women (16-24 Years)	60.50%	64.96%	64.00%	66.67th	66.19%
Comprehensive Diabetes Care - HbA1c Testing	78.81%	84.67%	87.83%	33.33rd	85.78%
Controlling High Blood Pressure	25.17%	39.17%	50.36%	10th	47.88%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	51.16%	60.34%	41.12%	33.33rd	50.65%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	44.81%	45.36%	53.33%	33.33rd	65.01%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	51.25%	30.36%	46.31%	75th	29.61%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	42.59%	52.31%	65.45%	10th	65.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	34.26%	49.39%	56.45%	10th	58.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	23.61%	39.66%	47.69%	10th	50.62%

HEDIS: Healthcare Effectiveness Data and Information Set; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations; BMI: body mass index; ADHD: attention deficit/hyperactivity disorder.

HEDIS Access to/Availability of Care Measures

The HEDIS Access to/Availability of Care measures examine the percentages of Medicaid children/adolescents, child-bearing women and adults who receive PCP/preventive care services, ambulatory care (adults only) or receive timely prenatal and postpartum services. **Table 8** displays MCO rates for select HEDIS Access to/Availability of Care measure rates for HEDIS 2017, HEDIS 2018, HEDIS 2019, Healthy Louisiana 2019 statewide averages, and Quality Compass 2019 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 8: HEDIS Access to/Availability of Care Measures – 2017–2019

Measure	Aetna			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2019 Average
	HEDIS 2017	HEDIS 2018	HEDIS2019		
Children and Adolescents’ Access to PCPs					
12–24 Months	92.45%	93.77%	94.10%	25th	95.68%
25 Months–6 Years	75.26%	81.27%	83.78%	10th	88.36%
7–11 Years	76.22%	81.79%	82.82%	5th	91.25%
12–19 Years	75.28%	81.46%	82.51%	10th	90.60%
Adults’ Access to Preventive/Ambulatory Services					
20–44 Years	76.79%	67.79%	69.70%	10th	76.81%
45–64 Years	85.76%	79.76%	81.48%	10th	84.95%
65+ Years	77.57%	85.61%	76.80%	5th	86.24%
Access to Other Services					
Prenatal Care	75.70%	72.02%	75.67%	10th	79.40%
Postpartum Care	63.08%	63.50%	68.61%	66.67th	67.63%

HEDIS: Healthcare Effectiveness Data and Information Set; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations.

HEDIS Use of Services Measures

This section of the report details utilization of Aetna’s services by examining selected HEDIS Use of Services rates. **Table 9** displays MCO rates for select HEDIS Use of Services measure rates for HEDIS 2017, HEDIS 2018, HEDIS 2019 Healthy Louisiana 2019 statewide averages and Quality Compass 2019 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 9: Use of Services Measures – 2017–2019

Measure	Aetna			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2019 Average
	HEDIS 2017	HEDIS 2018	HEDIS 2019		
Adolescent Well-Care Visit	42.82%	46.72%	39.90%	10th	56.68%
Ambulatory Care Emergency Department Visits/1000 Member Months ¹	91.45	90.59	82.63	90th	75.02
Ambulatory Care Outpatient Visits/1000 Member Months	440.41	402.31	409.49	75th	413.54
Well-Child Visits in the First 15 Months of Life 6+ Visits	53.94%	63.99%	65.21%	33.33rd	63.22%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	53.94%	59.12%	61.56%	10th	70.05%

¹ A lower rate is desirable.

HEDIS: Healthcare Effectiveness Data and Information Set; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations.

Member Satisfaction: Adult and Child CAHPS 5.0H

In 2019, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.0H surveys of Adult Medicaid members and Child Medicaid with Chronic Care Conditions (CCC) was conducted on behalf of Aetna by the NCQA-certified survey vendor, Center for the Study of Service (CSS).

