IPRO

Better healthcare,
realized.

State of Louisiana Department of Health

Healthy Blue
Annual External Quality Review Technical Report

Review Period: July 1, 2018 – June 30, 2019
Report Issued: April 2020

Table of Contents

List of Tables and Figures

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 Healthy Blue 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

Healthy Blue	
Type of Organization	Health Maintenance Organization
Tax Status	For Profit
Year Operational	02/01/2012
Product Line(s)	Medicaid and Louisiana Children's Health Insurance Program (LaCHIP)
Total Medicaid Enrollment (as of June 2019)	251,938

III. Enrollment and Provider Network

Enrollment

Medicaid Enrollment

As of June 2019, the MCO's Medicaid enrollment totaled 251,938, which represents 17.9% of Healthy Louisiana's active members. **Table 2** displays Healthy Blue's Medicaid enrollment for 2017 to 2019, as well as the 2019 statewide enrollment totals.

Table 2: Medicaid Enrollment as of June 2019

Healthy Blue[1]	June 2017	June 2018	June 2019	% Change 2018 to 2019	2018 Statewide Total[2]
Total enrollment	236,196	248,050	251,938	2.4%	1,406,048

Data Source: Report No. 109-A.

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

[2] The 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 Healthy Blue's primary care providers, ob/gyns and other physicians with primary care responsibilities within each LDH region as of June 30, 2019.

Table 3: Primary Care & Ob/Gyn Counts by LDH Region

	Healthy Blue									MCO Statewide Unduplicated
	LDH Region									
Specialty	1	2	3	4	5	6	7	8	9	
Family Practice/ General Medicine	142	105	45	86	67	57	82	86	101	680
Pediatrics	195	102	40	84	25	41	76	37	111	628
Nurse Practitioners	166	170	106	141	68	128	104	200	158	1035
Internal Medicine	195	81	42	48	27	17	47	30	58	511
RHC/FQHC	53	34	30	31	19	33	35	45	34	311
Ob/gyn[1]	190	123	48	83	48	27	85	48	61	624

Data source: SA 2 2019 PI 220.

[1] Count 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

Healthy Blue 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 4: 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 within 10 miles	97.8%
	Rural	1 within 30 miles	100%
Pediatric PCP	Urban	1 within 10 miles	98.4%
	Rural	1 within 30 miles	100%
Ob/gyn	Urban	1 within 15 miles	96.4%
	Rural	1 within 30 miles	95.4%

Data Source: Network Adequacy Review Report 220 2019 Q2
[1] The 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	99.5%
	Rural	1 in 60 minutes	100%
Pediatric PCP	Urban	1 in 20 minutes	99.6%
	Rural	1 in 60 minutes	100%
Ob/gyn	Urban	1 in 30 minutes	99.0%
	Rural	1 in 60 minutes	100%

Data Source: Network Adequacy Review Report 220 2019 Q2
[1] The 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 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 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 Previous Preterm Singleton Birth (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; 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, improved communication between MCO utilization management and care management 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 Healthy Blue 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 15–45 years of age with evidence of a pre-term birth singleton event who received on or more progesterone injections between the 16th and 21st week of gestation by 2.5% (from 17.5% to 20%) by November 2017 in order to meet the target goal of 20% during final measurement period.

2. 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 24th week of gestation (also as reported in the PTB incentive measure).
Baseline to final measurement goal: Increase the percentage of women 15–45 years of age with evidence of a pre-term birth singleton event who received on or more progesterone injections between the 16th and 24th week of gestation by 1.4% (from 18.6% to 20%) by November 2017 in order to meet the target goal of 20% during final measurement period.

3. 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 aged 16 years and older who delivered a live birth and had at least one test for chlamydia during pregnancy by 7.6% (from 52.4% to 60%) by November 2017 in order to meet the target goal of 60% during final measurement period.

4. 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 percentage of women who delivered a live birth and had at least one test for HIV during pregnancy by 18.3% (from 31.7% to 50%) by November 2017 in order to meet the target goal of 50% during final measurement period.

5. 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 percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy by 19.5% (from 44.5% to 64%) by November 2017 in order to meet the target goal of 64% during final measurement period.

6. 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 of systems (IUD/IUS]).
Baseline to final measurement goal: Increase the percentage of postpartum women who: a. Adopt use of a most effective FDA-approved method of contraception (i.e., female sterilization or LARC, such as contraceptive implants, or intrauterine devices of systems [IUD/IUS]) by 4.16% (from 15.84% to 20%) by November 2017 in order to meet the target goal of 20% during final measurement period.

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 method of contraception (i.e., use of injectable, oral pills, patch, ring or diaphragm) by 9.8% (from 34.2% to 44%) by November 2017 in order to meet the target goal of 44% during final measurement period*.*

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 42.6% (from 1.4% to 44%) by November 2017 in order to meet the target goal of 44% during final measurement period.

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 outpatient within 56 days postpartum by 33.4% (from 10.6% to 44%) by November 2017 in order to meet the target goal of 44% during final measurement period.

7. The percentage of women with a postpartum visit as per the HEDIS prenatal and postpartum care measure

Baseline to final measurement goal: Increase the percentage of women with a postpartum visit as per the HEDIS PPC postpartum measure by 5.56% (from 61.97% to 67.53%) by November 2017 in order to meet the target goal of 67.53% during final measurement period.

Healthy Blue conducted the following interventions:
- Distributed a NOP fax blast to all network ob/gyns educating on the purpose, scope and how to complete the NOP form;
- Health plan posted the NOP form to health plan's member website;
- Medicaid 101 roadshow conducted by ob practice consultant targeting the top ob providers. Roadshow developed to address educational opportunities identified;
- Heath plan sent all Department of Health and Hospitals LARC Bulletin as a fax blast to all ob/gyns and hospitals and the network;
- Case management high-risk outreach — case managers will conduct outreach to all high-risk members using Louisiana Electronic Event Registration System (LEERS) data to engage members into Healthy Blue's CM program to increase 17P utilization and sexually transmitted infection screenings during pregnancy;

- Corporate CM nurses provide outreach to all women who delivered a live birth by offering postpartum appointment scheduling assistance;
- Corporate CM nurses provide outreach to all women who delivered a live birth by offering home visit option for those members who are unable to access outpatient appointments;
- Member incentive plan for members will receive $50 for completing postpartum visit;
- Member incentive plan for members receive $10 for completing STI screenings;
- Pregnancy packets distributed to high-risk mothers to include information on importance of LARC; and
- OB practice consultant targeting providers in the top 10 regions with lowest LARC usage.

