State of Louisiana Department of Health

United Healthcare Community Plan

Annual External Quality Review Technical Report

Review Period: July 1, 2018 – June 30, 2019

Report Issued: April 2020

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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 UnitedHealthcare Community Plan (UnitedHealthcare) 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 (LOB) [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

UnitedHealthcare	
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)	410,336

III. Enrollment and Provider Network

Medicaid Enrollment

As of June 2019, the MCO's Medicaid enrollment totaled 410,336, which represents 29.2% of Healthy Louisiana's active members. Table 2 displays UnitedHealthcare's Medicaid enrollment for 2017 to 2019, as well as the 2019 statewide enrollment totals.

Table 2: Medicaid Enrollment as of June 2019

UnitedHealthcare[1]	June 2017	June 2018	June 2019	% Change	2019 Statewide Total[2]
Total enrollment	428,053	433,860	410,336	-5.4%	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 UnitedHealthcare'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

Specialty	UnitedHealthcare LDH Region									MCO Statewide Unduplicated
	1	2	3	4	5	6	7	8	9	
Family Practice/ General Medicine	220	173	92	182	125	101	191	158	171	1201
Pediatrics	216	136	66	101	22	42	115	39	98	704
Nurse Practitioners	579	464	211	328	154	205	260	303	440	2427

Internal Medicine	234	116	62	90	49	31	102	46	103	762
RHC/FQHC	19	16	14	30	23	28	31	38	17	184
OB/GYN[1]	23	12	2	17	11	5	20	9	17	111

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

UnitedHealthcare 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	95.01%
	Rural	1 within 30 miles	100%
Pediatric PCP	Urban	1 within 10 miles	95.93%
	Rural	1 within 30 miles	100%
OB/GYN	Urban	1 within 15 miles	80.81%
	Rural	1 within 30 miles	92.16%

Data Source: Network Adequacy Review Report 220 Jan 1 – June 30, 2019.
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	99.9%
	Rural	1 in 60 minutes	100%
Pediatric PCP	Urban	1 in 20 minutes	99.9%
	Rural	1 in 60 minutes	100%
OB/GYN	Urban	1 in 30 minutes	NA
	Rural	1 in 60 minutes	NA

Data Source: Network Adequacy Review Report 220 Jan 1 – June 30, 2019.
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 the 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 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 case 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 UnitedHealthcare Community Plan 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 shown in **Table 6**.

Table 6: Indicators, Baseline Rates, and Goals for Improving Prenatal and Postpartum Care to Reduce Risk of Preterm Birth

Performance Indicator	Baseline Period 2015	Final Goal/Target Rate
Indicator 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.	Numerator = 31 Denominator = 1,000 Rate = 3.1%	Target rate: 20.4 Rationale: 95% of CI calculation of 11.6%, 17.4%
Indicator 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.	Numerator = 6,002 Denominator = 9,373 Rate = 64%	Target rate: 89.1% Rationale: 95% of CI calculation of 87.0%, 88.7%
Indicator 3 The percentage of women who delivered a live birth and had at least one test for HIV during pregnancy.	Numerator = 512 Denominator = 9,443 Rate = 5.4	Target rate: 87% Rationale: 95% of CI calculation of 84.8%, 86.3%
Indicator 4 The percentage of women who delivered a live birth and had at least one test for syphilis during pregnancy.	Numerator = 7,662 Denominator = 9,443 Rate = 81.1%	Target rate:90.1% Rationale: 95% of 88.1%, 89.4%
Indicator 5	Numerator = 709	Target rate:25%

Performance Indicator	Baseline Period 2015	Final Goal/Target Rate
The percentage of postpartum women who: a. Adopt use of a most effective 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]).	Denominator = 7,301 Rate = 9.7 %	Rationale: 95% of CI calculation of 21.50%, 20.42%
Indicator 5a The percentage of postpartum women who adopt use of either a most or moderately effective Food and Drug Administration (FDA)-approved method of contraception during delivery hospitalization.	Numerator = 88 Denominator = 7,301 Rate = 1.2%	
Indicator 5b The percentage of postpartum women who adopt use of either a most or moderately effective FDA-approved method of contraception LARC outpatient within 56 days postpartum.	Numerator = 621 Denominator = 7,301 Rate = 8.5%	
Indicator 6 The percentage of postpartum women who adopt use of a moderately effective method of contraception (i.e., use of injectables, oral pills, patch, ring or diaphragm).	Numerator = 1,676 Denominator = 7,301 Rate = 23%	Target rate: 26% Rationale: 95% CI calculation of 21.60%, 20.52%
Indicator 7 The percentage of postpartum women who adopt use of either a most or moderately effective FDA-approved method of contraception.	Numerator = 2,385 Denominator = 7,301 Rate = 32.7%	Target Rate:50% Rationale: 95% CI calculation of 43.13%, 40.97%
Indicator 8 HEDIS Postpartum Measure	Numerator = 4,093 Denominator = 9,515 Rate = 43.02 HEDIS PPC baseline MY = November 6, 2014– November 5, 2015	Target rate: 63.12% as target/goal (per state) Rationale: state goal
Indicator 9 HEDIS Postpartum Measure	Numerator = 239 Denominator = 407 Rate = 58.72 HEDIS baseline MY = November 6, 2014– November 5, 2015	Target rate: 63.12% as target/goal (per state) Rationale: HEDIS 2015 MY 2014 was 54.99% HEDIS 2016 MY 2015 hybrid results was 58.72% for an increase of 3.71% QM leadership agreed to meet or exceed the state goal above. HEDIS 2017 MY 2016 hybrid results was 64.84% for an increase of 6.12% QM leadership agreed to meet or exceed the state goal above. HEDIS 2018 MY 2017 state goal 60.98%.

CI: confidence interval; FDA: Food and Drug Administration; LARC: long-acting reversible contraception; HEDIS: Healthcare Effectiveness Data and Information Set; MY: measurement year.

Intervention Summary:

Interventions to address member barriers: Prenatal Care Management Outreach and Engagement Program Targeted to High-Risk, Pregnant Members:
UnitedHealthcare has developed an internal registry to identify and track pregnant women with a history of prior preterm birth and collect the data needed to monitor performance measures compared to the state high-risk registry.

Interventions will address member barriers to evidence-based care (e.g., progesterone therapy for eligible women with a prior spontaneous preterm birth, screening for sexually transmitted infection during pregnancy, engagement in postpartum care, and offering and uptake of long-acting reversible contraception.

Health plan interventions and processes will target at-risk subpopulations (e.g., women with disproportionate burden of adverse birth outcomes due to prior history of preterm birth, region of residence, race, and age) for engagement in case management and/or interventions to reduce the risk of preterm birth (e.g., facilitation of progesterone therapy; screening and treatment for chlamydia, syphilis, and HIV; and uptake of long-acting reversible contraception among eligible women).

Interventions to address provider barriers: Plan to provider communication, Medicaid 101.