Table 10, Table 11, and Table 12 show Aetna’s CAHPS rates for 2017, 2018, and 2019, as well as Quality Compass 2019 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 10: Adult CAHPS 5.0H – 2017-2019

Measure ¹	Aetna			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	75.56%	78.06%	80.16%	10th
Getting Care Quickly	77.89%	78.87%	80.48%	25th
How Well Doctors Communicate	90.49%	93.08%	91.92%	33.33rd
Customer Service	84.50%	Small sample	88.26%	33.33rd
Shared Decision Making	79.50%	78.27%	77.93%	25th
Rating of All Health Care	69.88%	68.61%	71.83%	10th
Rating of Personal Doctor	80.85%	83.00%	84.49%	66.67th
Rating of Specialist	79.81%	83.00%	84.68%	66.67th
Rating of Health Plan	72.19%	78.07%	76.56%	33.33rd

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

Small sample: Result is not reportable by NCQA due to insufficient denominator (less than 100 responses).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations.

Table 11: Child CAHPS 5.0H General Population – 2017–2019

Measure ¹	Aetna			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	90.86%	87.52%	89.16%	75th
Getting Care Quickly	94.03%	89.59%	94.03%	75th
How Well Doctors Communicate	93.80%	94.65%	95.54%	66.67th
Customer Service	88.33%	Small sample	Small sample	NA
Shared Decision Making	Small sample	Small sample	Small sample	NA
Rating of All Health Care	89.20%	86.15%	87.60%	33.33 rd
Rating of Personal Doctor	90.37%	88.69%	90.20%	33.33 rd
Rating of Specialist	Small sample	Small sample	Small sample	NA
Rating of Health Plan	85.96%	80.62%	85.02%	25th

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

Small sample: Result is not reportable by NCQA due to insufficient denominator (less than 100 responses).CAHPS: Consumer Assessment of Healthcare Providers and Systems; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations.

Table 4: Child CAHPS 5.0H CCC Population – 2017–2019

Measure ¹	Aetna			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	87.69%	88.17%	84.66%	25th
Getting Care Quickly	93.11%	93.50%	92.14%	33.33rd
How Well Doctors Communicate	93.57%	95.96%	95.15%	50th
Customer Service	88.79%	Small sample	Small sample	NA
Shared Decision Making	84.52%	84.02%	85.67%	50th
Rating of All Health Care	83.66%	87.46%	87.20%	50th
Rating of Personal Doctor	91.35%	91.30%	89.29%	33.33rd
Rating of Specialist	86.81%	84.72%	86.14%	10th
Rating of Health Plan	81.10%	84.69%	82.01%	25th

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

Small sample: Result is not reportable by NCQA due to insufficient denominator (less than 100 responses).

CAHPS: Consumer Assessment of Healthcare Providers and Systems; PPOs: Preferred Provider Organizations; EPOs: Exclusive Provider Organizations; N/A: not applicable.

Health Disparities

For this year's technical report, the LA EQRO evaluated MCOs with respect to their activities to identify and/or address gaps in health outcomes and/or health care among their Medicaid population according to at-risk characteristics such as race, ethnicity, gender, geography, etc. This information was obtained through surveying MCOs regarding the following activities:

- (1) Characterization, identification or analysis of the MCO's Medicaid population according to at-risk characteristics.
- (2) Identification of differences in health outcomes or health status that represent measurable gaps between the MCO's Medicaid population and other types of health care consumers.
- (3) Identification of gaps in quality of care for the MCO's Medicaid members and/or Medicaid subgroups.
- (4) Identification of determinants of gaps in health outcomes, health status, or quality of care for at-risk populations.
- (5) Development and/or implementation of interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members with at-risk characteristics.

Please note: In the interest of report length only the MCO's response to question 5 detailing the interventions addressing disparities is reported here.

The MCO reported a large number of interventions; in the interest of space a list of interventions reported by the MCO is reported here.

