



2019 ACCESS MONITORING REVIEW PLAN

XXX, 2020

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SECTION I: EXECUTIVE SUMMARY

The Louisiana Medicaid program provides access to healthcare coverage for low-income adults, children, pregnant women, seniors, individuals with disabilities, parents and other adults. The Louisiana Department of Health (LDH) is the single state agency that administers the Medicaid program within the state. In state fiscal year (SFY) 2018, the LDH provided coverage to approximately 1.9 million enrolled beneficiaries at any time with total expenditures of approximately \$11.6 billion. Approximately 91.7%¹ of these beneficiaries were enrolled in managed care which is a 19.1 percentage point increase from the SFY 2016 managed care penetration rate of 72.6%² of total Medicaid enrollment. Medicaid beneficiaries were served by a network of over 24,645 Fee-for-Service (FFS)³ and 52,558 managed care organization (MCO) providers.⁴

This Access Monitoring Review Plan (AMRP) examines utilization by Louisiana Medicaid beneficiaries during the period SFY 2016 through SFY 2018. Louisiana's FFS delivery system provided access to healthcare to 136,442 full benefit⁵ beneficiaries on average during SFY 2018. This is a decline from 363,115⁶ in SFY 2016. The study population in this AMRP includes beneficiaries in FFS who are not dually eligible for Medicare and Medicaid and are under age 65. Within this group, the distribution of member months follows a similar pattern as the number of enrollees. The percentage of all enrollees is declining over the study period from 3.8% of total Medicaid enrollment in CY 2016 to 1.5% in CY 2018. This is largely the result of additional populations and services moving to managed care during the study period.

Louisiana measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population. In accordance with 42 CFR 447.203, Louisiana has developed an updated AMRP⁷ for the following service categories provided under a FFS arrangement:

- Primary Care Services, including Federally Qualified Health Centers and Rural Health Clinics
- Dental Care Services
- Prenatal and Postpartum obstetric services, including labor and delivery
- Home Health Services
- Behavioral Health Services. This service category is subcategorized by diagnosis code and age cohorts. For presentation purposes, the findings and assessment of access combines Serious Emotional Disturbance and Serious Mental Illness as they share a common set of diagnosis codes.
 - Substance use disorder (BH SUD)
 - Serious Emotional Disturbance (BH SED)
 - Serious Mental Illness (BH SMI)
- Physician Specialist Services.
 - Cardiology. This service category focuses on access to cardiology services.
 - Surgery. This service category focuses on access to surgical services.

¹ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

² <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

³ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

⁴ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

⁵ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

⁶ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

Summary of analytic process used, services and populations reviewed

Medicaid FFS beneficiaries who are not dually eligible for Medicare and under age 65 who were enrolled during CY 2016, 2017 and 2018 serve as the basis for the 2019 AMRP study population. Population cohorts of pediatric⁷/adult, male/female, and disabled⁸/non-disabled are used for utilization comparative purposes.

Data sources common to all services reviewed

Claims and encounters with dates of service in CY 2016, 2017 and 2018 were included in the study. Institutional, professional, home health and dental claim types were used to create the initial subset of claims for each service category included in the AMRP. Key variables were used to filter claims to identify the appropriate claim type, provider type, and provider specialty for inclusion in the service specific dataset. A validation process was conducted to ensure both the completeness of the data and removal of any duplicates from utilization trending.

Beneficiary enrollment data from the same three-year time period was used to identify aid categories (i.e., duals) and age groups (i.e., 65 and older for all services except home health) that should be excluded. In addition, the enrollment data is used to create flags for beneficiaries based on demographic attributes (e.g., male/female, pediatric/adult, disabled/non-disabled). Flags were also created to identify whether the beneficiary was enrolled in FFS or managed care. Member months for each beneficiary were accumulated for each demographic cohort in the study. The study was limited to individuals enrolled in the FFS program for at least nine months in each study year.

The State's provider enrollment files were used to assist with capturing the number of providers for each specific service category studied. The latitude and longitude coordinates of rendering providers that were identified in the utilization analysis were used to capture location of the provider to join with member home latitude and longitude coordinates for driving distance calculations.

All claims, beneficiary and provider enrollment data originated from the Louisiana Medicaid Management Information System (MMIS) as of December 2019.

What was analyzed for each service reviewed

For each service category included in the study, a uniform set of metrics were calculated to evaluate access. The metrics are combined into a service-specific dashboard. Information is aggregated at the regional or statewide level and color coded to illustrate results that are better-than-expected or worse-than-expected. Dashboards present service-specific findings as follows.

- Section A: Count of Users. For each year in the study, the number of unique beneficiaries with at least nine months enrollment in FFS who used the service were counted.
- Section B: Utilization per 1000 Member Months. Presents utilization rates per 1000 member months for CY 2016, 2017 and 2018 dates of service for each service category, for each population cohort (total, adult/pediatric, male/female, and disabled/non-disabled).
- Section C: Average Driving Distances. Calculated for unique member-to-rendering provider trips for CY 2018 utilization, using the latitude and longitude of each user member's home and each rendering

⁷ Beneficiary age less than nineteen years old.

⁸ LDH Medicaid aid category 4, all case types except 40 and 47.

provider's location in the study. Results were computed for each population cohort, as well as on a geographical basis at the regional and statewide level.

- Section D: Provider Availability. The unique count of enrolled and billing providers was counted for CY 2018. Provider availability per 1000 Medicaid members was computed for the total population as well as for adult and pediatric cohorts. For those service specific categories that have general population provider availability in the Area Health Resource Files (AHRF) Workforce Data file, provider data was extracted to be used as a benchmark against Medicaid provider availability.

Composite Dashboard

The Composite Dashboard is found in Exhibit I.1. The dashboard is a summary of information from other dashboards in the AMRP using three key metrics of access to care. The data used in the dashboard is for CY 2018 utilization and is presented on a regional basis. The Provider-to-Member Ratio presents provider availability per 1000 members in total (FFS and managed care). Results are benchmarked, where possible, against AHRF provider availability to the general public.

The Utilization Per 1000 Member Months rate presents total FFS utilization on a regional basis using the beneficiary parish of residence for the regional assignment. Results for this metric are not benchmarked primarily because the FFS population and corresponding utilization is low compared to the utilization in the entire Medicaid program. Given that Louisiana has approximately 91.7%⁹ of its members enrolled in managed care, with 98.5% of member months attributed to managed care, observations must be put into context by viewing utilization in total to assess whether there is an access to care concern.

The Average Driving Distance presents the weighted average distance traveled, by region, for beneficiaries with a parish of residence in that region. Results are color-coded to compare against service-specific driving distance thresholds of:

- 20 miles or less (except Cardiology and Surgery which are set at 30 miles or less)
- More than 20 but less than 30 miles (except Radiology and Surgery which are set at more than 30 but less than 50 miles)
- More than 30 miles (except Radiology and Surgery which are set at more than 50 miles)
- Low sample size (which is set at less than 25 trips, except Dental, Prenatal/Postpartum, BH SUD, and BH SED/SMI which have no minimum threshold)

Overall the Composite Dashboard yields several key findings:

- Louisiana Medicaid beneficiaries have better or equal access compared to the general public for all providers that were examined.
 - The greatest provider availability ratios are for Prenatal/Postpartum providers.
 - The lowest provider availability ratios are for Home Health and Cardiology. Home Health and Cardiology provider availability does exceed the AHRF benchmark, however, for availability in every region.
- Louisiana Medicaid beneficiaries in general travel 30 miles or less (or, in the case of Cardiology and Surgery, 50 miles or less) to access service specific providers. There are exceptions within regions for Dental, Prenatal/Postpartum, BH SUD and BH SED/SMI where the average distance is above the

⁹ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

threshold, primarily the result of low to very low FFS sample sizes within service categories and regions.

- The Central and Capital Area regions have the most challenges with respect to average driving distance for Prenatal/Postpartum Care, BH SUD and BH SED/SMI.

Exhibit I.1

Assessment of Louisiana Medicaid Fee for Service Member Access Using Three Measures, by Region