The following summarizes the results and strengths from the final PIP report:

- The 17P receipt rate increased from a baseline rate of 3.1% to an interim rate of 14.6% to a final rate of 18.0%, although the final rate fell short of the 20.4% target rate.
- The chlamydia testing rate increased from a baseline rate of 64% to an interim rate of 87.7% to a final rate of 88.1%, although the final rate fell short of the 89.1% target rate.
- The HEDIS hybrid postpartum visit rate increased from a baseline rate of 58.72% to an interim rate of 64.84% and remained above the targeted rate of 63.12 % for the final re-measurement year at 64.48%.
- The plan used a fishbone diagram to conduct a barrier analysis and identified health plan, member, and provider barriers.
- Beginning mid-2017, the plan implemented local case management telephonic outreach.
- Beginning mid-2017, the plan partnered with the Optum 17P program to collaborate with potentially eligible members' providers for expedited orders and dispensing of 17P, as well as to foster member compliance.
- The plan identified providers who were not using notice of pregnancy forms and provided targeted education to address individual provider compliance.

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

- The plan presented a run chart for ITM 3. From October 2018 through March 2019, a shift below median was observed; however, the monthly ITM 3 rate appears to be showing gains since February 2019. The annual rate for 17P receipt showed an increase from 14.59% in 2015 to 18.06% in 2017.

Opportunities for Improvement/ Next Steps Identified by UnitedHealthcare:

- ITM 1: Continue to educate on Optum obstetric home care services, HFS and distribution of resources. Continued communication, telephonic/face-to-face visits to educate members. Facilitate increased member awareness of pregnancy management and compliance with prescribed plan of care.
- ITM 2: Consider alternative processes in order to contact via outreach to members in the initial phase and the continuum. Increase the relationships with our internal partners to avoid any missed notification.
- ITM 3: Give more consideration to additional modes of outreach to members (i.e., email, text) identifying a variance. Mapping out the process and identifying failure modes can help identify interventions that can lead to improvement.
- ITM 4: Pilot to contact members with hypertension/pre-eclampsia 7-10 days postpartum versus 2 weeks postpartum to see if we can impact readmission rates.
- ITM 5: Continue to Identify single points of contact in provider offices. Having a uniform process across all providers will make this reliable and sustainable. Continue to update our obstetrics toolkits with American College of Obstetricians guidelines.

- ITM 6: Complete a member drill-down by region. Assure that clinical practice guidelines are incorporated into key components of HFS, including member education materials, postpartum care periodicity schedules, clinical management, outreach protocols, and support provided to network providers and practitioners.

Overall Credibility of Results:
The validation findings generally indicate that the credibility of the PIP performance indicator results is not at risk. Results must be interpreted with some caution due to questionable validity and reliability of the member intervention tracking measures. The prentatal care management (CM) ITMs are of particular concern due to the magnitude and variability of the denominators across CM ITMs. In addition, interventions were not informed by data on member barriers as reported by members, so there is limited evidence that the new/enhanced interventions addressed barriers sufficiently to attribute performance improvement to interventions.

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 members of the eligible population sample whose PCP used a validated ADHD screening instrument by 25.1 percentage points (from 43.3% to 68.4%) to meet a meaningful improvement goal by December 2018.

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 members of the eligible population sample whose PCP used a validated ADHD screening instrument completed by reporters across multiple settings by 31 percentage points (from 31.7% to 62.7%) to meet a meaningful improvement goal by December 2018.

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 members 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, by 41.7 percentage points (from 58.3% to 100%) to meet a meaningful improvement goal by December 2018.
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 percentage of members 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 20 percentage points (from 80% to 100%) to meet a meaningful improvement goal by December 2018.

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 supportive treatment, psychosocial rehabilitation, Coordinated Systems 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 to treat alternate causes of presenting symptoms and/or co-occurring conditions by 21.7 percentage points (from 72% to 93.7%) to meet a meaningful improvement goal by December 2018.

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 46.7 percentage points (from 43.4% to 90.1%) to meet a meaningful improvement goal by December 2018.

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 68.4 percentage points (from 0% to 68.4%) to meet a meaningful improvement goal by December 2018.

8. ***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 that were contacted via outreach by the health plan care coordinator by 68.4 percentage points (from 0% to 68.4%) to meet a meaningful improvement goal by December 2018.

A9. ***MCO Outreach with Member Engagement***: The percentage of the members outreached 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 68.4 percentage points (from 0% to 68.4%) to meet a meaningful improvement goal by December 2018.

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 by 65.1 percentage points (from 3.3% to 68.4%) to meet a meaningful improvement goal by December 2018.

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

B1a. ***Initiation Phase***: The percentage of members aged 6–12 years as of the index prescription state date 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 5.79 percentage points (from 52.85% to 58.64%) to reach the 95th Quality Compass (QC) percentile.

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 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 8.67 percentage points (from 64.49% to 73.16%) to surpass the 95th Quality Compass (QC) percentile.

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), with 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), with behavioral therapy, by 2.7 percentage points (from 33.1% to 35.8%) to meet a meaningful improvement goal by December 2018.

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), without behavioral therapy.
Baseline to final measurement goal: Decrease the percent 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), without behavioral therapy, by 3.5 percentage points (from 48.5% to 45%) to meet a meaningful improvement goal by December 2018.

Intervention Summary:
- **Interventions to address member barriers**: Build workforce capacity; deliver provider education; enhance care coordination.
- **Interventions to address provider barriers**: Deliver provider education; facilitate access to and provision of behavioral health consultation for PCPs; enhance care coordination.

Results/ Strengths:
- Indicator A1, Validated ADHD Screening, showed a sustained increase from 43.33% to 63.33% to 83.33% and exceeded the target rate of 68.4%.
- Indicator A2, ADHD Screening in Multiple Settings, showed a sustained increase from 31.67% to 50% to 65% and exceeded the target rate of 62.7%.
- Indicator A3, Assessment of Other Behavioral Health Conditions, showed a sustained increase from 58.33% to 98.3% to 100% and met the target rate.
- Indicator A5a, Referral for Evaluation of Other Behavioral Health Conditions, increased from 80% at baseline to 87.87% upon final remeasurement; however, this represents a drop from the interim rate of 95.6%, and the target rate of 100% was not met.
- Indicator A6, PCP Care Coordination, increased from 43.33% at baseline to 63.33% upon final remeasurement; however, this represents a drop from the interim rate of 80%, and the target rate of 90.1% was not met.
- Indicator A7, MCO Care Coordination, increased from 0% to 6.67% (4 of 60); however, the number of members impacted was minimal and the target rate of 68.4% was not met.
- Indicator A8, MCO Outreach with Member Contact, increased from 0% to 3.33% (2 of 60); however, the number of members impacted was minimal and the target rate of 68.4% was not met.