5. During 2018 and 2019, did the MCO conduct any studies or participate in any initiatives to do the following: Develop and/or implement interventions that aim to reduce or eliminate differences in health outcomes or health status and to improve the quality of care for MCO members identified with at-risk characteristics. If yes, describe impact of interventions.

MCO response:

- **Medical Management Interventions**
 - Care Management Program
 - Maternal Child Program
 - Neonatal Intensive Care Unit (NICU) Care Management Program Description
 - Care Management Collaboration with Maternal, Infant and Early Childhood Home Visiting Program
 - Care Management and Department of Corrections Population
 - Integrated Rounding Process
 - Member Restriction Program
 - Emergency Department (ED) Utilization Program
 - Ready Responders ED Diversion Efforts
 - Remote Patient Monitoring Program
 - Aunt Bertha for Case Management
- **Quality Management Interventions**
 - Provider Webinars

- ADHD Initiatives
 - Provider Toolkit Collaboration
 - Provider Visits
 - ADHD Member Outreach
- Opioid Initiatives
 - Interventions to address member barriers
 - Interventions to address provider barriers
- Diabetes initiatives
 - Diabetes Mailers
 - Diabetes Reminder Phone Calls
 - *Care4Life™*
 - IVR Calls
- **Value Add Benefits and Incentives**
 - Over the Counter Benefit
 - Maternal Health Promise Program and Rewards
 - Notification of Pregnancy (NOP)
 - 17P Administration
 - Lifeline Smartphone
 - Wellpass Text Messaging
 - Gift Cards
- **Health Care Equity Initiatives**
 - Mental Health First Aid Training (MHFA)
 - Neonatal Intensive Care Unit Training
 - Healthy Schools Training Krewe
 - Poverty Simulation Experiences
 - Cultural Competency Learning and Performance
- **Marketing and Community Outreach**
 - American Diabetes Association - Tour de Cure
 - American Diabetes Association - Camp Power Up
 - Aetna Better Health & Wellness Tent at French Quarter Fest

V. Compliance Monitoring

Medicaid Compliance Audit Findings for Contract Year 2019

IPRO conducted the 2019 Compliance Audit on behalf of the LDH. Full compliance audits occur every three years, with partial audits occurring within the intervening years. The 2019 annual compliance audit was a full audit of the MCO's compliance with contractual requirements during the period of April 1, 2018, through March 31, 2019.

The 2019 Compliance Audit included a comprehensive evaluation of Aetna's policies, procedures, files and other materials corresponding to the following nine domains:

- Eligibility and Enrollment
- Marketing and Member Education
- Member Grievances and Appeals
- Provider Network Requirements
- Utilization Management
- Quality Management
- Fraud, Waste and Abuse
- Core Benefits and Services
- Reporting

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

Specifically, file review consisted of the following six areas:

- Member Grievances
- Appeals
- Informal Reconsiderations
- Case Management (behavioral and physical health)
- Credential/Re-credentialing
- Utilization Management

Sample sizes for each file review type are presented in **Table 13**.

Table 13: File Review Sample Sizes

File Type	Sample Size
Member Grievances	15
Appeals	10
Informal Reconsiderations	5
Case Management (physical health)	10
Case Management (behavioral health)	10
Credential/Re-credentialing	10
Utilization Management	10

For this audit, determinations of “full compliance,” “substantial compliance,” “minimal compliance,” “non-compliance,” and “Not Applicable” were used for each element under review. The definition of each of the review determinations is presented in **Table 14**.

Table 14: Review Determination Definitions

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

MCO: managed care organization.

Summary of Findings

Table 15 provides a summary of the audit results by audit domain.