	Primary Care Visits	Dental Visits	Prenatal or Postpartum Visits	Home Health	Substance Use Disorder Services	Serious Emotional Disturbance & Mental Illness Services	Cardiology Services	Surgery Services
New Orleans								
Provider-to-Member Ratio	10.38	1.61	23.06	0.31	4.25	4.25	0.51	1.60
Utilization Per 1,000 Member Months, CY2018	319.58	0.46	7.18	0.00	6.68	12.58	54.99	48.17
Average Driving Distance, CY2018	15.78	37.91	13.60		12.81	12.38	22.53	15.41
Capital Area								
Provider-to-Member Ratio	6.63	1.38	12.92	0.38	2.84	2.84	0.22	0.85
Utilization Per 1,000 Member Months, CY2018	441.39	0.08	5.82	0.58	7.94	20.53	66.76	38.99
Average Driving Distance, CY2018	20.82		17.98		42.13	41.79	27.19	43.53
South Central								
Provider-to-Member Ratio	3.60	0.93	8.55	0.26	1.63	1.63	0.21	0.51
Utilization Per 1,000 Member Months, CY2018	399.47	0.25	5.85	0.00	11.61	20.22	57.64	47.36
Average Driving Distance, CY2018	28.79		35.29		21.61	23.46	35.87	34.38
Acadiana								
Provider-to-Member Ratio	4.57	0.85	11.23	0.36	2.21	2.21	0.37	0.67
Utilization Per 1,000 Member Months, CY2018	477.90	0.00	10.17	0.12	7.57	23.91	70.04	44.07
Average Driving Distance, CY2018	21.68		24.16		23.14	23.57	29.42	25.73
Southwest								
Provider-to-Member Ratio	4.28	1.18	9.48	0.32	2.55	2.55	0.31	0.62
Utilization Per 1,000 Member Months, CY2018	424.10	0.10	4.02	2.16	9.13	16.39	78.60	29.93
Average Driving Distance, CY2018	21.42		29.50		16.53	25.06	22.40	21.89
Central								
Provider-to-Member Ratio	4.96	0.87	10.76	0.46	2.69	2.69	0.33	0.65
Utilization Per 1,000 Member Months, CY2018	285.57	0.15	2.91	0.00	5.66	14.43	40.12	29.77
Average Driving Distance, CY2018	19.79		43.99		37.84	48.03	26.81	32.20
Northwest								
Provider-to-Member Ratio	6.34	1.10	14.47	0.21	2.58	2.58	0.32	1.08
Utilization Per 1,000 Member Months, CY2018	454.41	0.35	4.38	1.44	8.61	15.93	43.60	39.81
Average Driving Distance, CY2018	16.82	48.22	25.12		13.27	15.63	18.67	20.50
Northeast								
Provider-to-Member Ratio	4.15	0.85	9.41	0.30	2.38	2.38	0.29	0.52
Utilization Per 1,000 Member Months, CY2018	589.10	0.34	2.76	0.47	6.11	10.08	45.83	67.87
Average Driving Distance, CY2018	21.31		35.98		21.57	21.13	32.35	26.16
Northshore								
Provider-to-Member Ratio	4.54	1.60	11.69	0.23	2.14	2.14	0.24	0.64
Utilization Per 1,000 Member Months, CY2018	345.42	0.18	3.79	0.00	5.09	15.02	44.95	39.04
Average Driving Distance, CY2018	25.32		29.63		21.53	29.19	29.05	33.49

Legend for Member-to-Provider Ratio

Greater than AHRF
Equal to AHRF
Less than AHRF

Legend for Average Distance

20 miles or less, except Cardiology and Surgery is 30 miles or less
More than 20 to 30 miles, except Cardiology and Surgery is more than 30 to 50 miles
More than 30 miles, except Cardiology and Surgery is more than 50 miles
Low sample (Less than 25 trips, except 0 for Dental, Prenatal/Postpartum, SUD, SED/SMI)
No FFS trips; or for Home Health, not calculated as home is place of service

Average Driving Distance Dashboard

The Average Driving Distance Dashboard, as found in Exhibit I.2, presents average driving distances at a more granular level to access care based on the beneficiaries' parish of residence. Home Health and Durable Medical Equipment are not presented since the primary place of service is the beneficiary's home for these services. The results are color-coded in the same manner as what was shown in the Composite Dashboard.

The Average Driving Distance Dashboard yields several key findings:

- There are regional variations within service categories and between regions on how far a beneficiary must travel to see a provider. Every region does have parishes that are above the established threshold for the service category.
- The same variation can be seen among parishes within service categories and between parishes across all presented services on the dashboard.
 - Pointe Coupee, St. James, and East Carroll parishes have 5 out of 6 service categories with average driving distances above the established threshold. Dental is not counted due to no FFS volume.
 - Livingston parish has 4 or more services above the established driving distance threshold.
 - Parishes having 3 or more services above the established driving distance threshold include: East Feliciana, Rapides, Franklin and St. Helena.
- Within service categories, Prenatal/Postpartum (20), BH SUD (17) and BH SED/SMI (19) have the most parishes that are above the established thresholds.

**Exhibit I.2 Average Driving Distance Report for Selected Services
Representing Trips from LA Medicaid Members in Fee-for-Service
that Took Place in Calendar Year 2018**

	20 miles or less, except Cardiology and Surgery is 30 miles or less
	More than 20 to 30 miles, except Cardiology and Surgery is more than 30 miles to 50 miles
	More than 30 miles, except Cardiology and Surgery is more than 50 miles
	Low sample (Less than 25 trips, except 0 for Dental, Prenatal/Postpartum, SUD, SED/SMI)
	No FFS trips; or for Home Health, not calculated as home is place of service

Region on Top Line in Bold	Primary Care Visits	Dental Visits	Prenatal or Postpartum Visits	Substance Use Disorder	Serious Emotional Disturbance & Mental Illness	Cardiology	Surgery
New Orleans	16.8	48.2	25.1	13.3	15.6	18.7	20.5
Jefferson	17.3	37.9	12.1	12.0	13.5	22.2	18.5
Orleans	14.2		14.8	13.6	11.4	22.4	13.7
Plaquemines	17.2				19.5	32.1	15.5
St Bernard	24.5		14.3	5.0	14.9	22.5	17.1
Capital	20.8		18.0	42.1	41.8	27.2	43.5
Ascension	19.6		15.5	24.6	17.2	26.8	30.8
East Baton Rouge	19.8		16.1	43.1	44.7	23.2	41.5
East Feliciana	22.5			59.1	54.8	32.2	55.8
Iberville	24.9			34.8	35.0	32.2	39.3
Pointe Coupee	42.8		40.4	70.5	70.5	30.7	56.6
West Baton Rouge	16.8			23.3	45.1	28.2	49.6
West Feliciana	27.7		50.0		51.5	61.6	76.3
South Central	25.3		29.6	21.5	29.2	29.0	33.5
Assumption	25.9			8.0	15.0	44.3	34.1
Lafourche	28.4		10.1	12.8	20.0	34.8	39.3
St Charles	29.6		72.0	8.9	18.3	33.7	18.9
St James	31.4		37.8	44.2	30.5	50.3	44.6
St John	36.3		32.4	25.3	27.3	51.2	32.7
St Mary	22.6		17.3	27.6	20.9	32.9	32.3
Terrebonne	28.9		39.9	21.4	25.6	29.4	34.8
Acadiana	28.8		35.3	21.6	23.5	35.9	34.4
Acadia	22.6		33.2	25.2	30.6	33.3	31.5
Evangeline	19.9		42.2	29.7	23.3	32.3	27.6
Iberia	19.7		20.8	21.5	42.1	25.7	14.8
Lafayette	23.9		27.6	18.3	17.8	30.2	27.2
St Landry	17.5		2.1	26.7	29.4	30.2	30.4
St Martin	19.2		21.6	18.7	18.4	21.3	16.0
Vermilion	28.0		24.3	23.5	14.5	27.1	23.4
Southwest	21.7		24.2	23.1	23.6	29.4	25.7
Allen	22.2		48.1	23.7	17.1	38.4	36.9
Beauregard	31.3		6.0	37.1	35.1	22.6	30.9
Calcasieu	20.7		19.5	14.2	25.5	20.3	17.2
Cameron	20.3					11.8	1.2
Jefferson Davis	17.7		2.7	37.9	17.9	22.1	32.0

**Exhibit I.2 Average Driving Distance Report for Selected Services
Representing Trips from LA Medicaid Members in Fee-for-Service
that Took Place in Calendar Year 2018**

	20 miles or less, except Cardiology and Surgery is 30 miles or less
	More than 20 to 30 miles, except Cardiology and Surgery is more than 30 miles to 50 miles
	More than 30 miles, except Cardiology and Surgery is more than 50 miles
	Low sample (Less than 25 trips, except 0 for Dental, Prenatal/Postpartum, SUD, SED/SMI)
	No FFS trips; or for Home Health, not calculated as home is place of service

Region on Top Line in Bold	Primary Care Visits	Dental Visits	Prenatal or Postpartum Visits	Substance Use Disorder	Serious Emotional Disturbance & Mental Illness	Cardiology	Surgery
Central	15.8	37.9	13.6	12.8	12.4	22.5	15.4
Avoyelles	24.7		32.8	6.6	21.1	41.3	23.2
Catahoula	34.6					46.7	56.5
Concordia	19.7			1.9	9.8	28.7	50.5
Grant	26.2			68.5	41.1	33.6	38.2
LaSalle	20.1			16.7	69.0	38.0	48.3
Rapides	17.9		47.5	64.9	58.7	19.7	31.0
Vernon	17.0		21.7	5.6	14.3	36.9	20.2
Winn	24.0			28.9	32.8	43.1	32.9
Northwest	21.3		36.0	21.6	21.1	32.3	26.2
Bienville	37.8			33.3	23.7	37.7	43.4
Bossier	18.3		17.2	8.7	16.4	13.7	15.2
Caddo	9.7	48.2	10.4	14.6	15.3	7.9	9.4
Claiborne	38.5				5.1	34.0	39.0
Desoto	21.4		33.8	36.9	17.5	34.7	28.5
Natchitoches	24.2		61.3	3.0	11.7	32.8	49.5
Red River	17.2		51.1	27.8	23.1	22.4	42.0
Sabine	32.9			9.3	22.3	40.9	47.9
Webster	27.2			8.7	12.0	38.2	29.8
Northeast	19.8		44.0	37.8	48.0	26.8	32.2
Caldwell	16.2			0.8	43.7	11.8	15.2
East Carroll	35.7		77.7	32.9	57.9	57.5	48.3
Franklin	33.7		45.3	41.4	25.5	46.8	36.8
Jackson	28.9			23.9	8.9	47.9	37.2
Lincoln	42.9		1.2	24.4	21.8	60.1	39.2
Madison	19.6			30.1	26.9	19.8	39.9
Morehouse	27.4		52.4	14.5	28.1	32.3	23.0
Ouachita	24.1		20.6	19.4	11.2	14.9	18.3
Richland	19.3			26.4	20.9	24.4	15.7
Tensas	10.8					72.0	91.0
Union	30.9			16.3	20.9	49.3	50.9
West Carroll	22.3		67.3	60.7		45.5	27.5
Northshore	21.4		29.5	16.5	25.1	22.4	21.9
Livingston	30.2		20.8	44.8	52.6	39.5	54.7
St Helena	25.3		42.1	54.2	74.4	48.7	44.1
St Tammany	24.5		24.5	19.7	19.9	25.9	26.5
Tangipahoa	22.1		29.7	16.6	30.1	21.0	29.0
Washington	31.0		54.0	13.9	16.7	35.9	34.4

Analysis of payment rates

Louisiana is a Medicaid expansion state and has a separate CHIP program. In most cases, there are separate rates for the adult (age 16 and older for this analysis) and pediatric populations (age 0 to 15), with pediatric rates set at a higher payment level than for adults. Specific procedure code payment rate comparisons were performed using the Evaluation and Management (E&M) CPT codes and comparing the Louisiana Medicaid 2019 rates to Medicare 2019 rates for care provided to adult and pediatric populations. For trend purposes, a comparison is made of the Louisiana Medicaid 2016 rates to Medicare 2016 rates for the same procedure codes.