- Indicator A9, MCO Outreach with Member Engagement, increased from 0% to 3.33% (2 of 60); however, the number of members impacted was minimal and the target rate of 68.4% was not met.
- Indicator A10, First-Line Behavior Therapy for Children < 6 Years, increased from 3.33% at baseline to 24.13% upon final remeasurement; however, this represents a drop from the interim rate of 43.3%, and the target rate of 68.4% was not met.
- Measure B1a, HEDIS ADHD Initiation, increased from 52.85% to 55.42%; however, the target rate of 58.64% was not met.
- Measure B1b, HEDIS ADHD Continuation, increased from 64.49% at baseline to 67.05% upon final remeasurement; however, this represents a drop from the interim rate of 70.36%, and the target rate of 73.16% was not met.
- In the first quarter of 2018, 100% of 229 PCPs with ADHD scorecards received the ADHD toolkit.
- In the fourth quarter of 2018, 100% of 178 PCPs received CDC's BH as first-line therapy recommendation.
- In the second quarter of 2017, 100% of 31 school based health centers that treat students with ADHD were equipped with a form to notify PCPs of BH treatments.

Opportunities for Improvement:

- The lack of direct member feedback and use of member barrier analysis to inform robust care management interventions targeted separately to younger and older children limited the impact of this PIP on engaging members in care coordination and, consequently, receipt of evidence-based care, particularly first-line behavior therapy for younger children.
- The lack of member interventions, particularly for younger children, is not aligned with the PIP objectives.
- The Children with Chronic Conditions CAHPS report was used to identify barriers for the general CCC member population, but not to identify barriers specific to the ADHD child population, neither younger or school-aged children. Thus, there was a missed opportunity for care managers to solicit parents' reasons for younger and school-aged children not participating in care coordination and/or evidence-based ADHD management.
- The plan participated in the Collaborative Toolkit intervention; however, there is considerable missed opportunity in that, although a Plan-do-Study-Act plan was indicated for the interim PIP, no PDSA testing was conducted to improve the delivery of evidence-based front-line psychotherapy to young children, nor was there PDSA testing for enhanced CM targeted to children with ADHD, both younger and older subsets, separately.
- In light of the inclusion of a planned start date but no actual start date for the Care Management Integrated Plan of Care intervention for ADHD, as well as no ITM to measure how this care management intervention impacts younger and school-aged children with ADHD, there was a lack of robust member interventions.
- There are no ITMs to monitor and improve the enhanced care management intervention, and thus, no new or enhanced care management interventions during the final PIP year; this represents a considerable missed opportunity for improvement.
- The analysis of BH medications for children < 48 months represented data analysis for data integrity, but not for quality improvement.
- The plan did address the lack of a tracking system; however, it is not clear whether that refers to PCP-based or CM-based system, and the lack of robust CM interventions was not addressed in the discussion.
- The enhanced care coordination system level changes included ACE training for the Collaborative team for increased capacity to engage members with complex psychosocial factors; however, the next steps focused on provider rather than enhanced member outreach, facilitation, and engagement 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 lack of robust member 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 7**.

Table 7: Indicators, Baseline Rates, and Goals for IET

Performance Indicator	Baseline Period HEDIS 2018	Final Goal/Target Rate Target Date: 9/30/2019
Indicator 1a.i. Initiation of AOD treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Numerator = 22 Denominator = 56 Rate = 39.29	Target rate: NCQA Quality Compass percentile 66.67th percentile rate = 44.07% Rationale: next NCQA Quality Compass benchmark
Indicator 1a.ii. Initiation of AOD treatment: age 13–17 years, opioid abuse or dependence diagnosis cohort	Numerator = 7 Denominator = 15 Rate = 46.67	Target rate: 49.67% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 1a.iii. Initiation of AOD treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Numerator = 192 Denominator = 391 Rate = 49.10	Target rate: NCQA Quality Compass percentile 75th percentile rate = 51.51% Rationale: next NCQA Quality Compass benchmark
Indicator 1a.iv. Initiation of AOD treatment: age 13–17 years, total diagnosis cohort	Numerator = 203 Denominator = 432 Rate = 46.99	Target rate: NCQA Quality Compass percentile 75th percentile rate = 48.76% Rationale: next NCQA Quality Compass benchmark
Indicator 1b.i. Initiation of AOD treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Numerator = 1,467 Denominator = 3,169 Rate = 46.29	Target rate: NCQA Quality Compass percentile 90th percentile rate = 49.26 Rationale: next NCQA Quality Compass benchmark
Indicator 1b.ii. Initiation of AOD treatment: age 18+ years, opioid abuse or dependence diagnosis cohort	Numerator = 1,150 Denominator = 1,853 Rate = 62.06	Target rate: NCQA Quality Compass percentile 90th percentile rate = 65.4 Rationale: next NCQA Quality Compass benchmark
Indicator 1b.iii. Initiation of AOD treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Numerator = 3,161 Denominator = 6,156 Rate = 51.35	Target rate: NCQA Quality Compass percentile 90th percentile rate = 53.26 Rationale: next NCQA Quality Compass benchmark
Indicator 1b.iv. Initiation of AOD treatment: age 18+ years, total diagnosis cohort	Numerator = 4,720 Denominator = 9,577 Rate = 49.28	Target rate: NCQA Quality Compass percentile 95th percentile rate = 53.9% Rationale: next NCQA Quality Compass benchmark
Indicator 1c.i. Initiation of AOD treatment: total age groups, alcohol abuse or dependence diagnosis cohort	Numerator = 1,489 Denominator = 3,225 Rate = 46.17	Target rate: NCQA Quality Compass percentile 90th percentile rate = 48.63% Rationale: next NCQA Quality Compass benchmark
Indicator 1c.ii.	Numerator = 1,157	Target rate: NCQA Quality

Performance Indicator	Baseline Period HEDIS 2018	Final Goal/Target Rate Target Date: 9/30/2019
Initiation of AOD treatment: total age groups, opioid abuse or dependence diagnosis cohort	Denominator = 1,868 Rate = 61.94	Compass percentile 90th percentile rate = 65.22% Rationale: next NCQA Quality Compass benchmark
Indicator 1c.iii. Initiation of AOD treatment: total age groups, other drug abuse or dependence diagnosis cohort	Numerator = 3,353 Denominator = 6,547 Rate = 51.21	Target rate: 54.21% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 1c.iv. Initiation of AOD treatment: total age groups, total diagnosis cohort	Numerator = 4923 Denominator = 10009 Rate = 49.19	Target rate: NCQA Quality Compass percentile 95th percentile rate = 53.29% Rationale: next NCQA Quality Compass benchmark
Indicator 2a.i. Engagement of AOD treatment: age 13–17 years, alcohol abuse or dependence diagnosis cohort	Numerator = 7 Denominator = 56 Rate = 12.50	Target rate: NCQA Quality Compass percentile 75th percentile rate = 16.23% Rationale: next NCQA Quality Compass benchmark
Indicator 2a.ii. Engagement of AOD treatment: age 13–17 years, opioid abuse or dependence diagnosis cohort	Numerator = 4 Denominator = 15 Rate = 26.67	Target rate: 29.67% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 2a.iii. Engagement of AOD treatment: age 13–17 years, other drug abuse or dependence diagnosis cohort	Numerator = 107 Denominator = 391 Rate = 27.37	Target rate: NCQA Quality Compass percentile 95th percentile rate = 31.51% Rationale: next NCQA Quality Compass benchmark
Indicator 2a.iv. Engagement of AOD treatment: age 13–17 years, total diagnosis cohort	Numerator = 111 Denominator = 432 Rate = 25.69	Target rate: NCQA Quality Compass percentile 95th percentile rate = 28.67% Rationale: next NCQA Quality Compass benchmark
Indicator 2b.i. Engagement of AOD treatment: age 18+ years, alcohol abuse or dependence diagnosis cohort	Numerator = 399 Denominator = 3,169 Rate = 12.59	Target rate: 15.59% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 2b.ii. Engagement of AOD treatment: age 18+ years, opioid abuse or dependence diagnosis cohort	Numerator = 503 Denominator = 1,853 Rate = 27.15	Target rate: NCQA Quality Compass percentile 75th percentile rate = 31.52 Rationale: next NCQA Quality