Table 15: Audit Results by Audit Domain

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full ¹
Core Benefits and Services	115	115	0	0	0	0	100%
Provider Network Requirements	184	156	23	5	0	0	85%
Utilization Management	87	86	1	0	0	0	99%
Eligibility, Enrollment, and Disenrollment	13	6	5	1	1	0	46%
Marketing and Member Education	83	63	10	9	1	0	76%
Member Grievance and Appeals	65	62	2	0	1	0	95%
Quality Management	114	107	5	0	0	2	96%
Fraud, Abuse, and Waste Prevention	118	118	0	0	0	0	100%
Reporting	1	1	0	0	0	0	100%
TOTAL	780	714	46	15	3	2	92%

¹ N/As are not included in the calculation.

N/A: not applicable.

As presented in **Table 15**, 780 elements were reviewed for compliance. Of the 780, 714 were determined to fully meet the regulations, while 46 substantially met the regulations, 15 minimally met the regulations, and 3 were determined to be non-compliant. Two elements were deemed not applicable. The overall compliance score for Aetna was 92% elements in full compliance.

It is the expectation of both IPRO and the LDH that Aetna submit a corrective action plan for each of the 64 elements determined to be less than fully compliant, along with a timeframe for completion of the corrective action. Note that Aetna may have implemented corrective actions for some areas identified for improvement while the audit was in progress, but these corrective actions will still require a written response because they were made after the period of review. The majority of the elements determined to be less than fully complaint related to providers and members, specifically provider network adequacy (a common problem in the Louisiana Medicaid Managed Care program) and member education and enrollment. Aetna should direct improvement efforts in both of these areas, especially to ensure that its member policies and procedures are up to date and reflect the state’s regulations and to continue conducting outreach to recruit providers, especially in key areas such as specialists and subspecialists.

Aetna submitted an action plan in August 2019.

VI. Strengths, Opportunities for Improvement & Recommendations

This section summarizes the accessibility, timeliness and quality of services provided by Aetna to Medicaid recipients based on data presented in the previous sections of this report. The MCO's strengths in each of these areas are noted, as well as opportunities for improvement. Recommendations for enhancing the quality of healthcare are also provided, based on the opportunities for improvement noted.

Strengths

- **HEDIS (Quality of Care)** – Aetna met or exceeded the 75th percentile for the following HEDIS measures:
 - Antidepressant Medication Management - Acute Phase
 - Antidepressant Medication Management - Continuation Phase
 - Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)
 - Ambulatory Care Outpatient Visits/1000 Member Months

- **CAHPS (Member Satisfaction)** – Aetna met or exceeded the 75th percentile for the following CAHPS measures:
 - Child General population
 - Getting Needed Care
 - Getting Care Quickly

Opportunities for Improvement

- **HEDIS (Quality of Care)** – Aetna demonstrates an opportunity for improvement in the following areas of care, as performance was below the 50th percentile:
 - Adult BMI Assessment
 - Asthma Medication Ratio (5-64 Years)
 - Cervical Cancer Screening
 - Comprehensive Diabetes Care - HbA1c Testing
 - Controlling High Blood Pressure
 - Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
 - Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity
 - Children and Adolescents' Access to PCPs
 - 12–24 Months
 - 25 Months–6 Years
 - 7–11 Years
 - 12–19 Years
 - Adults' Access to Preventive/Ambulatory Services
 - 20–44 Years
 - 45–64 Years
 - 65+ Years
 - Access to Other Services
 - Prenatal Care
 - Adolescent Well-Care Visit
 - Ambulatory Care Emergency Department Visits/1000 Member Months
 - Well-Child Visits in the First 15 Months of Life 6+ Visits
 - Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

- **CAHPS (Member Satisfaction)** – Aetna demonstrates an opportunity for improvement in regard to member satisfaction. The MCO performed below the 50th percentile for the following measures:
 - Adult Population
 - Getting Needed Care
 - Getting Care Quickly
 - How Well Doctors Communicate
 - Customer Service
 - Shared Decision Making
 - Rating of All Health Care
 - Rating of Health Plan
 - Child General population
 - Rating of All Health Care
 - Rating of Personal Doctor
 - Rating of Health Plan
 - Child CCC population
 - Getting Needed Care
 - Getting Care Quickly
 - Rating of Personal Doctor
 - Rating of Specialist
 - Rating of Health Plan