Medicaid rates for care provided to adult populations range from 56.3 % to 60.5% of Medicare rates for 2019. In 2016, Medicaid rates were between 59.2% to 66.3% of Medicare rates for the same set of procedure codes. Overall, Louisiana experienced a decrease from 0.2% to 8.3% when comparing rates for adult populations for E&M codes.

For the same set of procedure codes, a comparison of the 2016 Louisiana Medicaid rates to Medicare 2016 rates was performed for the pediatric population. Medicaid rates ranged from 67.5 % to 72.3% of Medicare rates for 2019. In contrast, the 2016 Medicaid rates ranged 71.0% to 79.5%, a decrease from 0.3% to 10.0%.

The declines in Medicaid to Medicare rate ratios are primarily the result of Medicare physician rate increases measured against unchanged Medicaid rates over the study period.

Public process

Narrative in this section will be completed after the public comment period is over, including a summary of public comments received on the draft 2019 AMRP. Note that Louisiana received no comments in 2016 when the first AMRP was released for public comment.

As of the drafting of the 2019 AMRP, the public process will begin with a notice and link to the draft 2019 AMRP on the department's website for 30 days at: [add link](#). In addition, the department will present the draft AMRP at the [\(add in date\), 2019 MCAC meeting](#). Notice of the MCAC meeting agenda, as well as the LDH presentation will be available at: [add link](#).

Conclusions and next steps for ongoing monitoring

Key Findings

1. Louisiana has very few Medicaid beneficiaries who consistently receive services through FFS.
 - In SFY 2018, approximately 91.7%¹⁰ of these beneficiaries are enrolled in managed care.
 - The distribution of FFS member months as a proportion of all Medicaid member months for the study population is declining over the study period from 3.8% in CY 2016 to 1.5% in CY 2018.
2. Composite Dashboard Findings
 - Louisiana Medicaid beneficiaries have better or equal access compared to the general public for all providers that were examined.
 - The greatest provider availability ratios are for Prenatal/Postpartum providers.
 - The lowest provider availability ratios are for Home Health and Cardiology.

¹⁰ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

- Louisiana Medicaid beneficiaries in general travel 30 miles or less (or, in the case of Cardiology and Surgery, 50 miles or less) to access service specific providers.
 - The Central and Capital Area regions have the most challenges with respect to average driving distance for Prenatal/Postpartum Care, BH SUD and BH SED/SMI.
3. Average Distance Dashboard Findings
- There are regional variations within service categories and between regions on how far a beneficiary must travel to see a provider. Every region has parishes that are above the established threshold for the service category.
 - Within service categories, Prenatal/Postpartum (20 parishes), BH SUD (17 parishes) and BH SED/SMI (19 parishes) have the most parishes that are above the established thresholds.
4. Service Specific Findings
- *Count of Users.* Despite declining FFS enrollment, the percentage of users of Primary Care, Home Health, Cardiology and Surgery increased over the study period. The remaining service categories all experienced declines.
 - *Utilization per 1000, by different demographic cohorts.* In general, downward trends were observed with the exception of BH SUD and BH SED/SMI which exhibited an increase in utilization per 1000. At the population cohort level, there was variation in observed trends between service categories, largely a reflection of declining FFS enrollment and low claim counts.
 - *Average driving distance.* Overall, the average distance traveled to see a provider was below established thresholds. Variation was seen at the regional level due to declining FFS enrollment and low FFS claim volume, in particular for Dental, Prenatal and Postpartum Care and Home Health services.
 - *Provider availability.* Access to providers for Medicaid beneficiaries is greater than that for the general public using AHRF as a benchmark for all service categories.
5. Other Measures. The majority of metrics in this category are calculated for managed care members, with the exception of providers seeing new patients. Results were largely at or above national benchmarks or displayed upward trends. The exceptions to this are: AAP rates (adult access to preventive care) declined during the study period; and the CAHPS survey rating of Getting Needed Care Composite for adults was below national benchmarks.
6. Payment Comparison. Overall, Medicaid payment rates in comparison to Medicare rates experienced slight declines from 2016 rates. This is not surprising given that Medicare provides annual rate adjustments to physician services.

Conclusion

Overall, Louisiana Medicaid has sufficient access to care in its FFS delivery system, even with the decline of FFS enrollment and a decline in the amount of time spent in FFS both contributing to the findings in this report. This made analysis and comparisons of findings over the study period challenging given the small sample sizes, most notable for Dental, Prenatal and Postpartum Care, BH SUD and BH SED/SMI services which are largely provided to Medicaid beneficiaries through managed care.

Recommended Next Steps

Louisiana continues to enroll a larger proportion of the total Medicaid population into managed care. As such, monitoring access on a declining FFS population is challenging and is not representative of access to care in

total for Medicaid. With this in mind, the following are recommended next steps to improve measuring and monitoring access to care for Louisiana's Medicaid beneficiaries.

- Expand the analysis to include managed care encounter data when calculating utilization per 1000-member month rates. This would alleviate small sample size issues observed in preparation of this report.
- Add ongoing managed care metrics and monitoring efforts to create a complete picture of Louisiana's efforts to measure and monitor access to care.
- Consider calculating HEDIS and other measures of access for the entire Medicaid population (FFS and managed care) to allow for ongoing trend analysis.

SECTION II: INTRODUCTION

The Louisiana Medicaid program provides access to healthcare coverage for low-income adults, children, pregnant women, seniors, individuals with disabilities, parents and other adults. The Louisiana Department of Health (LDH) is the single state agency that administers the Medicaid program within the state. In state fiscal year (SFY) 2018, the LDH provided coverage to approximately 1.9 million enrolled beneficiaries with total expenditures of approximately \$11.6 billion, and were served by a network of over 24,645 FFS¹¹ and 52,558 MCO providers.¹²

Delivery Systems in Louisiana Medicaid

Access to health care services are provided through two main delivery systems, Medicaid Managed Care and Fee for service (FFS). In addition to these delivery systems, Louisiana has approved Medicaid home and community- based services waiver authority under Sections 1915(b), (c), and an approved Section 1115 Opioid Use Disorder/Substance Use Disorder Demonstration waiver¹³.

Medicaid Managed Care

Louisiana Medicaid began its managed care program in February 2012. The current statewide full-risk managed care program has been in place since February 2015, with five contracted full-risk managed care organizations (MCOs) serving the state. A single prepaid ambulatory health plan (PAHP) provides comprehensive dental services to children and denture services to adults. Since 2015, Louisiana added hospice benefits, personal care services as part of EPSDT, specialized behavioral health benefits, and the new adult populations to managed care. This program has become the primary delivery system for the majority of Louisiana's Medicaid beneficiaries.¹⁴

While the managed care organizations (or MCOs as they are referred to in Louisiana) are statewide, the state has nine regions that are used for rate setting and monitoring purposes. These nine regions – Greater New Orleans, Capital Area, South Central Louisiana, Acadiana, Southwest Louisiana, Central Louisiana, Northwest Louisiana, Northeast Louisiana, and Northshore Area – served as the basis for aggregating parish level data to analyze access on a regional basis for the 2019 Louisiana Access Monitoring Review Plan (AMRP). Refer to Exhibit II.1 for additional information about the regions and parishes located within them.