Performance Indicator	Baseline Period HEDIS 2018	Final Goal/Target Rate Target Date: 9/30/2019
		Compass benchmark
Indicator 2b.iii. Engagement of AOD treatment: age 18+ years, other drug abuse or dependence diagnosis cohort	Numerator = 977 Denominator = 6,156 Rate = 15.87	Target rate: NCQA Quality Compass percentile 90th percentile rate = 17.91% Rationale: next NCQA Quality Compass benchmark
Indicator 2b.iv. Engagement of AOD treatment: age 18+ years, total diagnosis cohort	Numerator = 1,565 Denominator = 9,577 Rate = 16.34	Target rate: 19.34% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 2c.i. Engagement of AOD treatment: total age groups, alcohol abuse or dependence diagnosis cohort	Numerator = 406 Denominator = 3,225 Rate = 12.59	Target rate: NCQA Quality Compass percentile 90th percentile rate = 16.14% Rationale: next NCQA Quality Compass benchmark
Indicator 2c.ii. Engagement of AOD treatment: total age groups, opioid abuse or dependence diagnosis cohort	Numerator = 507 Denominator = 1,868 Rate = 27.14	Target rate: NCQA Quality Compass percentile 75th percentile rate = 31.47% Rationale: next NCQA Quality Compass benchmark
Indicator 2c.iii. Engagement of AOD treatment: total age groups, other drug abuse or dependence diagnosis cohort	Numerator = 1,084 Denominator = 6,547 Rate = 16.56	Target rate: 19.56% Rationale: NCQA Quality Compass national benchmark is not available for this measure; therefore, target was set for an increase of 3 percentage points
Indicator 2c.iv. Engagement of AOD treatment: total age groups, total diagnosis cohort	Numerator = 1,676 Denominator = 10,009 Rate = 16.74	Target rate: NCQA Quality Compass percentile 95th percentile rate = 21.4% Rationale: next NCQA Quality Compass benchmark

IET: initiation and engagement of alcohol or other drug abuse or dependence treatment; HEDIS: Healthcare Effectiveness Data and Information Set; AOD: alcohol and other drug; NCQA: National Committee for Quality Assurance.

UnitedHealthcare implemented the following interventions:

- **Interventions to address member barriers**: Enhance education around AOD issues through interaction with case management, expand availability of medication-assisted treatment to members.
- **Interventions to address provider barriers**: Education for providers on appropriate screening tools and resources/referrals, including emergency room staff. Targeted education to providers in high-volume areas.

Results and Strengths:

- Interventions address the recommended provider and member targeted interventions for 1) provider training to expand the workforce for treatment initiation and follow-up (e.g., MAT guidelines); 2) partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., placement of case management support workers in ED

settings, targeted education for high-volume EDs); and 3) provide enhanced member care coordination (e.g., placement of case management support workers in ED settings, enhanced care coordination for expectant mothers with opioid use disorder).

- In addition, the plan included an MCO intervention to improve internal processes for monitoring substance use disorder provider network adequacy, particularly those that provide MAT services (e.g., closer monitoring of provider with waiver privileges.)
- The plan also included a community outreach intervention that includes community outreach and education and drug take-back days.
- The barrier analysis informed robust interventions with corresponding ITMs targeted for implementation beginning September 2018–December 2018 (e.g., provider education on screening, brief intervention, and referral to treamtment, pilot to place MCO nurse in ED, enhanced care coordination).
- There were no performance indicators that met or exceeded the target rate in the first quarter 2019 (reported April 2019).

Opportunities for Improvement:

- The plan should include a brief description of a process to evaluate ITM quarterly trends, identify stagnating or worsening trends and, in response, conduct root cause/barrier analysis and use barrier analysis findings to inform modifications to interventions.
- In response to stagnating or worsening ITM trends, the plan should consider conducting drill-down analyses by susceptible subpopulations and use findings to inform modifications to interventions.
- The plan should consider using PDSA testing to monitor a small test of change at a pilot site during the first month of the embedded MCO nurse/CM intervention.
- In response to stagnating or declining CM ITM, the plan might consider how susceptible subpopulation findings might be used to modify interventions and to conduct PDSA small tests of change (with plans for rollout).
- The plan will enhance intervention 5a for a more robust CM member intervention with corresponding ITM.
- Develop and implement a new MCO intervention to identify MAT and educate providers regarding reimbursable benefit so that counseling is provided, not medication alone. Most important to ensure psychosocial treatment is provided.

Overall Credibility of Results: Final PIP validation to be conducted upon IPRO receipt of the Final IET PIP Report due 11/30/19.

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 8** 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 8: HEDIS Effectiveness of Care Measures – 2017–2019

Measure	UnitedHealthcare			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	82.75%	85.89%	86.62%	33.33rd	82.51%
Antidepressant Medication Management - Acute Phase	43.27%	47.81%	48.11%	10th	48.17%
Antidepressant Medication Management - Continuation Phase	28.11%	32.82%	32.05%	10th	32.56%
Asthma Medication Ratio (5-64 Years)	65.85%	65.92%	64.64%	50th	64.08%
Breast Cancer Screening in Women	53.58%	54.34%	53.83%	25th	57.70%
Cervical Cancer Screening	62.76%	57.66%	56.20%	25th	56.41%
Childhood Immunization Status - Combination 3	73.72%	71.29%	71.78%	50th	70.99%
Chlamydia Screening in Women (16-24 Years)	61.59%	65.43%	65.12%	66.67th	66.19%
Comprehensive Diabetes Care - HbA1c Testing	73.97%	82.97%	86.13%	25th	85.78%
Controlling High Blood Pressure	37.96%	44.53%	50.85%	10th	47.88%
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	64.49%	70.13%	55.42%	75th	50.65%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase	52.85%	55.28%	67.05%	75th	65.01%
Medication Management for People With Asthma Total - Medication Compliance 75% (5-64 Years)	24.15%	26.70%	30.58%	10th	29.61%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile	60.10%	71.53%	69.83%	25th	65.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Nutrition	60.34%	63.50%	64.72%	33.33rd	58.66%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Counseling for Physical Activity	43.80%	51.34%	57.18%	25th	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 9** 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 9: HEDIS Access to/Availability of Care Measures – 2017–2019