Recommendations

- For the Improving the Quality of Diagnosis, Management and Care Coordination for Children with ADHD PIP several of the final performance indicators were incorrectly calculated and that intervention tracking measures were not measured consistently. The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.
- Twenty (20) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. In response to this recommendation in the prior report the MCO has indicated that interventions will be rolled out in 2020.
 - The MCO should develop specific interventions to address the worst performing HEDIS measures:
 - Children and Adolescents' Access to PCPs
 - 7–11 Years (< 10th percentile)
 - Adults' Access to Preventive/Ambulatory Services
 - 65+ Years (< 10th percentile)
- The MCO should continue to work to improve CAHPS® scores that perform below the 50th percentile.

MCO's Response to Previous Recommendations (2019)

Recommendation: The health plan should continue to work to improve all HEDIS measures that performed below the 50th percentile. The health plan should continue with its improvement strategy for the HEDIS rates that have trended upward and continue to closely monitor their performance. However, for the measures that trended downward, an updated root causes analysis should be performed to ensure that the appropriate barriers to care are being effectively addressed.

MCO Response: An analysis of the state incentive measures was prioritized for 2019 for those performing below the 50th percentile. Implementation strategies (including outreach, health fairs and educational material) are in development for 2020 roll out. Analysis will be expanded to all relevant HEDIS measures in 2020.

Recommendation: Although identified as an opportunity for improvement, child and adolescent access to primary care has improved; therefore, it is recommended that the health plan continue with the initiatives described in its response to the previous year's recommendation while modifying its approach for improving access to primary care for adults.

MCO Response: Aetna-LA has continued its programs related to child and adolescent primary care. Additional programs are in development based on the analysis associated with the related HEDIS rates.

AWC did not show improvement for 2018 and a root cause analysis is being performed to determine why.

W34 and W15 both demonstrated improvement over the previous year and will be monitored for continued effectiveness, though the efforts toward improving the AWC measures will be expanded to encompass all pediatric measures to promote continued improvement. An expansion of the strategies will include the following: engaging providers to partner in health fairs, initiating a provider incentive program for after hours, increasing staffing for outreach and engagement, member incentives, and assessments of other factors that contribute to their social needs and determinants of health (SDoH).

Recommendation: The MCO should continue improve member satisfaction. The MCO should develop interventions based on the identified barriers described in its response to the previous year's recommendation. Interventions should address member and provider needs, as well address deficiencies in the system that impeded access to care.

MCO Response: Aetna-LA continues to identify opportunities for improvement, root causes of dissatisfaction, and barriers to improvement. Through feedback from the Member Advisory Committee and Service Improvement Committee, Aetna-LA develops an action plan and monitors its effectiveness throughout the year. Interventions implemented include the following:

- Enhance website, member handbook, and member services to ensure that plan information and health information are accessible to all members;
- Evaluate health plan's health literacy programs to improve member health literacy;
- Assess geoaccess and network specialist availability;
- Improve the quality of physicians in health plan network;
- Ensure provider onsite office visits will include education and opportunities for improvement;
- Educate providers regarding same-day appointment scheduling and availability;
- Educate providers regarding implementation of improvements to streamline patient flow;
- Educate providers regarding patient-centered medical homes;
- Educate providers on CAHPS survey feedback regarding needed care to support facilitation of ability to schedule appointments when needed and to take the time to communicate effectively with plan membership;
- Educate providers regarding member feedback that members are scoring providers for this key measure and the significance of the impact on CAHPS results and NCQA accreditation scoring;
- Develop and promote the provider network to include alternative access centers (e.g., retail clinics/telemedicine);
- Improve customer service – educate customer service on which aspects of customer service are most important and develop standards;

- Utilize additional sources of member feedback (i.e., post-call IVR surveys, grievances, appeals) to improve customer service;
- Implement service recovery procedures – assist customer service in identifying and resolving member issues;
- Improve member services support assisting members in getting care with courtesy and respect (soft skills training); and
- Enhance CM services to assist members in CM in getting care with needed specialists.