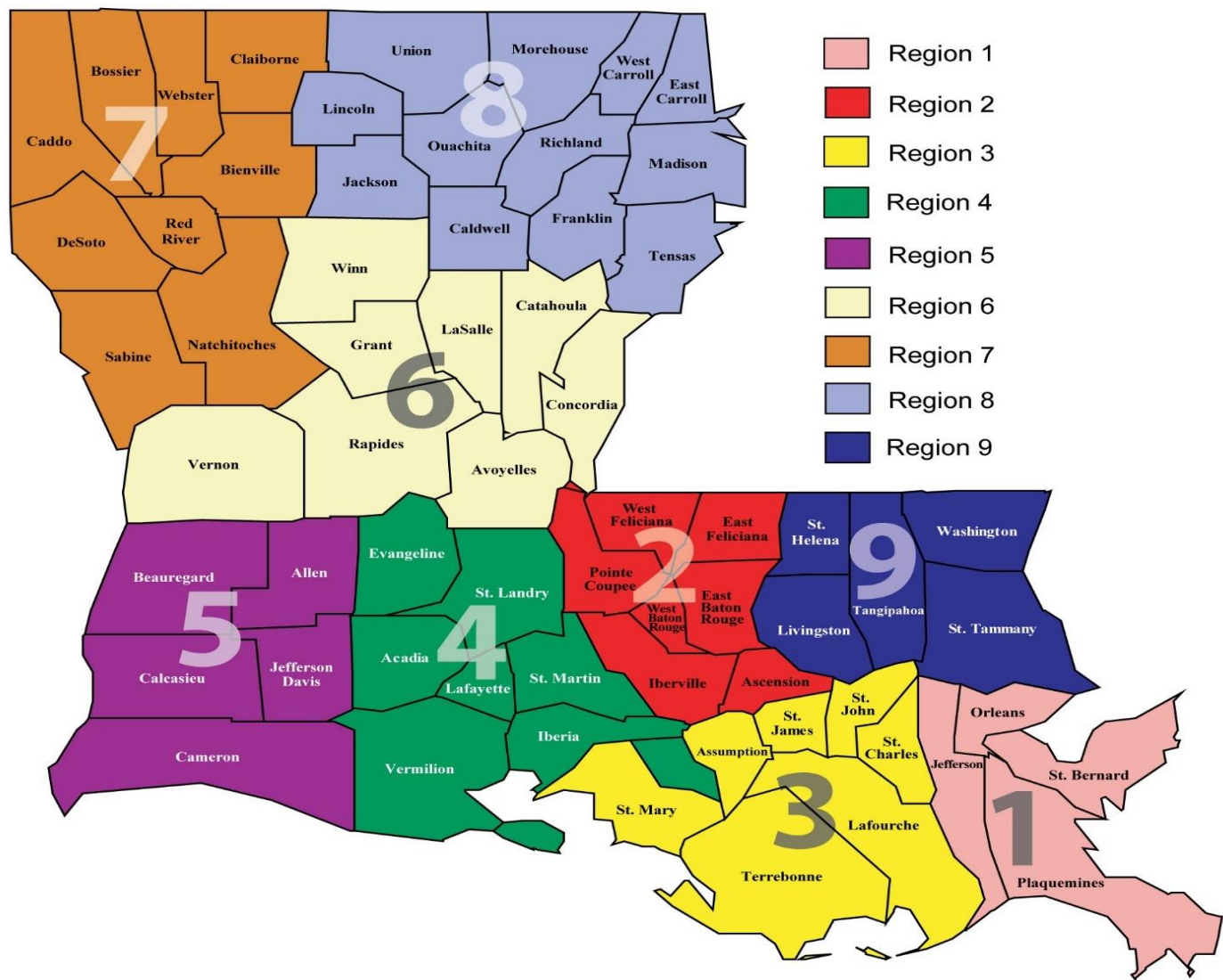
¹¹ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

¹² http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf,

¹³ <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html>

¹⁴ <http://www.ldh.la.gov/index.cfm/page/3658>

Exhibit II.1 Louisiana Department of Health Regions¹⁵



Region Names: (1) Greater New Orleans (or New Orleans), (2) Capital Area, (3) South Central Louisiana (or South Central), (4) Acadiana, (5) Southwest Louisiana (or Southwest), (6) Central Louisiana (or Central), (7) Northwest Louisiana (or Northwest), (8) Northeast Louisiana (or Northeast), and (9) Northshore Area (or Northshore).

Over time, enrollment and spending for managed care has increased so that approximately 91.7% of Medicaid enrollees are enrolled in one of the State's managed care plans. Of the 1.7 million, 84.7% of enrollees are enrolled in full benefit MCOs, 7% are receiving specialized behavioral health only, and 8.3% are enrolled in FFS. The 91.7% of managed care enrollees equates to approximately 67.2% of Medicaid spending.¹⁶

Fee for service

During SFY 2018, Louisiana's FFS delivery system provided access to healthcare to, on average, 136,442 full benefit¹⁷ beneficiaries, which has declined over the study period from 363,115¹⁸ in SFY 2016. The full benefit

¹⁵ <http://ldh.la.gov/assets/docs/OrgCharts/RegionMap.jpg>

¹⁶ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

¹⁷ http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

¹⁸ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

beneficiaries receiving care through FFS primarily include individuals with disabilities and the elderly, with a small number of non-elderly or non-disabled adults and children not enrolled in managed care.

Key programmatic changes since the 2016 AMRP

Since the release of the 2016 AMRP, Louisiana has implemented several key initiatives related to delivery system and benefit package design:

- SFY 2016¹⁹
 - Specialized behavioral health services were integrated into managed care, also known as Healthy Louisiana.
 - Medicaid coverage expanded to low income adults based on provisions of the 2010 Affordable Care Act (ACA). This allowed 186,799 adults who would not otherwise been eligible for Medicaid to gain access to full coverage on July 1, 2016.
 - Opted into the Outstation Program to allow Medicaid to partner with provider sites to reach potential Medicaid eligibles. At the end of FY 2016, there were 26 provider locations participating in 19 parishes.
- SFY 2017²⁰
 - Medicaid expansion resulted in enrollment of more than 433,00 individuals.
 - Begin pre-release justice-involved enrollment program in an effort to allow “high need” individuals the option of receiving case management from the MCOs before release.
 - Electronic Visit Verification (EVV) implemented for facility-based providers.
 - Efforts to reduce opioid abuse were implemented. This included quantity limits for opioids, and making Naloxone available to laypeople.
- SFY 2018²¹
 - Consolidated provider enrollment among FFS and MCOs into a single tool.
 - Justice-involved enrollment program expands from adult prison facilities to ten regional re-entry centers, and five re-entry courts. In addition, Medicaid, the Office of Behavioral Health, and the Department of Corrections collaborate to ensure that individuals receiving injections to treat opioid dependence continue to receive the injections post-release.
 - Applied behavioral analysis was carved into the managed care program.
 - Efforts to reduce opioid abuse continued and included further limits on new prescriptions.
 - LDH receives approval for a new 1115 demonstration waiver to provide access to treatment in residential treatment facilities.
 - EVV implemented statewide.

For its 2019 AMRP, Louisiana has tailored, where permissible, the mandatory and optional metrics to take into account Louisiana’s specific needs and the priorities as outlined above. As such, the population cohorts and provider/service specialties analyzed in this report reflect the Administration’s targeted goals. For example, in this AMRP, disabled children are analyzed discretely from disabled adults. Behavioral health metrics are created to separately analyze services for individuals with substance use disorder, serious emotional disturbance, and serious mental illness.

¹⁹ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

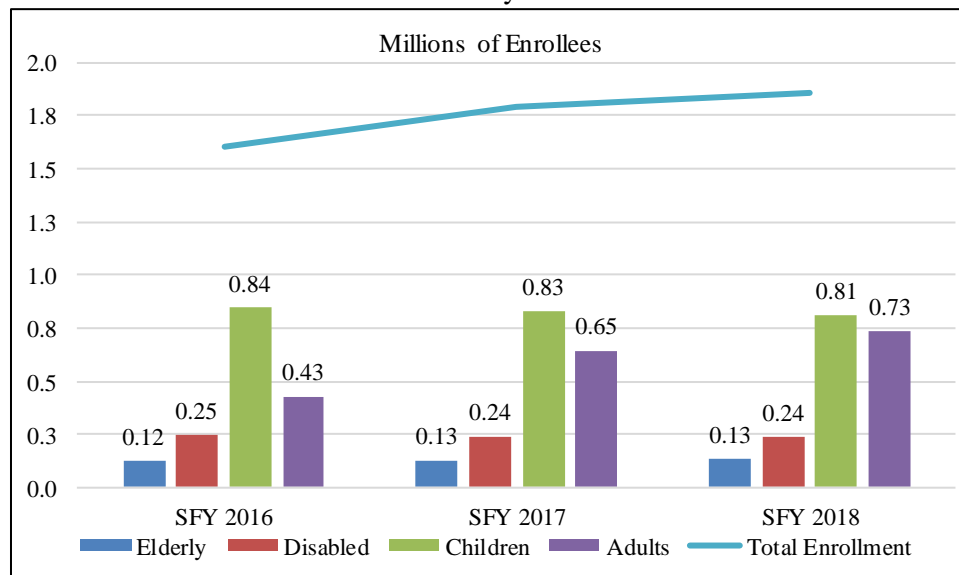
²⁰ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2017.pdf>

²¹ http://www.ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

SECTION III: SUMMARY OF BENEFICIARY POPULATION

Over the last three years, Louisiana has experienced increasing enrollment. As can be seen in Exhibit III.1, enrollment increased to 1.9 million individuals in SFY 2018. Among eligibility categories, Louisiana has experienced declines in the number of disabled and children enrolled in Medicaid.

Exhibit III.1 Louisiana Enrollment Trend by State Fiscal Year



Description of the Medicaid Fee for Service (FFS) Population

In SFY 2018, the Louisiana Medicaid program provided point-in-time coverage to nearly 1.9 million enrolled beneficiaries. Approximately 91.7%²² of these beneficiaries were enrolled in managed care which is a 19.1 percentage point increase from the SFY 2016 managed care penetration rate of 72.6%²³ of total Medicaid enrollment.