Measure	UnitedHealthcare			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	96.84%	96.89%	96.21%	50th	95.68%
25 Months–6 Years	89.61%	90.08%	88.99%	50th	88.36%
7–11 Years	91.83%	92.52%	92.60%	66.67th	91.25%
12–19 Years	91.58%	92.19%	92.05%	66.67th	90.60%
Adults' Access to Preventive/Ambulatory Services					
20–44 Years	85.01%	79.42%	79.12%	50th	76.81%
45–64 Years	90.39%	86.75%	86.52%	50th	84.95%
65+ Years	83.54%	86.68%	87.00%	33.33rd	86.24%
Access to Other Services					
Prenatal Care	85.54%	82.24%	85.16%	50th	79.40%
Postpartum Care	64.84%	64.48%	71.53%	75th	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 UnitedHealthcare's services by examining selected HEDIS Use of Services rates. **Table 10** 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 10: Use of Services Measures – 2017–2019

Measure	UnitedHealthcare			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	63.88%	60.34%	61.80%	66.67th	56.68%
Ambulatory Care Emergency Department Visits/1000 Member Months[1]	72.49	78.36	69.77	75th	75.02
Ambulatory Care Outpatient Visits/1000 Member Months	428.56	432.74	414.65	75th	413.54
Well-Child Visits in the First 15 Months of Life 6+ Visits	57.55%	72.26%	63.44%	33.33rd	63.22%
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	68.19%	68.86%	72.02%	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 members was conducted on behalf of UnitedHealthcare 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 11, **Table 12,** and **Table 13** show UnitedHealthcare's CAHPS rates for 2017, 2018, and 2019, as well as Quality Compass 2018 National – All Lines of Business ([LOBs] Excluding PPOs and EPOs) Medicaid benchmarks.

Table 11: Adult CAHPS 5.0H – 2017–2019

Measure[1]	UnitedHealthcare			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	79.83%	83.71%	83.05%	33.33rd
Getting Care Quickly	79.30%	83.15%	82.11%	33.33rd
How Well Doctors Communicate	91.49%	91.35%	90.34%	10th
Customer Service	87.95%	90.50%	87.80%	25th
Shared Decision Making	78.24%	79.02%	77.04%	10th
Rating of All Health Care	78.17%	77.38%	81.43%	90th
Rating of Personal Doctor	83.80%	81.14%	83.40%	50th
Rating of Specialist	85.16%	86.44%	81.31%	33.33rd
Rating of Health Plan	78.82%	80.58%	80.92%	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 General Population – 2017–2019

Measure[1]	UnitedHealthcare			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	87.85%	86.38%	92.31%	95th
Getting Care Quickly	89.46%	94.52%	90.84%	50th
How Well Doctors Communicate	93.42%	93.16%	95.84%	75th
Customer Service	85.53%	89.38%	89.15%	50th
Shared Decision Making	79.66%	76.03%	78.62%	33.33rd
Rating of All Health Care	87.45%	89.53%	90.48%	75th
Rating of Personal Doctor	88.71%	89.32%	93.26%	90th
Rating of Specialist	92.98%	87.04%	96.34%	95th
Rating of Health Plan	90.07%	88.66%	90.84%	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 13: Child CAHPS 5.0H CCC Population – 2017-2019

Measure[1]	UnitedHealthcare			QC 2019 National – All LOBs (Excluding PPOs/EPOs) Medicaid Benchmark Met/Exceeded
	CAHPS 2017	CAHPS 2018	CAHPS 2019	
Getting Needed Care	87.99%	88.44%	90.62%	75th
Getting Care Quickly	92.07%	92.65%	93.82%	50th
How Well Doctors Communicate	93.76%	95.41%	95.20%	50th
Customer Service	90.41%	90.91%	88.44%	25th
Shared Decision Making	84.11%	82.86%	83.95%	10th
Rating of All Health Care	84.95%	87.36%	86.97%	33.33rd
Rating of Personal Doctor	88.50%	89.01%	91.06%	66.67th
Rating of Specialist	86.27%	84.11%	93.83%	95th
Rating of Health Plan	86.01%	84.51%	87.31%	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. The MCO reported their 2018 action plan and proposed 2019 action plan. To meet the reports length requirements only complete 2018 action plan is reported.

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: <u>Adult's Health -</u> 2018 Action Plan

a. Worked with Member Handbook team to include language explaining how members can identify their PCP on their member card. Currently this information is not included in the Handbook.
b. Locally based Louisiana Clinical Practice Consultants (CPC) contact PCPs with high numbers of noncompliant members in the targeted parishes, to assure they are aware of: 1) Evidenced-Based (HEDIS®) Quality Performance Guidelines, 2) Care Opportunity Reports, including how to access online (LINK); 3) The value of cultural literacy, 4) The availability of the free language line; 5) The new transportation vendor for Louisiana (except for DSNP until 2019) and new hours of service 6) the importance of accurate linkage; and 7) Incentives available to members engaging in care.
c. UHC Marketing Representatives participated in community based, member outreach events in 7 of the top 12 zip code areas in Jefferson parish, 3 of the top 6 zip codes for Lafayette parish, 13 of the top 14 zip codes for East Baton parish, and 11 zip codes including 8 of the top 10 zip code areas for AAP non-compliance.
d. Cultural competency was promoted at Provider Expositions hosted in the targeted parishes. Handout examples include: Understanding Cultural Competency and the ADA Act, AHRQ Health Literacy Universal Precautions Toolkit, Tool 4: Communicate Clearly and Tool 10: Consider Culture, Customs, and Beliefs.
e. Members were educated on the importance of their PCP's office via the HealthTalk article *Avoid the ER. Know where to go and when* (Winter 2018).
f. Members were educated the importance of being linked to the right provider via the talking points created for customer service specific to Louisiana, and the HealthTalk article *Your Partner in Health* (Spring 2018).
g. New Louisiana members were educated during welcome call on $20 gift card offered after completing PCP visit within 90 days of enrollment, and how to access transportation. In the course of the call, the member is made aware of whom his or her PCP is. If this is not satisfactory, the member has the option to change providers.
h. Louisiana adult providers with Value Based Contracts (VBCs) have Adult Prevention Access as an incentive measure on their scorecard. This prompts providers to promote routine visits by their patients, and assure the patients that come to the practice are appropriately linked.
i. Acquisition of new National transportation company in April 2018 to improve member confidence of timely transportation.
j. Monitor managed care access. Seek opportunities to recruit providers in areas where member/provider ratio is high.
k. Baby Blocks incentives for expectant mothers who attend their prenatal appointments.
l. Silverlink educational automated calls to promote scheduling for annual visits.
m. PCP office after-hour telephone messages are monitored for instructions for emergencies, how to access the on call practitioner, and office hours.
n. Educational material distributed during membership community activities, such as Check, Choose, Go, an updated ED diversion flyer that came available in the 3rd Quarter.
o. Articles in Practice Matters such as Support for Language Services, and A Member's Right to Culturally Competent Care (Summer 2018).
p. Cell phones were available for high-risk patients (such as those with acute asthma, CHF, COPD, acute diabetes, organ transplant, acute obesity, or high-risk pregnancies) who do not have reliable access to a telephone. This allows access to UHC, providers, 911, and unlimited texting,
q. Health4Me Mobile App: Available at no charge, this app enables users to find a doctor, urgent care center or ER, view benefits, or contact customer service.