Recommendation: In future PIPs initiate data-driven barrier analyses upon receipt of each new PIP template. For example, analyze encounter data by stratifying baseline performance indicator measures by key demographic and pertinent clinical subsets in order to answer these two questions regarding high-volume and high-risk members:

1. High volume: among the PIP eligible population (e.g., members with substance use disorder [SUD]), which demographic (e.g., age group, geographic area, race/ethnicity) subsets and which clinical subsets (e.g., members with co-occurring serious mental illness [SMI] and members with chronic physical health conditions) comprise the highest caseload volumes?

MCO Response: Multidisciplinary subgroups have been developed to track and trend data and assist in community events, educational opportunities for members and providers based on data collected for population health. Partnerships are built internally and externally to address members that may have BH-related disorders as well as substance use disorders. This process is ongoing and fluid in its development. Due to the continuous changing needs of our members and providers, the plan is continuously evaluating and reviewing data to determine what is working well and looking for opportunities for improvement. In addition, there are workgroups at the national level to assist in the concept of continuous improvement that look at best practices across multiple plans to ensure that the plans are utilizing all the resources available to promote successful outcomes.

For example, the top 5 EDs were identified based on member utilization and a program developed and deployed to build better relationships and open communications between the plan and facilities. Educational resources for MAT and SBIRT were shared in communications and a packet was developed that provides these facilities with handouts for their patients as well as tools that can be used in their assessments.

When looking at the total population of Aetna-LA that had or has a diagnosis of substance use disorder, it is consistent across all quarters reviewed for 2019 that approximately 20–23% of this population has some sort of specialized behavioral health.

2. High risk: Among each subset grouping, which demographic (e.g., race/ethnicity: black compared to white) and clinical subsets (e.g., with SMI compared to without SMI) are disproportionately lacking in recommended care (e.g., initiation and engagement in treatment for SUD)?

MCO Response: Currently, Aetna-LA is focusing attention in the greater New Orleans area for SUD. Based on the analysis of data, it has been identified that the top three areas are as follows:

- Region 1 - Greater New Orleans Area
- Region 7 - Northwest Louisiana
- Region 4 - Acadiana

Activities: including ED program; offering of MAT training through ASAM; looking at ways to partner with area resources, as well as other activities.

Recommendation: In future PIPs use barrier analysis findings to inform interventions that are targeted and tailored to susceptible subpopulations; however, do not restrict interventions to these subpopulations. Instead, conduct additional data-driven barrier analyses (e.g., member and provider focus groups, early inpatient/ED admission notification process

flow sheet analysis) and use these barrier analysis findings to inform a robust and feasible set of interventions that aim to more broadly reach the entire PIP eligible population.

Focus on developing and utilizing ITMs to inform modifications to key interventions. For example, use ITMs to monitor the progress of enhanced care management interventions and, in response to stagnating or declining monthly or quarterly rates, conduct additional barrier/root cause analyses and use findings to modify interventions.

Deploy quality improvement tools, such as process flow charting, PDSA worksheets and IHI run charts, in order to test, evaluate, and adapt interventions over the course of the PIP and beyond for ongoing quality improvement.

MCO Response: SWOT analyses are completed to assist departments in understanding their strengths and weaknesses in the various programs initiated by the plan. In addition, there has been a focus on the development of tools used in the PDSA cycle to educate internally on the process required for an effective analysis of the life cycle of an ITM that has been developed and deployed. Swim lane and Ishikawa diagrams are widely used to look at cause and effect as well as identify the various roles of departments within a current process.