During SFY 2018, Louisiana's FFS delivery system provided access to healthcare to, on average, 136,442 full benefit²⁴ beneficiaries, which has declined over the study period from 363,115²⁵ in SFY 2016. The study population includes beneficiaries who are not dually eligible for Medicare and Medicaid and are under age 65. Within this group, the distribution of member months follows a similar pattern as the number of enrollees, where the percentage of member months for FFS enrollees is declining over the study period in this AMRP. As seen in Exhibit III.2, within the study population, the distribution of FFS enrollees by member months has declined from 3.8% in CY 2016 to 1.5% in CY 2018. This is largely the result of the ramp up of full-risk managed care, and additional populations and services moving to managed care during the study period.

Within the study population, the distribution of enrollee member months by population cohorts can be found in Exhibit III.3. In Exhibit III.3, the distribution by adult versus pediatric member months nearly equalized over

²² http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

²³ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

²⁴ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

²⁵ <http://www.ldh.la.gov/index.cfm/page/2836>

the study period, with the adult percentage of member months moving from 61.7% in CY 2016 to 50.2% in CY 2018. While the proportion of adult member months declined, pediatric member months experienced a proportional increase from 38.3% to 49.8%.

The distribution of member months for disabled versus non-disabled members in the study population is shown in Exhibit III.4. Over the study period, the proportion of disabled member months has decreased from 14.5% in CY 2016 to 11.9% in CY 2018.

Exhibit III.2 Distribution of Enrollees by Member Months, Managed Care vs. Fee for Service

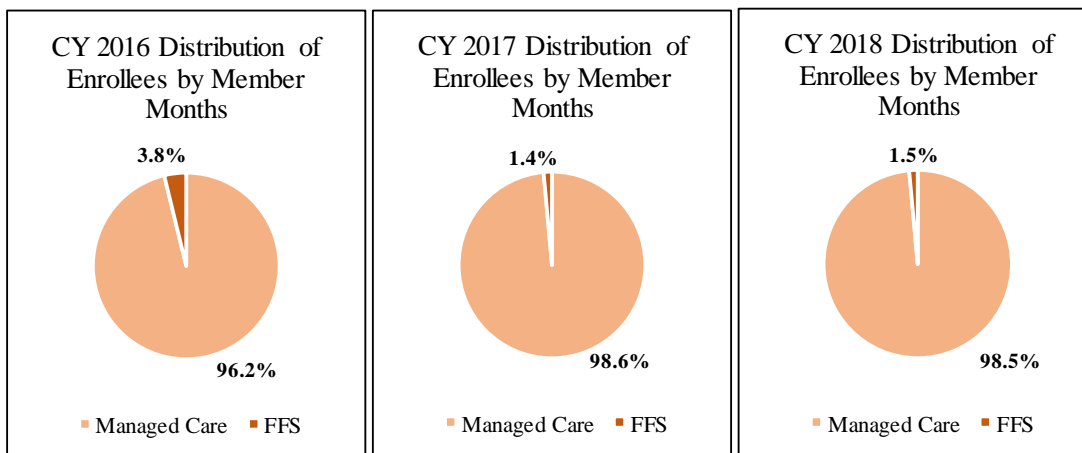


Exhibit III.3 Distribution of Enrollees by Member Months, Adult vs. Pediatric

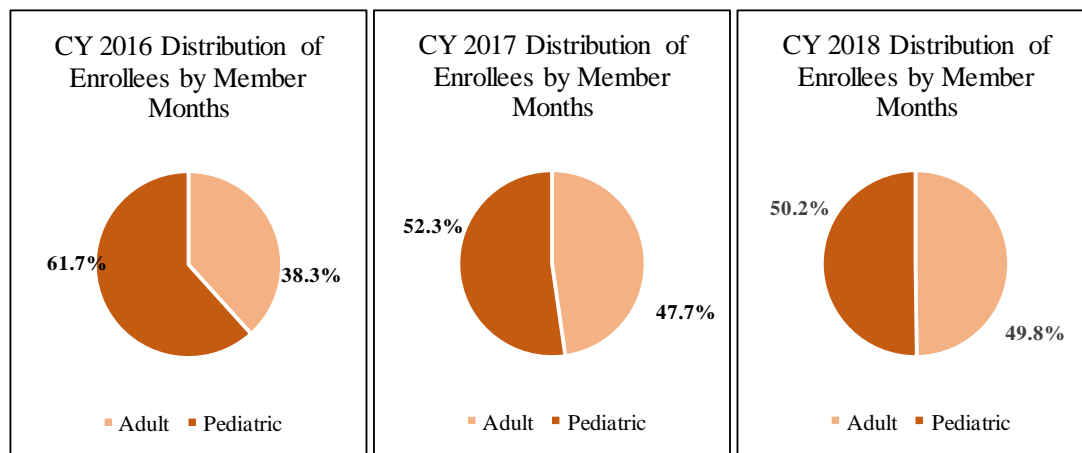
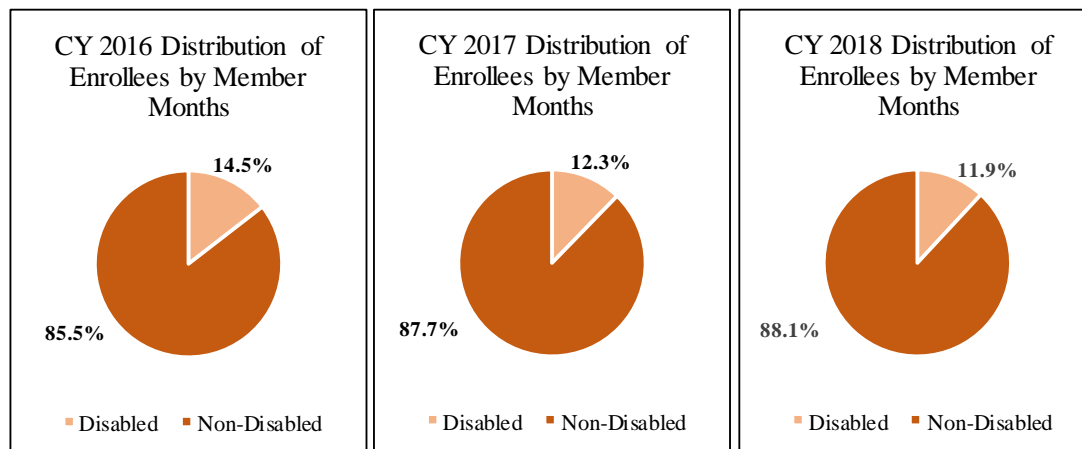


Exhibit III.4 Distribution of Enrollees by Member Months, Disabled vs. Non-Disabled



Description of the Medicaid Population by Delivery System

As stated previously, the full benefit beneficiaries receiving care through FFS primarily include individuals with disabilities and the elderly, with a small number of non-elderly or non-disabled adults and children not enrolled in managed care. The study population includes beneficiaries who are not dually eligible for Medicare and Medicaid and are under age 65. Within this group, the FFS program represents 8.3% of all Medicaid member months, and some members are only in FFS for a transitory period. As shown in the top left box for Total Population in Exhibit III.5 on the next page, among the study population the number of member months for beneficiaries enrolled in FFS in CY 2016 was approximately 3.8% of total member months. Among these, only 0.9% of beneficiary member months in FFS were represented by members enrolled for at least nine of the twelve months in the calendar year. The number of member months overall in FFS has dropped to approximately 1.5% of total member months in CY 2018, with approximately two-thirds of the FFS member months for beneficiaries enrolled in FFS for at least nine of the twelve months in the calendar year.

In the second set of stacked bars, the same distribution as presented in the top box is illustrated for the disabled versus non-disabled beneficiaries included in the study population. Between 91.9% of disabled members in CY 2016 to 93.4% in CY 2018 are receiving their health care in a managed care program. Of those disabled members receiving care in FFS, fewer are enrolled in FFS for 9 months or longer over the most recent three years studied. The non-disabled population cohort is largely following the trend of the total population.

In the third set of stacked bars, adult versus pediatric beneficiaries in the study population are examined. In general, the majority of adults and pediatric beneficiaries receive care through a managed care plan. Adult beneficiaries tend to have a higher proportion of member months attributable to continuous enrollment in FFS for 9 or more months than the pediatric population. For both adults and pediatric beneficiaries, the proportion of FFS member months has declined over the study period.

Male versus female members in the study population appear in the fourth set of stacked bars. In general, the majority of male and female beneficiaries receive care through a managed care plan, although the proportion is higher for females. Male beneficiaries tend to have a higher proportion of member months attributable to continuous enrollment in FFS for 9 or more months than the female population. For both male and female beneficiaries, the proportion of FFS member months has declined over the study period, although there was a slight uptick in CY 2018.