Interim HEDIS data for Adult Access: *Nov 2016= 83.60% Nov 2017= 79.28% Nov 2018 = 79%*
Although our 2018 Action Plan above does not show an increase in our Adult Access HEDIS® measure, there was improvement noted in all four of the targeted parishes. We will do hybrid review to supplement this measure and see the final HEDIS® outcome in June 2019. We will use a modified action plan with a "deeper dive" focusing on supporting all areas of opportunities below for increased member outcomes for now. We will also continue to search for opportunities to collaborate with external partners such as community based organizations in those areas with high non-compliance rates, in order to reach our members that have not responded to our communication channels thus far. As new contract requirements are spelled out, new actions/programs may become available to provide equality to all members and the "best practices" that can potentially raise the level of performance equity so all members will receive the best level performance from our providers.

Women's Health - 2018 Action Plan

a. Locally based Louisiana CPCs educated OB providers with the OB toolkit, created by the Quality Department, and used exclusively in Louisiana, which includes information about Healthy First Steps (HFS), and the importance of the PP visit.
b. Healthy First Steps (HFS) Program created at local Plan level now has a dedicated manager and four Case Managers. The Louisiana Quality department will collaborate with the HFS program to increase focus on the targeted parishes
c. UHC Marketing Representatives participated in community based, member outreach events in 6 zip codes, including 2 of the top 5 areas in Jefferson parish, 3 zip codes, including 2 of the top 5 for Lafayette parish, 4 zip codes, including 2 of the top 5 for East Baton parish, and 3 zip codes, including 1 of the top 5 for Caddo parish for PPC non-compliance.
d. Louisiana is currently conducting a Reducing Premature Births Performance Improvement Project, which includes a section on Post-Partum care.
e. Promote HFS at Provider Expos in the targeted parishes, and in provider communications
f. Promotion of Healthy First Steps (HFS) enrollment during member welcome call, and in member quarterly newsletter.
g. Promotion of Baby Blocks which offers eight (8) incentives for members achieving health care goals during the 24–month pregnant and post-partum.
h. Targeted Live agent IVR calls are made to new moms to determine postpartum visit status. If new mom had not already seen her provider, or had a PP appointment scheduled, the agent assists the mom with appointment acquisition.
i. National HFS transferred to HFS Local Plan to increase member outreach at the local level. National oversite remains in place.
j. Twitter: @UHCPregnantCare (In Spanish: @UHCEmbarazada) and Text for Baby (English and Spanish) Delivers health and wellness information relating to pregnancy, childbirth and general health information applicable to pregnant women.
k. "Baby Showers" to educate expecting moms occur in geographical areas where high pregnancy and low prenatal care have been identified.

Interim HEDIS data (using the total PPC population and HEDIS timeframes): *Nov 2016 =46.33% Nov 2017 = 52.63% Nov 2018 = 51.74%*
Although our 2018 Action Plan above does not show an increase in the PPC HEDIS® measure, we will do hybrid review to supplement this measure and see the final HEDIS® outcome in June 2019. We will use a modified action plan, supporting all areas of opportunities below for increased member outcomes for now. We will also continue to search for opportunities to collaborate with external partners such as community based organizations in those areas with high non-compliance rates, in order to reach our members that have not responded to our communication channels thus far. As new contract requirements are spelled out, new actions/programs may become available to provide equality to all members and the "best practices" that can potentially raise the level of performance equity so all members will receive the best level performance from our providers.

Diabetic Members having HbA1c Testing - 2018 Action Items

a. The Louisiana Quality department live outreach call campaign occurred in September and October and focused on the targeted parishes, and with an emphasis on female members.
b. Locally based CPCs continued to review opportunities for care for HgA1c measures, and updated Diabetes Toolkit, which was created by the Quality Department, and used exclusively in Louisiana, with high volume providers.
c. UHC marketing representatives collaborated with YWCA to provide Diabetes Lunch'n'Learn venues in East Baton Rouge parish. The United program Heart Smart Sisters is used to empower women to make lifestyle changes that will reduce their risk of heart disease. The benefits of healthy diet and the importance of regular exercise, as well as the risk of diabetes are discussed at monthly sessions.
d. UHC Marketing Representatives participated in other community based, member outreach events in 6 zip codes, including 2 of the top 5 areas in Jefferson parish, 3 of the top 5 for Lafayette parish, 12 zip codes including 9 of the top 10 for East Baton parish, and 11 zip codes including 4 of the top 5 for Caddo parish for HbA1c non-compliance.
e. In negotiations to collaborate with New Orleans East Hospital for their diabetic program affiliated with the Cleveland Clinic. The aim is to generate positive outcomes such as peer support; group appointments, evidence based guidelines, and incorporate all of population health principles. As Orleans parish is contiguous with Jefferson parish. This is available for Jefferson parish residents.
f. Louisiana practitioners with linked patients, who are diabetic, have CDC A1C as an incentive measure on their VBC scorecard.
g. Diabetic Screening Initiative noted in the Louisiana Member Handbook- $50 voucher toward products from a catalog of over-the-counter items for members who complete their HbA1c labs within 90 days of enrollment.
h. Advocate HbA1c testing using culturally appropriate information at health promotion events, including Provider Expositions.
i. Article included in member newsletter
j. Silverlink automated member reminder calls.
k. Research opportunities to partner with providers acting as centers of excellence for diabetic patients in their areas.
l. Continue to seek, and use current culturally appropriate brochures for patients.

Interim HEDIS data for A1C: *Nov 2016 =77.58 Nov 2017 = 80.23 Nov 2018 = 78.84*
Although our 2018 Action Plan above does not show an increase in our A1c HEDIS® measure, improvement was noted in three of the four target parishes. We will do hybrid review to supplement this measure and see the final HEDIS® outcome in June 2019. We will use a modified action plan focusing on Caddo parish, and supporting all areas of opportunities below for increased member outcomes. Additional actions/programs will be added as they become available. These will provide equality to all members and the "best practices" that can potentially raise the level of performance equity so all members will receive the best level of performance from our providers.