Results/Strengths – Final PIP Report:
- Incentive 17P measure rate increased from 18.8% to 19.0% (just short of 20% target).
- The plan improved identification of high-risk population (with prior preterm birth) from 97 to 614.
- Chlamydia test rate increased from 52.4% to 65%, exceeding target rate of 60%.
- Postpartum visit rate increased from 61.97% to 65.21% (just short of 67.53% target rate).
- In 2018, the plan added a new intervention for enhanced CM education with 34 of 39 (87.18%) completing training.
- In 2018, the plan added a new intervention for ob practice consultants to target providers in the top 10 regions with the lowest LARC usage.

Results/Strengths – Final ITM Workgroup ITM 3 Run Chart Presentation 6/20/19:
- Run chart findings for the ITM 3 rate were not presented due to the plan's work in progress to validate the data. The annual rate for 17P receipt increased from 15.43% in 2015/16 to 22.59% in 2017/18, then decreased to 16.29% in 2018/19.

Opportunities for Improvement/ Next Steps Identified by Healthy Blue:
- ITM 1: HealthyBlue will continue to identify and stratify high-risk members weekly and CM will be assigned members as soon as their high-risk pregnancy becomes know to the plan via the 834 report.
- ITM 2: HB will continue active CM and is working more closely with Optum to increase the opportunities for face-to-face care management.
- ITM 3: Continue to have CM and health promotions team educate patients on the benefits of 17P intervention and follow-up. Continue working with outlier practice on 17P measure and other best practices.
- ITM 4: Notification to provider has been started through the plan.
- ITM 5: We will continue the provider notification letters. Additional faxes were sent to 370 providers on the low-dose aspirin guidance and LAMMICO free education, as well as for 17P intervention in March 2019.
- ITM 6: We will continue to engage our case management team to assist with member outreach. Although corporate maternal child services staff are making calls to all members that have delivered, we cannot add these members to the numerator and denominator because focused education and inter-conception care information cannot be given by non-clinical staff.

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 decrease of the 17P-eligible population from baseline to final re-measurement period.

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 the eligible population sample whose PCP used a validated ADHD screening instrument by 9.9% (from 22.7% to 32.6%) in order to meet the target goal of 32.6% during final measurement period.

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 the eligible population sample whose PCP used a validated ADHD screening instrument completed by reporters across multiple settings (i.e., at home and school) by 10% (from 28% to 38%) in order to meet the target goal of 38% during final measurement period.

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 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) by 10% (from 57.3% to 67.3%) in order to meet the target goal of 67.3% during final measurement period.

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).
Baseline to final measurement goal: 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 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 by 13.5% (from 41.9% to 55.4%) in order to meet the target goal of 55.4% during final measurement period, with a stretch goal of 65.4%.

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 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., CPST, PSR, CsOC) to treat alternate causes of presenting symptoms and/or co-occurring conditions by 13.5% (from 41.9% to 55.4%) in order to meet the target goal of 55.4% during final measurement period.

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 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 by 10.7% (from 29.3% to 40%) in order to meet the target goal of 40% during final measurement period.

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 the eligible population sample who received care coordination services from the health plan care coordinator by 10.3% (from 62.7% to 73%) in order to meet the target goal of 73% during final measurement period*.

A8. *MCO Outreach with Member Contact*: The percentage of the eligible population sample who were contacted via outreach by the health plan care coordinator.
Baseline to final measurement goal: Increase the percentage of the eligible population sample who were contacted via outreach by the health plan care coordinator by 10.3% (from 62.7% to 73%) in order to meet the target goal of 73% during final measurement period*.

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 the members contacted via outreach who were engaged in care management by 12.4% (from 66% to 78.4%) in order to meet the target goal of 78.4% during final measurement period.

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 the eligible population sample aged < 6 years who received evidence-based behavior therapy as first-line treatment for ADHD in order to meet the target goal calculated by IPRO during final measurement period.

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 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 by 3.98% (from 47.42% to 51.40%) in order to meet the target goal of 51.40% during final measurement period.

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 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 by 8.79% (from 60.21% to 69.0%) in order to meet the target goal of 69.0% during final measurement period.

Healthy Blue reported the following 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 (e.g., ADHD medication, antipsychotics, and/or other psychotropics), <u>with</u> behavioral therapy.

Baseline to final measurement goal: Increase the percentage of any ADHD cases, aged 0–20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (e.g., ADHD medication, antipsychotics, and/or other psychotropics), <u>with</u> behavioral therapy by 9.2% (from 20.8% to 30%) in order to meet the target goal of 30% during final measurement period.

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 (e.g., ADHD medication, antipsychotics, and/or other psychotropics), <u>without</u> behavioral therapy.

Baseline to final measurement goal: Decrease the percentage of any ADHD cases, aged 0–20 years, stratified by age and foster care status, with documentation of behavioral health pharmacotherapy (e.g., ADHD medication, antipsychotics, and/or other psychotropics), <u>without</u> behavioral therapy by 10.75% (from 35.75% to 25%) in order to meet the target goal of 30% during final measurement period.