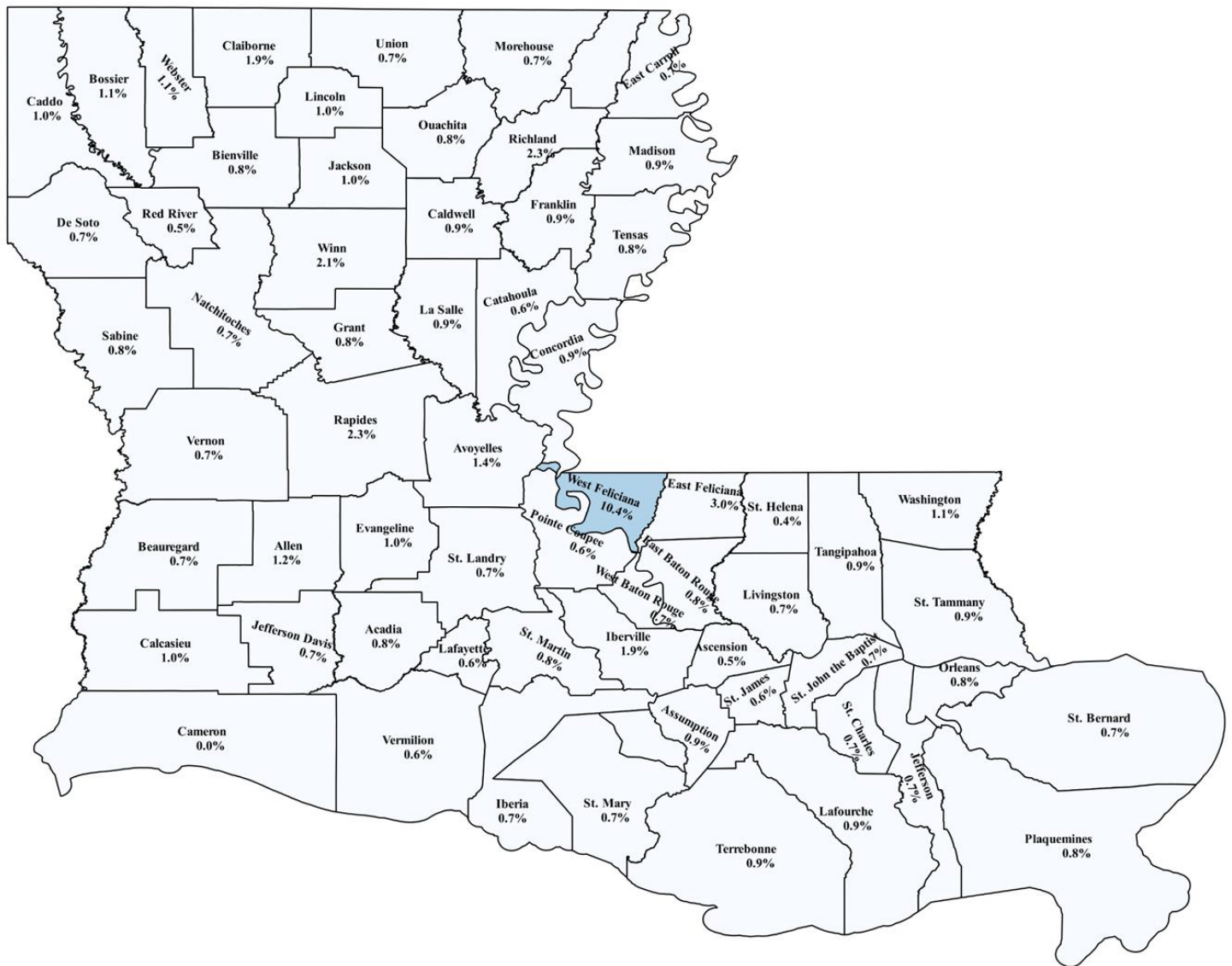
Exhibit III.5 Distribution of Member Months in Louisiana Medicaid’s Managed Care and Fee for service Programs, By Year



Total Member Months: CY 2016 =14,237,109; CY 2017 = 16,958,112; CY 2018 = 17,179,657

Exhibit III.6 examines FFS member months as a percent of total Medicaid member months for enrolled beneficiaries in the study by parish. For 63 of Louisiana's 64 parishes, FFS member months represent less than 10% of all Medicaid member months. Only one parish, West Feliciana, is at 10.4%.

Exhibit III.6 FFS Enrollee Density by Parish, CY 2018, Members with Minimum 9 Month FFS Enrollment



SECTION IV: SERVICES REVIEWED IN THE LOUISIANA MEDICAID 2019 AMRP

Defining the study population

Medicaid FFS beneficiaries who are not dually eligible for Medicare and under age 65 who were enrolled during CY 2016, 2017 and 2018 serve as the basis for the 2019 AMRP study population. Population cohorts of pediatric/adult, male/female, and disabled/non-disabled are used for utilization comparative purposes.

Data sources common to all services reviewed

Claims and encounters with dates of service in CY 2016, 2017 and 2018 were included in the study. Institutional, professional, home health and dental claim types were used to create the initial subset of claims for each service category included in the AMRP.

Beneficiary enrollment data from the same three-year time period was used to identify aid categories (i.e., duals) and age groups (i.e., 65 and older for all services except home health) that should be excluded. In addition, the enrollment data is used to create flags for beneficiaries based on demographic attributes (e.g., male/female, pediatric²⁶/adult, disabled²⁷/non-disabled). Flags were also created to identify whether the beneficiary was enrolled in FFS or managed care. Member months for each beneficiary were accumulated for each demographic cohort in the study.

The State's provider enrollment files were used to assist with capturing the number of providers for each specific service category studied. The latitude and longitude coordinates of rendering providers that were identified in the utilization analysis were used to capture location of the provider for driving distance calculations.

All claims, beneficiary and provider enrollment data originated from the Louisiana Medicaid Management Information System (MMIS) as of December 2019.

Methodology components for all services reviewed

First, the State's enrollment files were used to identify and compute the member months for those members that were enrolled a minimum of nine months in FFS for each year in the study. Once this was done, the claims utilization was collected for just these members. All other beneficiary utilization data was excluded. A deduplication process was conducted to ensure that only one claim per beneficiary per provider per date of service was retained for analytical purposes.

Each service reviewed in the 2019 AMRP followed a common methodology to prepare service-specific datasets for further analysis.

- Key variables were used to filter claims to identify the appropriate claim type, provider type and provider specialty for inclusion in the service specific dataset. Additional filters that were sometimes

²⁶ Beneficiary age less than nineteen years old.

²⁷ LDH Medicaid aid category 4, all case types except 40 and 47.

used include specific CPT/HCPCS code and/or diagnosis codes (behavioral health, prenatal and postpartum care).

- The utilization was tested for claims completion rates by month date of service to ensure that the dataset was complete.
- Utilization reports were produced for each service specific category using the claims data set that passed the service-specific key variables criteria for inclusion. Member months for beneficiaries enrolled at least nine months in each CY were accumulated to compute utilization per 1000-member month statistics.
- Once the service definitions and utilization were finalized, the dataset was filtered to identify unique member-to-rendering provider trips. For each trip, the driving distance was computed. Average driving distance values were computed for each service category reported with the exception of home health (since the primary place of service in each instance was the beneficiary's home).
- Provider availability reports identified the unique unduplicated count of enrolled, and billing providers for each service category studied. Enrolled provider counts originated from the Louisiana Medicaid provider enrollment files. Billing provider counts were identified from the final round of FFS claims used in addition to managed care encounters. Member months from the enrollment data set were used to calculate the provider availability per 1000 members for each service category. Where benchmark data for availability to the general population is available, it was incorporated into the service-specific analysis and resulting dashboards. Note: Given differences in enrollment processes during the study period between FFS and managed care, it is possible that the number of billing providers may not be equal or less than the number of enrolled provider counts.

What services were reviewed

In accordance with 42 CFR 447.203, Louisiana developed an AMRP for the following service categories provided under a fee for service arrangement:

- Primary Care Services, including Federally Qualified Health Centers and Rural Health Clinics
- Dental Care Services
- Prenatal and Postpartum obstetric services, including labor and delivery
- Home Health Services
- Behavioral Health Services. This service category is subcategorized by diagnosis code and age cohorts. For presentation purposes, the findings and assessment of access combines Serious Emotional Disturbance and Serious Mental Illness as they share a common set of diagnosis codes.
 - Substance use disorder (SUD)
 - Serious Emotional Disturbance (SED)
 - Serious Mental Illness (SMI)
- Physician Specialist Services. The service categories were selected based upon evaluating utilization in total and for adult and pediatric population cohorts.
 - Cardiology. This service category focuses on access to cardiology services for adult and pediatric cohorts.
 - Surgery. This service category focuses on access to surgical services for adult and pediatric cohorts.

What was analyzed for each service reviewed

For each service category included in the study, a uniform set of metrics were calculated to evaluate access. The metrics are combined into a service-specific dashboard, aggregated at the regional or statewide level, and color coded to illustrate results that are better-than-expected or worse-than-expected. Dashboards present service-specific findings as follows.

- Section A: Count of Users
 - For each year in the study, count the number of unique beneficiaries with at least nine months enrollment in FFS (the denominator).
 - Using the final utilization dataset, count the number of individuals in the denominator who used the service in each study year (the numerator).
 - Calculate the percent of unique users of each service, per year, among the FFS beneficiaries meeting the nine-month enrollment criterion.
- Section B: Utilization per 1000 Member Months
 - Presents utilization rates per 1000 member months for CY 2016, 2017 and 2018 dates of service for each service category.
 - Calculate service specific utilization rates using:
 - Detail lines included on those claims passing the service-specific filtering logic for inclusion
 - Point in time member months in total and for each population cohort (total, adult/pediatric, male/female, and disabled/non-disabled) and geographical breakout (parish, region, statewide).
 - Beneficiary parish of residence was used to aggregate claims and member month data to the parish level. This was then rolled up into regional and statewide levels for development of service-specific dashboards.
- Section C: Average Driving Distances
 - Calculated for unique member-to-rendering provider trips for CY 2018 utilization. For example, if a beneficiary went to the same primary care doctor five times in CY 2018, only one claim is counted in the average driving distance analysis.
 - Capture the latitude and longitude of each user member's home and each rendering provider's location in the study.
 - Use Google Distance Matrix of BING Maps web service to collect the driving distance for each member-to-provider claim.
 - Exclude results that appear to incorrect (defined as distance values less than 0.2 miles or greater than 100 miles).
 - Compute the average driving distance by parish for CY 2018. Averages were also computed for adult/pediatric, male/female, and disabled/non-disabled population cohorts as well as on a geographical basis at the regional and statewide levels.
 - A dashboard was created to display the average driving distance by each cohort studied with color coding to assess trends.
 - Average distance color coding is based on the ranges 0 to 20 (green), 21 to 30 (blue) and greater than 30 miles (red) for all services, except for specialist services for cardiology and surgery which are set at 0 to 30 (green), 31 to 50 (blue), and greater than 50 (red).