Diabetic Members having Eye Exams - 2018 Action Items
a. Silverlink automated member calls
b. Importance of diabetic eye exams emphasized with culturally appropriate flyers addressed at Provider Expositions, reaching providers from all four targeted parishes
c. Requested targeted outreach to Lafayette, Jefferson, and Caddo parishes, from MARCH vision for 4th Quarter, with an emphasis on female members.
d. UHC Marketing Representatives participated in community based, member outreach events in 6 zip codes, including 2 of the top 3 areas in Jefferson parish, 2 of the top 3 for Lafayette parish, 12 zip codes including 8 of the top 9, for East Baton parish, and 11 zip codes including the top 3, for Caddo parish for Eye Exam non-compliance.

e. Locally based CPCs continued to review scorecards, gaps in care for diabetic eye exam measure, and Diabetes Toolkit, which was created by the Quality Department, and used exclusively in Louisiana, with high volume providers, with a focus on Lafayette, Caddo, and Jefferson parishes. Slides in the toolkit include patient educational posters that the providers can use to assure patients understand eye exams should be considered a priority in order to reduce the chance of irreversible diabetic retinopathy.
f. MARCH Vision Automated Call Campaign was conducted in June using a list of non-compliant Louisiana diabetic members. Claims for 524 unique members (some had multiple dates of service) were subsequently received as of October 2nd, 2018.
g. MARCH vision now sends evidence of completed eye exam visits to the member's PCP.
h. Invited March Vision to attend Provider Expositions in targeted parishes.
i. Continue to seek, and use current culturally appropriate brochures for patient education.
j. Work towards improving verbiage in member handbooks to clarify that diabetic eye exams are available on an annual basis. (There is currently no mention diabetic eye exam benefit).
k. Work towards adding the term "Ophthalmologist" in the Physician/Professional Services list in the Covered Benefits sections of the member handbook.
l. HealthTalk Member Newsletter article: *See here* (Winter 2018).

Interim HEDIS data for Eye Exam: *Nov 2016 = 34.62 Nov 2017 = 44.28 Nov 2018 = 45.24*
The credible efforts in our 2018 Action Plan above increased our Eye exam HEDIS® measure by .96%, with improvement in East Baton Rouge parish. We will do hybrid review to supplement this measure and see the final HEDIS® outcome in June 2019. We will use a modified action plan with a focus on those areas with the lowest compliance. Additional actions/programs will be added as they become available. These will provide equality to all members and the "best practices" that can potentially raise the level of performance equity so all members will receive the best level of performance from our providers.

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 United Healthcare'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/Recredentialing
- Utilization Management

Sample sizes for each file review type are presented in **Table 14**.

Table 14: 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/Recredentialing	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 15**.

Table 15: 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 16 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 16: Audit Results by Audit Domain

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full[1]
Core Benefits and Services	115	103	7	1	0	4	93%
Provider Network Requirements	184	167	15	0	0	0	91%
Utilization Management	87	85	2	0	0	0	98%
Eligibility, Enrollment, and Disenrollment	13	11	2	0	0	0	85%

Audit Domain	Total Elements	Full	Substantial	Minimal	Non-compliance	N/A	% Full[1]
Marketing and Member Education	83	80	3	0	0	0	96%
Member Grievance and Appeals	65	65	0	0	0	0	100%
Quality Management	114	113	0	0	0	1	100%
Fraud, Abuse, and Waste Prevention	118	116	1	1	0	0	98%
Reporting	1	1	0	0	0	0	100%
TOTAL	**780**	**741**	**30**	**2**	**0**	**5**	**96%**

[1] N/As are not included in the calculation.
N/A: not applicable.

As presented in **Table 16,** 780 elements were reviewed for compliance. Of the 780, 741 were determined to fully meet the regulations, while 30 substantially met the regulations, 2 minimally met the regulations, and none were non-compliant. Five (5) elements were not applicable. The overall compliance score for UnitedHealthcare was 96% elements in full compliance.

It is the expectation of both IPRO and the LDH that UnitedHealthcare submit a corrective action plan for each of the 32 elements determined to be less than fully compliant, along with a timeframe for completion of the corrective action. Note that UnitedHealthcare 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. One-half of the issues noted related to UnitedHealthcare's provider network adequacy and their ability to contract with providers in several specialty and subspecialty areas–a problem prevalent in the Louisiana Medicaid Managed Care program as well as PCPs in urban areas of the state.

VI. Strengths, Opportunities for Improvement & Recommendations

This section summarizes the accessibility, timeliness and quality of services provided by UnitedHealthcare 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) –** UnitedHealthcare met or exceeded the 75th percentile for the following HEDIS measures:
  - Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase
  - Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase
  - Access to Other Services
    - Postpartum Care
  - Ambulatory Care Outpatient Visits/1000 Member Months
- **CAHPS (Member Satisfaction) –** UnitedHealthcare met or exceeded the 75th percentile for the following CAHPS measures:
  - Adult population
    - Rating of All Health Care
    - Rating of Health Plan
  - Child general
    - Getting Needed Care
    - How Well Doctors Communicate
    - Rating of All Health Care
    - Rating of Personal Doctor
    - Rating of Specialist
    - Rating of Health Plan
  - Child CCC population
    - Getting Needed Care
    - Rating of Specialist
    - Rating of Health Plan

Opportunities for Improvement

- **HEDIS (Quality of Care) –** UnitedHealthcare 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
  - Breast Cancer Screening in Women
  - Cervical Cancer Screening
  - 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
  - Adults' Access to Preventive/Ambulatory Services
    - 65+ Years
  - 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) –** UnitedHealthcare 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 Personal Doctor
    - Rating of Specialist
  - Child general
    - Shared Decision Making
  - Child CCC population
    - Customer Service
    - Shared Decision Making
    - Rating of All Health Care

Recommendations

- There results of several PIPs should be interpreted with caution due to questionable validity and reliability of the intervention tracking measures, interventions not informed by data on member barriers, and lack of robust member interventions. The MCO should devote adequate resources and staff to future PIPs to improve the chances of developing strong interventions, calculating measures , and improving the PIPs validity.

- Thirteen (13) of 30 HEDIS measures fell below the 50th percentile; MCO should continue to evaluate the effectiveness of their current interventions. This recommendation is repeated from the prior report and the majority of poor performing HEDIS measures have not improved.

- The MCO should continue to work to improve CAHPS® scores that perform below the 50th percentile.

MCO's Response to Previous Recommendations (2019)

Recommendation: As the MCO implements its multipronged quality improvement strategy to address poor-performing HEDIS measures, it should routinely monitor the effectiveness of each intervention. Interventions that are deemed successful should be expanded upon while less effective interventions are modified or concluded.

MCO's Response: UnitedHealthcare Quality HEDIS team collects and reports HEDIS measures using the specifications outlined in the most current HEDIS technical specifications. Measures for reporting are identified and confirmed annually with each health plan, based on state contract and accreditation requirements.
Data collection methodology includes:

- Administrative: Claims/Encounters
- Hybrid: Claims/Encounters and Medical Record Abstractions

Interim results are sent to the quality director throughout the year, and final reports of the measures are submitted to each individual health plan quality director and HEDIS in June of each year. The results are analyzed by QMC to review trends, identify opportunities, make recommendations, and support identified interventions and develop an action plan to improve HEDIS results.

HEDIS results are used to monitor performance on important dimensions of utilization and care. The results forHEDIS Effectiveness of Care measures reported to NCQA in 2019 (MY 2018) are analyzed in the embedded HEDIS tab. UnitedHealthcare LA monitors against goals such as United Healthcare and/or NCQA benchmarks. In addition, some metrics are monitored against state goals.