<u>HealthyBlue conducted the following interventions</u>:
- The health plan determined the top 124 providers with care gaps to provide outreach and scorecards as well as a missed opportunity report, which outlines members who are in need of gap closure. The scorecards and missed opportunity list will identify all newly prescribed members receiving ADHD mediation who have not received follow-up care treatment.
- QM outreach specialist to assist with scheduling 30-day follow-up appointment with members prescribed ADHD medication.
- Plan will mail letters that indicate the need for initiation and continuation follow-up visit to PCPs of members who were newly prescribed an ADHD medication.
- ADHD New Start Program, which identifies members ages 6–12 who are newly started on ADHD medication. Notes are sent to the parent/guardian of identified member and include details of the importance of taking the ADHD medication as directed and follow-up visits with the prescriber.
- Plan will mail letters that indicate the need for initiation and continuation follow-up visit to PCPs of members who were newly prescribed an ADHD medication.
- Outreach calls are also completed for coordination of care to connect the member to their PCP.
- Educational letter fax blast on importance of follow-up appointments sent to top 30 providers.
- Complete educational fax blast to providers to alert them of certified patient child interactive therapy parent child interactive therapy/parent management training/counseling and psychological services therapists in the state.
- Build the work force by facilitating PCIT training for providers.
- Training of current network providers – Implementation of also training PCPs on available psycho educational and online resources will also be implemented 2018. The psycho educational trainings and online trainings will be specialized for family practitioners to include the use of referral and consultation and importance of obtaining collateral information from school and the home. Cross-training between pediatricians and family practitioners will be completed.
- Outreach to providers that are not in our network and offer single-case agreements on an as-needed basis for members identified by case manager and utilization management. This has not been initiated for CPP and PCIT providers (initiation planned for Q1 2018) and the outreach will be conducted by a BH liaison.
- Obtain provider tool kit in collaboration with LDH and roll out provider training. Perform on-site visits with all PCPs that treat members with ADHD – provider tool kit education.
- Telemedicine contract and telemedicine behavioral health network is in place. Consultation to selected primary care practices will begin in the Orleans Parish region and will be implemented during the 4th quarter.
- Educate school-base clinics – provider tool kit.
- The plan will identify children under 6 years old who are prescribed ADHD medication versus not on ADHD medication through utilization management, case management, and pharmacy data. We will work to connect the families to non-pharmacologic interventions for, at minimum, 6 months prior to initiating medication. For individuals

identified as being on medications, outreach will be completed to prescribing providers to provide education and support of management to members.

- Baseline analysis of foster population to identify patterns of medication use, diagnosis and prescriber behavior. Based on this analysis, we will develop targeted provider outreach to encourage evidence-based prescribing.

The following summarizes the PIPs results and strengths:
- Performance measure (PM) A1, ADHD Screening, increased from a baseline rate of 22.7% to an interim rate of 46.67% and exceeded the target rate of 32.60% (which the plan adjusted higher to 55% for ongoing, bold improvement); however, the final re-measurement rate decreased to 30.67%.
- PM A3, Assessment of Other Behavioral Health Conditions/Symptoms, increased from a baseline (and interim) rate of 57.3% to a final re-measurement rate of 74.67% and exceeded the target rate of 67.33%.
- PM A5a, Referral for Evaluation of Other Behavioral Conditions, increased from a baseline rate of 41.9% to an interim rate of 57.77%, exceeding the target rate of 55.4% (which the plan adjusted higher to the "stretch target" of 65.4%); however, the final re-measurement rate decreased to 30.67%.
- PM B2a, BH Drug with Behavioral Therapy, increased from a baseline rate of 20.8% to an interim rate of 28.6% and then dropped slightly to 27.5% for final re-measurement. This PM did not reach the target rate of 30%.
- The ITM rate for the ADHD follow-up care letter (i.e., the educational letter that explains need for PCP follow-up for members < 18 years of age who newly started an ADHD medication) was maintained at 100% from Q1 2018 through Q4 2018.

IPRO identified the following opportunities for improvement:
- The aim to improve MCO member outreach and engagement was not supported by robust member interventions.
- Additional ways of ensuring data integrity are merited to address the following data issues: For the QM outreach intervention, the Q2 2017 and Q3 2017 ITM notation, "No data to report, outreach not completed in this quarter as resource was allocated elsewhere," raises questions about whether there were adequate resources to ensure data integrity. This was also the case for the PCP outreach ITM for Q2 2017 through Q4 2018. In addition, there were no data to report for the educational letter fax blast sent to top 30 providers for Q3 2017 through Q4 2018.
- A planned intervention to analyze utilization data for younger children, including those in foster care, was indicated for Q1 2019; however, this was not implemented during the PIP timeframe; moreover, data analysis is not an intervention, but rather a necessary component of the PIP process.
- Lack of Plan-Do-Study-Act testing of the QM outreach intervention resulted in a missed opportunity to conduct a drill-down barrier analysis using QM/CM outreach to obtain direct member feedback regarding barriers to BH therapy, with barrier analysis findings used to inform enhanced, tailored, and targeted CM outreach.
- There were no tailored interventions targeted to children in foster care implemented during the PIP timeframe.
- There was no replacement intervention and corresponding ITM to replace the dropped partial authorization intervention, nor was there a rationale for discontinuing this intervention other than data collection challenges for ITM reporting. In addition, the QM outreach ITM does not measure outreach with contact and appointment scheduling, so does not inform progress of the member outreach intervention. For the QM outreach intervention, the Q2 2017 and Q3 2017 ITM notation, "No data to report, outreach not completed in this quarter as resource was allocated elsewhere," raises further questions about the robustness and validity of this member intervention. This was also the case for the PCP outreach ITM for Q2 2017 through Q4 2018. In addition, there were no data to report for the educational letter fax blast sent to top 30 providers for Q3 2017 through Q4 2018.
- The interpretation of improvement in the rate for Indicator A10 First-Line Behavior Therapy for Children < 6 years from interim (11.36%) to final (26.67%) did not address the drop from the baseline rate of 81%. In addition, the explanation/interpretation of the extent to which improvement was attributable to the interventions asserted that the improvement from interim to final PM rates for MCO care coordination "can be attributed to the member outreach efforts made"; however, the variable ITM 2 rates do not support this assertion. Moreover, the decline in indicator A7 MCO care coordination from 62.7% at baseline to 2.66% at interim was not addressed, and interpretation of a subsequent increase to 22.67% does not support performance measure improvement. Furthermore, the reported lessons learned, system changes made or planned, and next steps to inform robust improvements to interventions do not support performance measure improvement.

<u>Overall Credibility of Results</u>:

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 incorrect rates for several performance measures, gaps in ITM reporting, as well as the unexplained variability in PM rates from baseline to interim to final re-measurement, as well as the lack of ITM evidence to support improved MCO care coordination.