- In some instances, low samples were found and are not reported. Low sample size thresholds are set at 25 trips for all services except for dental, prenatal/postpartum, behavioral health SUD, SED, and SMI. For these services, the trip threshold is set at zero.
- Section D: Provider Availability
 - Filtering logic was applied to the Louisiana Medicaid Provider Enrollment files to count the unique number of enrolled providers with active provider contracts, and with active Medicaid enrollment during CY 2018, for each service that met the provider type and/or specialty filter logic.
 - Using the CY 2018 final utilization claims and encounters dataset, filtering logic as applicable to the specific service category was applied, and then the count of the number of unique billing providers who billed for the specific service category was performed.
 - Using the CY 2018 total member months (includes both FFS and managed care member months), calculate the average number of members by dividing total member months by twelve for the total population, adults and pediatric cohorts.
 - Calculate provider availability per 1000 Medicaid members by computing total CY 2018 enrolled providers divided by average 12-month Medicaid enrollees, then multiply by 1000. Rates were calculated for the total population as well as for adult and pediatric cohorts.
 - For those service specific categories that have general population provider availability in the Area Health Resource Files (AHRF) Workforce Data, use the following method to extract provider data to be used as a benchmark against Medicaid provider availability.
 - Use the July 31, 2018 AHRF SAS file to extract 2016 Louisiana-specific data at the parish level (includes provider counts by specialty, and 2016 Census Parish Population Estimates).
 - For each provider service specific area that is available in AHRF
 - Use the provider type and/or specialty filter criteria used to compile the service-specific provider availability reports to extract comparable data from the AHRF.
 - Compute the provider availability per 1000 general population at the parish and regional level for the state's general population.
 - Create a dashboard, by region, that shows Medicaid enrolled provider availability for the total population, adult and pediatric cohorts. Color code regions as better-than-expected or worse-than-expected results in comparison to general population availability using the AHRF file.

SECTION V: SERVICE-SPECIFIC ANALYSES

Primary Care

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient.
- CPT/HCPCS: E&M codes 99201 through 99499, except the following were excluded: 99217 – 99239, 99251 – 99255, and 99281 – 99285.
- Provider Types: Doctor of Osteopathic Medicine (Individual or Group), Physician (Individual or Group), School Based Health Center (In-State), Hospital, Federally Qualified Health Center, Nurse Practitioner, Rural Health Clinic (Provider Based, In-State), Rural Health Clinic (Independent, In-State), Greater New Orleans Community Health Connection (GNOCHC) In-State.
- Percent of Primary Care Claims for FFS compared to Managed Care: 3.7% (325,234 claims) in CY 2016, but declining to 2.2% (195,481 claims) in CY 2018.
- Total Detail Lines: Between 6.9 to 8.6 million total detail lines, with 99201 through 99215 making up between 70% to 79% of the included detail lines for primary care services.

Key Findings

Exhibit V.1 is the dashboard for Primary Care Services. Key findings include:

- Count of users: Overall, there is an increase when comparing CY 2016 to CY 2018 in the percentage of primary care users.
- Utilization per 1000, by different demographic cohorts:
 - The adult population has the lowest utilization rates over the three-year study period.
 - The pediatric population had the highest utilization rates followed by the female population. However, the high utilization rate of pediatric population is an artifact of very low FFS member months for this population.
 - Utilization rates in general are declining over the three years with the exception of the pediatric population. The disabled population saw a slight increase over the study period.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 21.0 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled 21 to 30 miles, followed by 20 and under.
 - There are fourteen parishes where beneficiaries traveled over 30 miles, and one parish with a low sample size.
 - The majority of parishes are at or below 30 miles driving distance.
 - Average distance by region:
 - All regions are below 30 miles average driving distance, with a range from 15.8 miles (New Orleans) to 28.8 (South Central).
- Provider availability:
 - Note that the number of billing providers is larger than the number of enrolled providers, an artifact of differing provider enrollment processes between managed care and FFS.

- Pediatric patients in the New Orleans region have the highest primary care providers per 1000 pediatric Medicaid member ratio at 22.3.
- Pediatric patients in the South Central region have the lowest rate at 7.1 primary care providers per 1000 pediatric Medicaid members.
- In comparison to AHRF, Medicaid has much greater primary care provider availability on a per 1000 members basis than that of the general population.

PRIMARY CARE

A. USERS

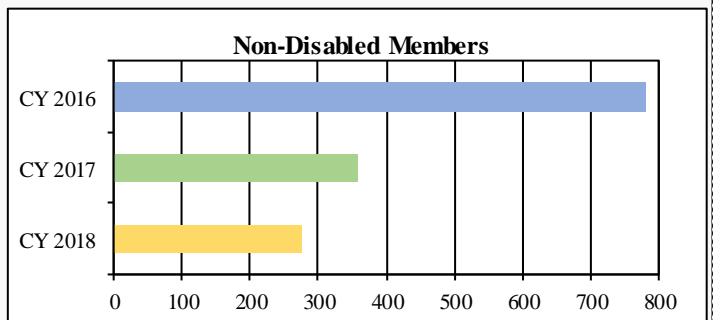
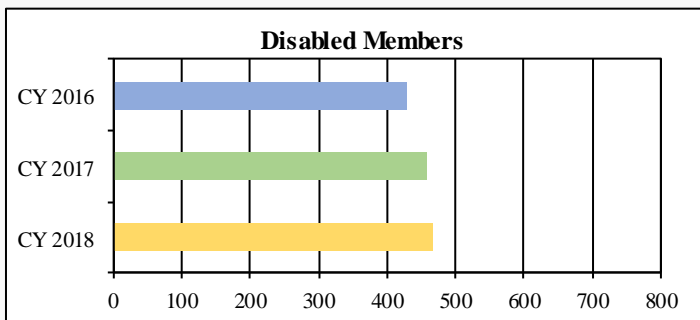
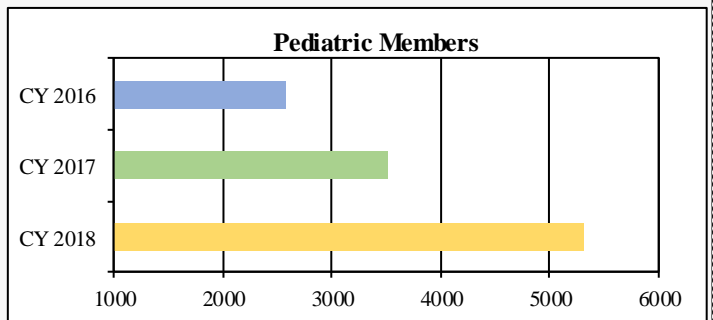
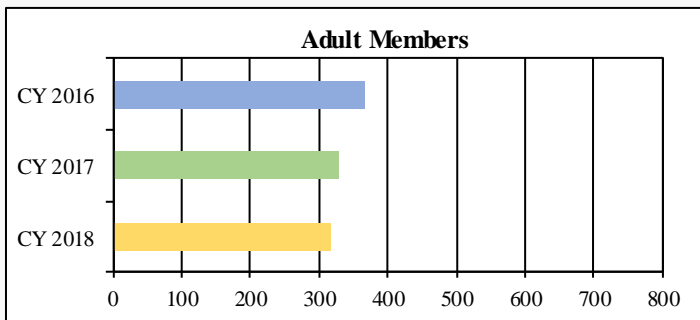
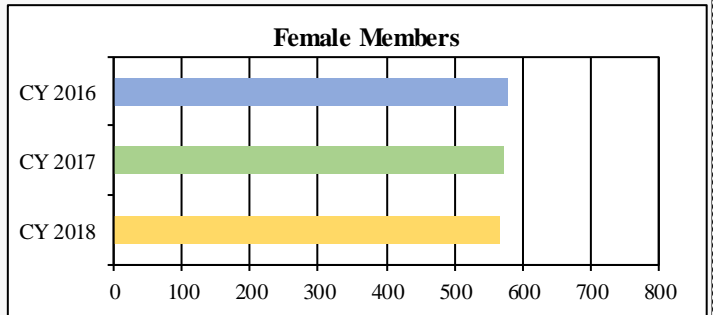
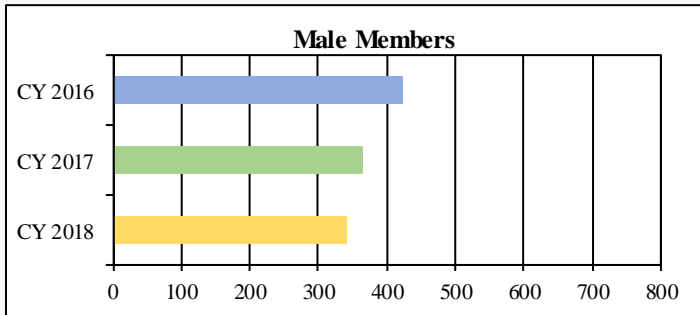
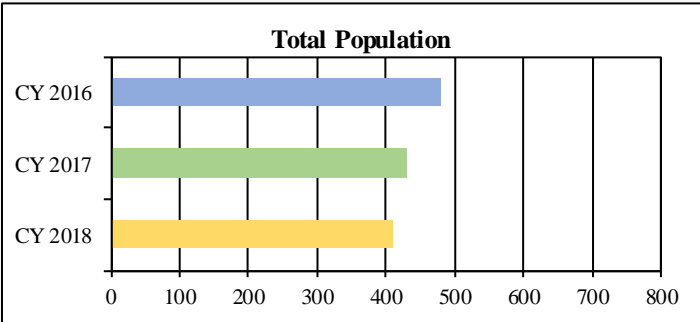
Percent of FFS Members with a Primary Care Visit Each Calendar Year