Actions:

- MY 2018 data collection was done by the local plan staff with temporary staff assistance;
- Silver links calls to members with appointment made for members was done throughout the year;
- Targeted calls were done to promote scheduling for women's health;
- Collaborated with MARCH Vision to Educate Members about Diabetes;
- CPC reviewed and delivered patient care opportunity report (PCOR) to provider offices;
- CPCs engaged in educating primary care providers about HEDIS;
- Fax blast to providers on the importance of dilated retinal exams (DREs);
- Worked with ACOs on certain HEDIS measures to close gaps for ACO practices;
- Conducted provider visits and delivered provider scorecards with provider incentives and discussed ways to improve their HEDIS scores;
- IVR calls to new moms on the importance of the postpartum visit;
- Targeted live outreach calls to promote scheduling for annual well-child visits and postpartum visits;
- A telephonic health risk assessment that includes monitoring for risk of diabetes was completed; and
- Continue to educate providers on importance of wellness visits through distribution of tool kits.

Recommendation: Using the findings from the CAHPS barrier analysis, the MCO should develop targeted interventions that aim to improve the size and quality of its provider network. The MCO should also utilize the barrier analysis findings to address member complaints and grievances related to access.

MCO's Response: Using the findings from the CAHPS barrier analysis, targeted interventions were initiated to improve access and the quality of the provider network. The plan monitors provider availability in order to assure sufficient coverage. Practitioners do not always inform the health plan's network management when their group is full and no longer accepting new patients. This can hinder network's efforts to maintain an accurate provider directory. The plan continually strives to locate new providers as well as improve the accuracy of current provider availability by way of a provider data application that enables processing daily attestation data. Examples of interventions for members include the following: Digital Experience Improvements – RallyConnect involved transitioning the provider directory search engine to a new platform (RallyConnect), which members access through myuhc.com. Enhancements include: simplified, step-by-step guidance or text-based search, more icons, fewer words, prominent "Accepting Medicaid" indicator, and increased visibility on panel availability/new patient opening. This application can be viewed on mobile, tablet, or desktop device. The new design also allows member service representatives access to assist members when they call. Members can read practitioner reviews from other members and/or submit their own reviews. These reviews may be helpful in guiding members to providers that are better suited for their unique needs, as well as provide members with the opportunity to rate their experiences with practitioners. Advocate4Me Enhancements – Appointment Setting Campaign has become part of the "gap in care" conversation with members. During these conversations, advocates have real-time access to an alert system that notifies them if the member is due for preventive care or other important healthcare visits. The advocate is able to assist members with scheduling their appointments through three-way calling. By facilitating the appointment call and navigating the member through the appointment scheduling process, communication barriers are reduced.

Interventions for providers include the following:
Pre-Check My Script (PCMS) allows practitioners to check prescription coverage for members in real time. Practitioners can see which prescriptions require prior authorization, are non-covered, or non-preferred. Practitioners can also request prior authorization and receive status and results through this application. The application reduces frustration and delays at the pharmacy when prior authorization is needed or medications may not be covered. Diagnosis to Script (Dx2Rx) program gathers members' medical diagnosis history in the claims processing system. When a drug requiring

prior authorization is submitted, Dx2Rx evaluates the member history to determine whether member has appropriate diagnosis. The prescription transaction then bypasses the prior authorization requirement and processes at the point of sale. This saves time and reduces effort of members, practitioners, and pharmacists.

PATH Provider Materials provides support to practitioners to improve quality of care measures as well as common, preventable, or manageable health issues. The program provides regular reporting, data, and administrative support. Examples include the monthly Patient Care Opportunity Report (PCOR) that lets practitioners know when members are due for screenings, immunizations, and other health care services so they can provide appropriate follow-up; the updated quick reference guides and CPT II coding for adult, pediatric, and women's health to assure proper reporting; and the CAHPS reference sheet provides practitioners with an overview of the CAHPS survey process and the questions asked that rate the physician/member experience. The CAHPs reference sheet also gives practitioners recommendations on how to improve their interactions with members in order to improve the member experience. A CAHPS survey video is also available on UnitedHealthcare on Air for providers to review at their convenience.

The interventions focused on these areas should improve the overall member experience, therefore improving the rating of the health plan.

Recommendation: 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:

- 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: For the IET PIP, several data stratifications were completed to summarize member demographic data and patterns. This analysis was reviewed in multidisciplinary meetings, and interventions were determined based on these data. Examples of this included stratification by age group, gender, race, region, pregnant mothers, those with co-occurring disorders, and those with high utilization of inpatient or emergency department services. Additional analysis was completed around case management patterns in order to determine the value of case management-related interventions. Although specific analysis was not completed around caseload volumes, available data sources could be used to pull caseload-specific data, such as by diagnosis or utilization.

- 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: Although a conclusion cannot be made about available care through the demographic stratification data, there were clear trends in compliance rates for various subpopulations. Adolescents had the highest rate of non-compliance, particularly regarding engagement of SUD treatment. In regard to race, African American members had the highest rate of non-compliance for both initiation and engagement of SUD treatment. There were a significant number of members in the IET measure that had co-occurring severe and persistent mental health diagnoses. Additional drill-down is needed to determine root causes of the disparity in compliance rates.

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's Response: Due to the time limitations around this study, additional barrier analysis around the effectiveness of interventions was not completed. Some interventions were only in place briefly before the study period ended, which was an inadequate amount of time to determine if interventions were effective or inform any changes that may need to

take place. Future steps around this study may include a multidisciplinary discussion of the results of the PIP and determination of changes needed to improve the effectiveness of the 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's Response: ITMs were identified that we thought may be feasible ways to target key areas that may improve outcomes with member engagement in SUD treatment. There were several observations through the PIP process. One of the interventions focused on educating providers on SBIRT; however, the tracking measure for this intervention did not appear to be an accurate reflection of the use of SBIRT due to providers typically using standard E&M codes. These results will be discussed with the team to determine alternative tracking options for this intervention. Another area of focus for the study was related to our case management program. We developed an ITM to track members with special health care needs who were identified for case management and whether those members enrolled in our CM program achieved better initiation and engagement rates with SUD treatment. While no specific conclusions can be drawn based on awaiting Q4 data, it does initially appear that members enrolled in case management have a better rate of initiation and engagement in treatment services when compared to the overall population of members in our health plan IET measures. Additional data will need to be collected to determine if changes to this intervention or tracking measure will need to be made. Another example of how we identified possible changes to future interventions was through the MAT network expansion intervention. We noted that some districts do appear to have lower MAT provider ratios and will continue to evaluate network adequacy in those districts and recruit as needed.

Recommendation: 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: For the IET PIP, the team completed a fishbone diagram that included a root cause analysis and informed interventions going forward. A PDSA worksheet was also completed around the intervention and corresponding tracking measure centering on targeted education to high volume providers in certain regions. The team will continue to utilize similar quality improvement tools to inform any changes needed in interventions or tracking measures.