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

<u>Indicators, Baseline Rates and Goals</u>: 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 2017	Final Goal/Target Rate
Indicator 1a.i. Initiation of AOD treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Eligible population = 37 Exclusions = 0 Numerator = 19 Denominator = 37 Rate = 51.35	Target rate: 53.13% Rationale: NCQA Quality Compass benchmarks for 90thth percentile.
Indicator 1a.ii. Initiation of AOD treatment: age 13–17 years, opioid abuse or dependence diagnosis cohort	Eligible population = 5 Exclusions = 0 Numerator = 2 Denominator = 5 Rate = 40.00	Target rate: 43.00% Rationale: NCQA Quality Compass benchmarks not available for this measure; 3% increase to baseline
Indicator 1a.iii. Initiation of AOD treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Eligible population = 225 Exclusions = 0 Numerator = 143 Denominator = 225 Rate = 63.56	Target rate: 66.56% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 1a.iv. Initiation of AOD treatment: age 13–17 years, total diagnosis cohort	Eligible population = 249 Exclusions = 0 Numerator = 150 Denominator = 249 Rate = 60.24	Target rate: 63.24% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 1b.i. Initiation of AOD treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Eligible population = 2,252 Exclusions = 0 Numerator = 1,162 Denominator = 2,252 Rate = 51.60	Target rate: 53.1% Rationale: NCQA Quality Compass benchmarks for 95th percentile rate
Indicator 1b.ii. Initiation of AOD treatment: age 18+ years, opioid abuse or dependence diagnosis cohort	Eligible population = 1,148 Exclusions = 0 Numerator = 750 Denominator = 1,148 Rate = 65.33	Target rate: 68.1% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 1b.iii. Initiation of AOD treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Eligible population = 4,129 Exclusions = 0 Numerator = 2,274 Denominator = 4,129 Rate = 55.07	Target rate: 57.58% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 1b.iv. Initiation of AOD treatment: age 18+ years, total diagnosis cohort	Eligible population = 6,580 Exclusions = 0 Numerator = 3,573 Denominator = 6,580	Target rate: 57.30% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded;

Performance Indicator	Baseline Period 2017	Final Goal/Target Rate
	Rate = 54.30	3% increase to baseline
Indicator 1c.i. Initiation of AOD treatment: total age groups, alcohol abuse or dependence diagnosis cohort	Eligible population = 2,289 Exclusions = 0 Numerator = 1,181 Denominator = 2,289 Rate = 51.59	Target rate: 54.59% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 1c.ii. Initiation of AOD treatment: total age groups, opioid abuse or dependence diagnosis cohort	Eligible population = 1,153 Exclusions = 0 Numerator = 752 Denominator = 1,153 Rate = 65.22	Target rate: 67.99% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 1c.iii. Initiation of AOD treatment: total age groups, other drug abuse or dependence diagnosis cohort	Eligible population = 4,354 Exclusions = 0 Numerator = 2,417 Denominator = 4,354 Rate = 55.51	Target rate: 57.58% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 1c.iv. Initiation of AOD treatment: total age groups, total diagnosis cohort	Eligible population = 6,829 Exclusions = 0 Numerator = 3,723 Denominator = 6,829 Rate = 54.52	Target rate: 57.72% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 2a.i Engagement of AOD treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Eligible population = 37 Exclusions = 0 Numerator = 7 Denominator = 37 Rate = 18.92	Target rate: 21.22% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 2a.ii. Engagement of AOD treatment: age 13–17 years, opioid abuse or dependence diagnosis cohort	Eligible population = 5 Exclusions = 0 Numerator = 0 Denominator = 5 Rate = 0.00	Target rate: 32.79% Rationale: Target rate to be the same as for 18+ year-olds
Indicator 2a.iii. Engagement of AOD treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Eligible population = 225 Exclusions = 0 Numerator = 72 Denominator = 225 Rate = 32.00	Target rate: 35.00% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 2a.iv. Engagement of AOD treatment: age 13–17 years, total diagnosis cohort	Eligible population = 249 Exclusions = 0 Numerator = 72 Denominator = 249 Rate = 28.92	Target rate: 31.92% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; 3% increase to baseline
Indicator 2b.i. Engagement of AOD treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Eligible population = 2,252 Exclusions = 0 Numerator = 333 Denominator = 2,252 Rate = 14.79	Target rate: 15.88% Rationale NCQA Quality Compass benchmarks for 90th percentile
Indicator 2b.ii. Engagement of AOD treatment: age 18+ years, opioid abuse or dependence diagnosis cohort	Eligible population = 1,148 Exclusions = 0 Numerator = 342 Denominator = 1,148	Target rate: 31.52% Rationale: NCQA Quality Compass benchmarks for 75th percentile

Performance Indicator	Baseline Period 2017	Final Goal/Target Rate
	Rate = 29.79	
Indicator 2b.iii. Engagement of AOD treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Eligible population = 4,129 Exclusions = 0 Numerator = 702 Denominator = 4,129 Rate = 17.0	Target rate: 21.38% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 2b.iv. Engagement of AOD treatment: age 18+ years, total diagnosis cohort	Eligible population = 6,580 Exclusions = 0 Numerator = 1,162 Denominator = 6,580 Rate = 17.66	Target rate: 21.55% Rationale: NCQA Quality Compass benchmarks for 90th percentile
Indicator 2c.i. Engagement of AOD treatment: total age groups, alcohol abuse or dependence diagnosis cohort	Eligible population = 2,289 Exclusions = 0 Numerator = 340 Denominator = 2,289 Rate = 14.85	Target rate: 16.14% Rationale: NCQA Quality Compass benchmarks for 90th percentile
Indicator 2c.ii. Engagement of AOD treatment: total age groups, opioid abuse or dependence diagnosis cohort	Eligible population = 1,153 Exclusions = 0 Numerator = 342 Denominator = 1,153 Rate = 29.66	Target rate: 31.47% Rationale NCQA Quality Compass benchmarks for 75th percentile
Indicator 2c.iii. Engagement of AOD treatment: total age groups, other drug abuse or dependence diagnosis cohort	Eligible population = 4,354 Exclusions = 0 Numerator = 774 Denominator = 4,354 Rate = 17.78	Target rate: 20.81% Rationale: NCQA Quality Compass benchmarks for 95th percentile
Indicator 2c.iv. Engagement of AOD treatment: total age groups, total diagnosis cohort	Eligible population = 6,829 Exclusions = 0 Numerator = 1,234 Denominator = 6,892 Rate = 18.07	Target rate: 21.37% Rationale: NCQA Quality Compass benchmarks for 90th percentile

AOD: alcohol and other drug; NCQA: National Committee for Quality Assurance.

HealthyBlue conducted the following interventions:
Member Interventions:
- Healthy Blue implemented an online resource library (Common Ground) in Q4 2018 for members with various behavioral health conditions. This self-help tool is intended to contain licensed behavioral health digital support tools, accessible through our plan member's website, and will allow for sharing of videos and other compelling, innovative material with members. Materials are designed to support members recovering from a BH condition, including addiction. Healthy Blue will promote a member text campaign to promote awareness of the new material.
- HB will partner with hospitals to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, protocols) and to provide enhanced member care coordination through behavioral health integration, case management, improved communication between UM and CM for earlier notification of hospitalization, improved discharge planning practices and support of SUD screening interventions in the hospital with referral to treatment and follow-up.
- Healthy Blue will also look to expand the use of screening brief intervention, and referral to treatment (SBIRT) behavioral health visits in the telemedicine platform to reach members for initiation in remote areas and in PCP offices. Healthy Blue will develop a strategy for expanded prenatal member access to inpatient care for SUDs.

Provider Interventions:

- Healthy Blue will develop provider training to educate providers on the specifications of the HEDIS IET treatment initiation and follow-up performance measures, training on the evidence-based SBIRT/ ASAM six-dimension risk evaluation and use of telemedicine for SBIRT, motivational interviewing and social determinants of health, covered alternatives, cycle of addiction, and training on evidence-based tools. Once completed for selected provider group, we will look to measure member outcomes for those with SUDs from the practice. The training will be geared to assisting providers with resources needed to aid in care gap closure and documentation best practices and SBIRT, with a focus on motivational interviewing as a technique to change member's behavior.
- Healthy Blue will also seek to identify members exceeding 50 morphine milligram equivalent for rapid change and intervention opportunities, as well opportunity to provide provider education.
- An internal drug utilization review program will be explored to identify aberrant prescribing patterns and then educate prescribers based upon these findings. We will investigate additional vendor platforms to support this initiative in order to broaden the scope of provider training, ultimately allowing for implementation of a formal training program.
- Healthy Blue will look to develop or employ evidence-based screening tools for providers in adult and pediatric settings to assist in identifying members to initiate treatment.
- Healthy Blue will develop a strategy for expanded prenatal member access to inpatient care for SUDs.

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.

IPRO identified the following opportunities for improvement:
- The plan might consider using the PDSA approach to test new interventions with external partners (e.g., hospitals for telemedicine initiative).
- MAT training incorporated into ITM 2a, specifications to be determined. As recommended in above review comment , consider this intervention for PDSA testing with external partners.

Overall Credibility of Results: Final PIP validation to be conducted upon IPRO receipt of the Final IET PIP Report due November 30, 2019.

Performance Measures: HEDIS 2019 (Measurement Year 2018)
MCO-reported performance measures were validated as per HEDIS 2019 Compliance Audit specifications developed by the 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	Healthy Blue			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	71.46%	81.75%	81.75%	10th	82.51%
Antidepressant Medication Management - Acute Phase	43.51%	48.79%	47.19%	10th	48.17%
Antidepressant Medication Management - Continuation Phase	28.93%	34.11%	31.57%	10th	32.56%
Asthma Medication Ratio (5-64 Years)	58.72%	61.66%	62.28%	33.33rd	64.08%
Breast Cancer Screening in Women	53.71%	55.13%	58.79%	50th	57.70%
Cervical Cancer Screening	58.91%	48.66%	55.23%	25th	56.41%
Childhood Immunization Status - Combination 3	64.12%	64.72%	70.07%	33.33rd	70.99%
Chlamydia Screening in Women (16-24 Years)	63.22%	65.29%	66.29%	75th	66.19%
Comprehensive Diabetes Care - HbA1c Testing	78.94%	84.67%	83.45%	10th	85.78%
Controlling High Blood Pressure	BR	32.36%	47.93%	10th	47.88%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	60.21%	62.95%	45.09%	50th	50.65%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	47.42%	48.72%	59.56%	50th	65.01%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	23.13%	22.53%	25.70%	5th	29.61%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	38.43%	59.85%	58.15%	10th	65.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	43.52%	47.20%	53.04%	10th	58.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	33.56%	37.71%	44.53%	5th	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	Healthy Blue			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS 2019 Average
	HEDIS 2017	HEDIS 2018	HEDIS 2019		
Children and Adolescents' Access to PCPs					
12–24 Months	95.63%	96.09%	95.32%	33.33rd	95.68%
25 Months–6 Years	85.15%	87.61%	87.97%	50th	88.36%
7–11 Years	86.12%	88.16%	89.97%	33.33rd	91.25%
12–19 Years	85.10%	87.36%	89.26%	33.33rd	90.60%
Adults' Access to Preventive/Ambulatory Services					
20–44 Years	81.33%	76.36%	76.43%	33.33rd	76.81%
45–64 Years	88.00%	84.74%	84.56%	33.33rd	84.95%
65+ Years	85.63%	79.31%	84.34%	25th	86.24%
Access to Other Services					
Prenatal Care	77.89%	76.89%	79.08%	25th	79.40%
Postpartum Care	65.11%	65.21%	67.15%	50th	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 Healthy Blue'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	Healthy Blue			Quality Compass 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded	Healthy Louisiana HEDIS2019 Average
	HEDIS 2017	HEDIS 2018	HEDIS 2019		
Adolescent Well-Care Visit	47.24%	51.09%	54.01%	33.33rd	56.68%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	78.65	84.74	79.56	90th	75.02
Ambulatory Care Outpatient Visits/1000 Member Months	408.60	408.52	418.98	75th	413.54
Well-Child Visits in the First 15 Months of Life 6+ Visits	58.49%	67.15%	65.94%	50th	63.22%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	63.49%	68.13%	70.56%	33.33rd	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 survey of Adult Medicaid members and Child Medicaid with Chronic Care Conditions (CCC) was conducted on behalf of Healthy Blue by the NCQA-certified survey vendor, DSS Research. For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: general population and ccc population. The general population consists of all child members who were randomly selected for the CAHPS 5.0H Child Survey during sampling. The CCC population consists of all children (either from the CAHPS 5.0H Child Survey Sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

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

Table 10: Adult CAHPS 5.0H – 2017–2019

Measure[1]	Healthy Blue			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	75.35%	78.68%	81.65%	33.33rd
Getting Care Quickly	78.05%	77.68%	78.42%	10th
How Well Doctors Communicate	87.06%	89.55%	94.11%	75th
Customer Service	92.56%	90.52%	90.66%	66.67th
Shared Decision Making	79.15%	80.23%	84.16%	75th
Rating of All Health Care	73.50%	76.75%	78.11%	75th

Measure[1]	Healthy Blue			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Rating of Personal Doctor	80.20%	80.74%	83.78%	66.67th
Rating of Specialist	73.33%	75.86%	87.83%	95th
Rating of Health Plan	75.43%	77.59%	80.00%	66.67th

[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]	Healthy Blue			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	86.41%	84.03%	88.15%	75th
Getting Care Quickly	91.00%	90.81%	90.52%	50th
How Well Doctors Communicate	93.11%	92.61%	92.44%	25th
Customer Service	90.15%	88.64%	88.23%	33.33rd
Shared Decision Making	78.83%	72.18%	80.72%	50th
Rating of All Health Care	88.05%	87.50%	90.29%	75th
Rating of Personal Doctor	90.34%	89.49%	89.88%	33.33rd
Rating of Specialist	90.91%	87.64%	88.24%	50th
Rating of Health Plan	84.93%	87.72%	90.33%	75th

[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 12: Child CAHPS 5.0H CCC Population – 2017–2019

Measure[1]	Healthy Blue			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	86.20%	88.31%	84.75%	33.33rd
Getting Care Quickly	92.08%	94.04%	91.78%	25th
How Well Doctors Communicate	95.00%	93.11%	90.94%	10th
Customer Service	90.60%	84.75%	87.62%	10th
Shared Decision Making	85.79%	78.69%	85.11%	33.33rd
Rating of All Health Care	85.37%	87.45%	89.39%	75th
Rating of Personal Doctor	91.79%	91.24%	90.23%	50th
Rating of Specialist	88.03%	96.00%	85.71%	10th
Rating of Health Plan	84.31%	85.90%	86.90%	75th

[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.

In the interest of report length only the MCO's response to question 5 detailing the interventions addressing disparities is reported here. MCO's response has been edited for length.

5. During 2018 and 2019, did the MCE 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 MCE members identified with at-risk characteristics. If yes, describe impact of interventions.

MCO response:

From health disparities perspective, Healthy Blue employs a "population-health" approach to address the systemic issues which are faced by its members. *<Edit: diagram removed>*

Reducing Differences In Health Outcomes And Improve Quality For At-Risk Members

Interventions to reduce/eliminate differences in health outcomes/status and improve the quality of care for members with at-risk characteristics are specifically tailored to meet the health/behavioral health care needs of its members. Critical interventions are listed below:

Navigation Program (Post Discharge Management)
This initiative's goal was to reduce ER utilization and inpatient hospitalizations (decrease in frequency and decrease in Length of Stay resulting in a decrease in total claims paid). Patient Navigators were trained to engage members during hospitalizations and/or following discharge. Significant decreases were generally found in the total claims paid for each member by reducing ER visits and hospitalizations as well as transportation costs. Quality measures are included in the evaluation (HEDIS Measures) 7-30 day follow-up.

From May 2017 to May 2018, 97 members unduplicated were engaged and assessed in the navigator program. These members were classified as either:
- High ER Utilizers Member (original primary diagnosis of Behavioral Health Diagnosis (ICD-10 F- code) that has visited the Emergency Room (ER) ≥3 times in 30 days for any reason or;
- **Rapid Re-Admitters:** Member that has been admitted into a hospital ≥2 in 30 days with a primary diagnosis of Behavioral Health Diagnosis (ICD-10 F-code).

The overall utilization savings for these members was $917 per member during the reporting period. The program operated in four regions of the state. *<Edit: table removed>*. The following trends stood out from this qualitative data:
- *Gender:* Roughly equal representation between male and female
- *Race:* Slightly more black than white, many also reporting two or more races
- *Religion:* Mainly Christian or none
- *Age:* Spectrum of ages reporting, largest cluster in the 31-40 and 41-50 range
- *Highest Education:* Most had some high school education, very few bachelor's degree and none with advanced degrees

- *Marriage status:* Most were single, or single and living with another
- *Native language:* All English-speaking
- *Work status:* Very few working full time, those working part time and those who are not working are roughly equal populations
- *Nationality:* All reported American nationality
- *Children under 16 in the house:* Multiple answers, no clear outlier
- *Children with physical disabilities:* Mainly no or not answered
- *Parish:* Spread across multiple parishes, Orleans parish most represented

In 2019 47 members were enrolled in the Navigator program for an average engagement of 106 days or 3.54 member months. From a risk perspective these members on average improved their risk score ranking reflective of hospital readmissions, ER utilization and total costs by 4,267 points. Their overall predictive risk score decreased by 30 percent. Healthy Blue actively employs several strategies to characterize, identify, and analyze our members with specialized and chronic care needs. In particular, claims data is periodically and systematically reviewed to identify member subgroups with high-risk characteristics. This data analysis is based upon Healthy Blue's Predictive Modeling using the Health Plan's Chronic Illness Intensity Index (CI3) and Ranking of members from those with the highest use of emergency department (ED) and hospitalization to the lowest.

Telemedicine
Using a telemedicine vendor/provider in Louisiana has increase access to care and to provide behavioral services and support in various clinical settings both physical health and Behavioral health. In 2019, 1669 Behavioral health visits were conducted via telemedicine up from 363 in 2018. In 2020 telemedicine will be expanded to include access to a broad array of physical health services.

7-30 Day Follow-up Program (Post Discharge Management)
Healthy Blue has engaged a statewide provider to conduct 7-day and 30-day HEDIS follow up with its members who are discharged from inpatient Behavioral Health facilities. The member list that is used by the provider is "scrubbed" to preclude any member who has elected to be placed on the Do Not Call List

Health Disparities – Member Identification
During the fourth quarter 2018, Healthy Blue is conducting "focus groups" with its members and other community members to identify concerns and member needs. This information will be used to further refine follow up and access to care interventions.

Infant Provider Training
Healthy Blue is engaging an array of training activities for infant/children primary care provides to increase capacity to serve this member population and reduce the unnecessary use of medications to treat ADHD. Healthy Blue also continues to train providers on the ADHD (PIP) Toolkit assessment and the diagnosis and treatment of its members. Specifically, the correct age group treatment, medication and non-medication opportunities as required by medical best practices to which age group members. Cheryll-Bowers-Stephens, MD, MBA, Provider Performance Medical Director; conducted this program. Louisiana Medical School (LSU) in New Orleans videotaped this provider ADHD Toolkit and medical necessity training program and treatment lesson and made it into a WebEx. The in person training provides Continuing Medical Education hours, while the WebEx will provide Enduring CMEs to the providers that take the course. In 2019 Healthy Blue replaced the WEBex training with a Web AP based Healthy Blue Providers. See a link to this training below: https://www.mydiversepatients.com/le/adhd/index.htm

HIV Program

Using both disease management strategies for viral suppression and focused case management, Healthy Blue's initiative supports its members with HIV to lead productive lives in spite of this disease.

Cultural Competency for Indigenous Members
Healthy Blue's liaison for indigenous tribal groups provides an array of cultural competencies and supports for these members to increase their access to health care.

Mental Health Advisory Group – Members Participating In Planning Health Care Delivery
Healthy Blue's Behavioral Health (BH) Member Liaison hosts member-involved activities, including arranging quarterly meetings for members to share their experiences and concerns with plan, in particular the integration process progression; held in different areas of the state to obtain a diverse voice of members.

High Intensity Integrated Team (HIIT) – is A unique engagement and behavioral change program that is designed to improve high risk case outcomes; targets high risk, difficult to engage members in need of outreach, is based on predictive analytics, member segmentation and personalized communication; engages the member in case management, and measures success by decreased inpatient stays and reduction in 30 day re-admits and ER visits.

Maternal Child Health Program addresses maternal and newborn health risks by ensuring members have access to the information, care, and support needed to stay healthy before, during, and after pregnancy. In addition, we invest in innovative solutions and collaborations to increase the use of safe, evidence-based practices in maternity care, and reduce unnecessary medical interventions in labor and delivery.

Preconception Health
Healthy Blue connects mothers to important well-women health services including screenings for breast and cervical cancer, and sexually transmitted infections (STIs). In addition, we offer several preconception health tools, including: Health Promotion Materials, Family Planning Kits, WinFertility®, and Long-Acting Reversible Contraception (LARC).

Comprehensive Maternity and NICU Management
Healthy Blue offers comprehensive education, case management, and care coordination to members during and after pregnancy. Pregnant members are supported by dedicated OB nurse case managers, care coordinators, certified registered dietitians, lactation consultants, and other maternity care specialists who encourage members to take action to optimize the outcome of pregnancy and prepare for the delivery and homecoming of her infant.

You and Your Baby in the NICU program provides parents with materials and support designed to help them cope with the day-to-day stress of having a baby in the NICU, teach them about staying involved in the care of their babies, and help them prepare themselves and their homes for discharge. In addition, recognizing that the stress of having a critically ill infant in the NICU can result in Post-Traumatic Stress Disorder (PTSD) among parents and loved ones.

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 Healthy Blue'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.

Summary of Findings

Table 15 provides a summary of the audit results by audit domain. Detailed findings for each of the elements that were less than fully compliant follow the table.

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	109	3	0	0	3	97%
Provider Network Requirements	184	168	16	0	0	0	91%

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full[1]
Utilization Management	87	87	0	0	0	0	100%
Eligibility, Enrollment, and Disenrollment	13	11	2	0	0	0	85%
Marketing and Member Education	83	82	1	0	0	0	99%
Member Grievance and Appeals	65	58	7	0	0	0	89%
Quality Management	114	109	3	0	0	2	97%
Fraud, Abuse, and Waste Prevention	118	88	15	15	0	0	75%
Reporting	1	1	0	0	0	0	100%
TOTAL	780	713	47	15	0	5	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, 713 were determined to fully meet the regulations, while 47 substantially met the regulations, 15 minimally met the regulations, and none were determined to be non-compliant. Five elements were deemed not applicable. The overall compliance score for Healthy Blue was 92% elements in full compliance.

It is the expectation of both IPRO and the LDH that Healthy Blue submit a corrective action plan for each of the 62 elements determined to be less than fully compliant, along with a timeframe for completion of the corrective action. Note that Healthy Blue 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. Almost all of the review domains, with the exception of Reporting and Utilization Management domains revealed at least one citation for compliance. Notably, there were 15 elements in the Fraud, Abuse, and Waste Prevention domain that received a determination of minimally compliant and should receive significant attention by the MCO to ensure that they meet compliance for this important regulatory area.

VI.   Strengths, Opportunities for Improvement & Recommendations

This section summarizes the accessibility, timeliness and quality of services provided by Healthy Blue 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)** – Healthy Blue met or exceeded the 75th percentile for the following HEDIS measures:
  - Chlamydia Screening in Women (16-24 Years)
  - Ambulatory Care Outpatient Visits/1000 Member Months
- **CAHPS (Member Satisfaction)** – Healthy Blue met or exceeded the 75th percentile for the following CAHPS measures:
  - Adult population
    - How Well Doctors Communicate
    - Shared Decision Making
    - Rating of All Health Care
    - Rating of Specialist
  - Child General population
    - Getting Needed Care
    - Rating of All Health Care
    - Rating of Health Plan
  - Child CCC population
    - Rating of All Health Care
    - Rating of Health Plan

Opportunities for Improvement

- **HEDIS (Quality of Care)** – Healthy Blue demonstrates an opportunity for improvement in the following areas of care as performance was below the 50th percentile:
  - Adult BMI Assessment
  - Antidepressant Medication Management - Acute Phase
  - Antidepressant Medication Management - Continuation Phase
  - Asthma Medication Ratio (5-64 Years)
  - Cervical Cancer Screening
  - Childhood Immunization Status - Combination 3
  - Comprehensive Diabetes Care - HbA1c Testing
  - Controlling High Blood Pressure
  - Medication Management for People with Asthma Total – Medication Compliance 75% (5-64 Years)
  - 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
    - 7–11 Years
    - 12–19 Years
  - Adults' Access to Preventive/Ambulatory Services
    - 20–44 Years
    - 45–64 Years
    - 65+ Years

- o Access to Other Services
  - ▪ Prenatal Care
- o Adolescent Well-Care Visit
- o Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life

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

Recommendations

- For the Improving the Quality of Diagnosis, Management and Care Coordination for Children with ADHD PIP results had to be interpreted with caution due to incorrect rates for several performance measures, gaps in ITM reporting, as well as unexplained variability in performance measure rates between baseline, interim, and final re-measurement. The MCO should devote adequate resources and staff to future PIPs to correctly calculate measures and assure the PIP's validity.

- Twenty one (21) of 30 HEDIS measures fell below the 50th percentile; the MCO should continue to evaluate the effectiveness of their current interventions. The MCO had a prior recommendation to reevaluate the effectiveness of interventions due to poor performing HEDIS measures. These measures have not shown improvement over the reporting period.
  - o The MCO should develop specific interventions to address the worst performing HEDIS measures:
    - ▪ Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years) (<10th percentile)
    - ▪ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity (<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: While the MCO's HEDIS performance continues to trend upward, overall performance continues to be poor, suggesting that the quality strategy may be ineffective or insufficient. The new interventions and initiatives described in the MCO's response to the previous year's recommendation should be routinely monitored for effectiveness and modified as needed. The MCO should also seek opportunities to expand the reach of successful interventions.

MCO Response: Healthy Blue continuously evaluates quality data, our membership and membership characteristics, utilization patterns, and year-over-year performance measures to develop innovative strategies to enhance our NCQA-

accredited framework to improve health outcomes for our members, support network providers, and drive health plan performance. This includes such initiatives as text health messaging to promote wellness and prevention, provider profiling, and transparent communication and expectations for clinical performance. Healthy Blue uses data analytics that support population health needs through a comprehensive view of demographic, claims, and provider engagement. Healthy Blue moved from ranking fifth in the state of Louisiana for HEDIS measures in 2017 to third in 2018. We made significant improvements in several measures and met 14 out of the 16 pay for performance measures deemed by LDH. Healthy Blue is constantly looking for new ways to improve performance.

Recommendation: In regard to child, adolescent, and adult access to primary care, the MCO should expand its approach to include interventions that specifically target member behavior and attitude toward seeking care. The MCO should consider implementing incentive programs, transportation assistance, appointment scheduling assistance, PCP selection assistance, and an education campaign around the importance of preventive care. The MCO's overall approach should be tied to the barriers identified in the CAHPS root cause analysis.

MCO Response: Healthy Blue monitors performance measures and develops interventions on a monthly basis. Healthy Blue implements many interventions that target child, adolescent, and adult access to primary care. These interventions include member outreach programs, member/provider incentive programs, provider education plans in partnership with provider relations, text messaging programs that connect members to their PCP, and provider education. Healthy Blue utilizes CAHPs reporting to identify top opportunities to identify barriers and overall satisfaction/access to care barriers.

Recommendation: 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.

> **MCO Response:** Healthy Blue's QM team works in collaboration with data analysts in order to obtain data from multiple data systems upon receipt of any new PIPs. Upon review of data sets, data may be stratified to identify subpopulations. For example, the Initiation, Engagement and Treatment (IET – HEDIS Measure) for members who are diagnosed with substance use disorder, the measure is reported as a total rate. Healthy Blue stratified the measure by age in order to identify barriers for ages. It was determined through this process that members ages 13–17 have opportunity for improvement, which will be the focus of 2020.

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:** Healthy Blue completed a performance improvement plan for 2019 related to Initiation, Engagement and Treatment for members with substance abuse. As a part of this PIP, the health plan has completed deep dives into subpopulations for this measure by age, high-risk members, and members with SMI. The PIP is going to continue into 2020 and Healthy Blue will expand the data stratification for this measure. Results of the 2019 PIP were fairly positive, as more than half of the measures were either tracking or met goal for 2019.

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: As stated above, for 2020, Healthy Blue will be expanding data stratification methods in order to identify subpopulations for identifying barriers and developing targeted interventions.

Recommendation: 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/emergency department 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.

MCO Response: In 2019, Healthy Blue implemented barrier analysis and member/provider focus groups in order to identify barriers and develop interventions. For example, a provider focus group was conducted in 2019 to identify barriers for providers for screening members with substance abuse diagnosis as well as the barriers to access to care for the subpopulation of high-risk mother diagnosed with substance use disorder. Healthy Blue will continue to utilize these processes in 2020 as it relates to PIP monitoring and development of interventions.

Recommendation: 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 analysis and use findings to modify interventions.

MCO Response: Healthy Blue monitors ITMs on a monthly basis and reports out on ITM progress in PIP workgroup meetings composed of multiple disciplinary teams in order to track progress to goals and develop new ITMs. Additionally, ITMs are reported quarterly, along with progress to goals for performance measures.

Recommendation: Deploy quality improvement tools, such 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: Healthy Blue utilizes PDSA tools and run charts to monitor interventions and identify areas of opportunity for performance improvement projects. These tools are completed and reviewed in PIP workgroups composed of multidisciplinary teams that work together to review and collaborate on action planning related to opportunities identified by utilizing these tools. Additionally, Healthy Blue reports PDSA and run chart results to IPRO and LDH, as requested, as part of the PIP process. In 2020, Healthy Blue will look to expand the use of QI tools to include tools such as fishbone diagrams and weekly reviews of data.