CY 2016 2.6%

CY 2017 1.8%

CY 2018 7.4%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



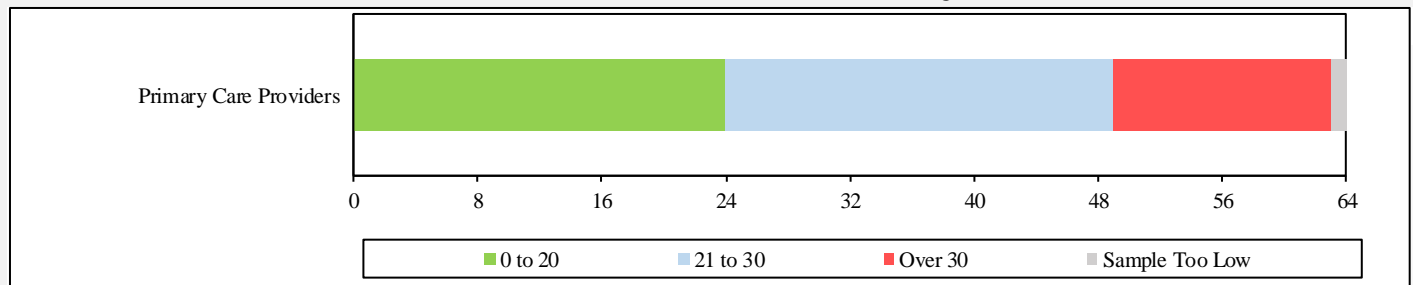
PRIMARY CARE**C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS**

Statewide Average - FFS

21.0

CY 2018 Primary Care Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 20	21 to 30	Over 30	Sample Too Low
Primary Care Providers	24	25	14	1

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	13,374	7,039	14,148	6,265
avg distance	20.4	22.3	20.5	22.3

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	5,130	7,408	3,434	5,478	2,918	2,790	4,542	4,648	4,478
avg distance	15.8	20.8	28.8	21.7	21.4	19.8	16.8	21.3	25.3
	20 miles or less	More than 20 to 30 miles	More than 30 miles						

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 8,377

Billed 10,099

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	2,496	1,242	456	907	390	500	1,100	548	738

Provider-to-1000 Medicaid members ratio

Adults	19.4	14.0	7.3	9.3	9.1	10.0	13.0	13.0	13.0
Pediatrics	22.3	12.6	7.1	8.9	8.1	9.8	12.4	12.4	12.4

Greater than AHRF Equal to AHRF Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	2.3	2.2	1.2	1.8	1.6	1.9	2.1	1.9	1.5
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Dental Care

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 10 – Dental EPSDT; and 11 – Dental Adult.
- CPT/HCPCS: Dental and other codes billed on included claim types by dental providers.
- Provider Types: All providers types billing Dental EPSDT and Dental Adult claims.
- Percent of Dental Claims for FFS compared to Managed Care: 0.01% (90 claims) in CY 2016, declining to 0.003% (34 claims) in CY 2018.
- Total Detail Lines: Between 2.9 million to 5.3 million total detail lines, with dental D codes making up 100% of the total.

Key Findings

Exhibit V.2 is the dashboard for Dental Care Services. Key findings include:

- Count of users: Overall there is a decline when comparing CY 2016 to CY 2018 in the percentage of dental care users.
- Utilization per 1000, by different demographic cohorts:
 - Claims counts over the study period are extremely low for FFS.
 - The disabled population has the lowest utilization rates over the three-year study period.
 - The pediatric population has the highest utilization rates.
 - Rates are variable over the study period, but in general are declining consistently over the three years, with the exception of the adult and pediatric populations which saw increases from CY 2016 to CY 2017, but declines from CY 2017 to CY 2018.
- Average driving distances:
 - Count of parishes by distance range:
 - There were only fourteen unique FFS trips included in the analysis.
 - The statewide FFS average driving distance was 40.9 miles for CY 2018.
 - For 62 out of 64 parishes, there were no FFS trips.
 - For the two parishes with trips, Caddo and Jefferson, FFS beneficiaries traveled more than 30 miles.
 - Average distance by region:
 - Seven of the nine regions had no FFS trips.
 - The New Orleans and Northwest regions were both above 30 miles, at 37.9 and 48.2 miles respectively.
- Provider availability:
 - Pediatric and adult patients in the New Orleans region have the highest dental care providers per 1000 Medicaid member ratio at 3.5 and 3.0 respectively.
 - The lowest dental care providers per 1000 Medicaid member ratios is 1.7 for adults and pediatric patients in the Acadiana region, and for pediatric members in the Central regions.
 - In comparison to AHRF, Medicaid has much greater dental care provider availability on a per 1000 members basis than that of the general population.

DENTAL CARE

A. USERS

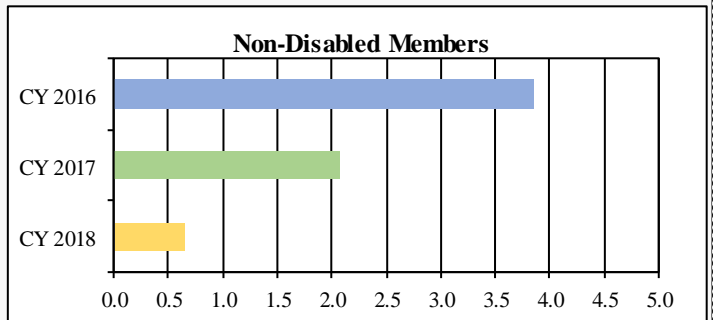
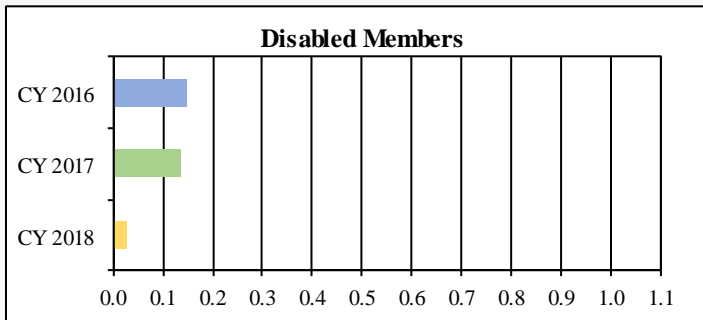
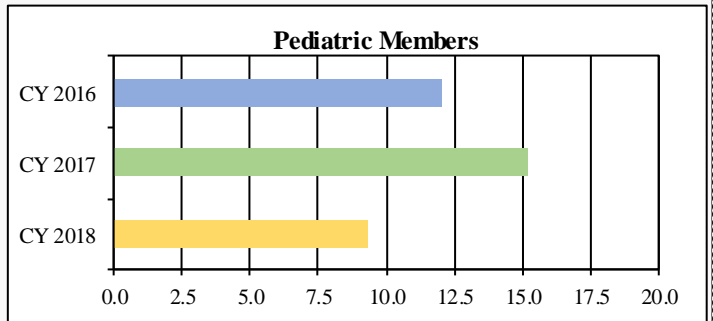
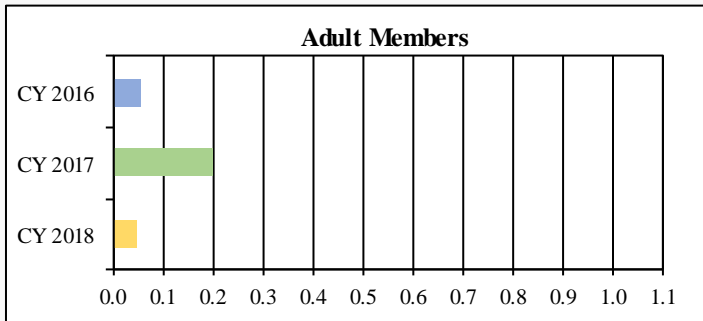
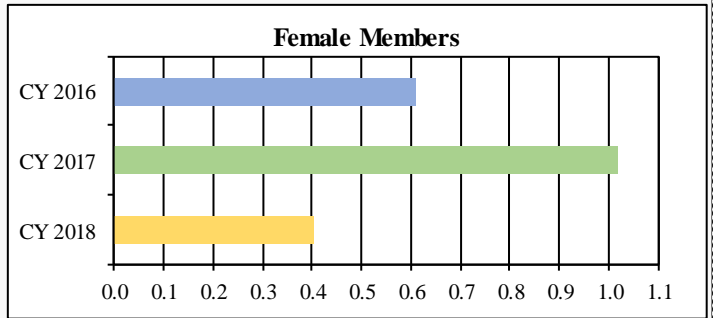
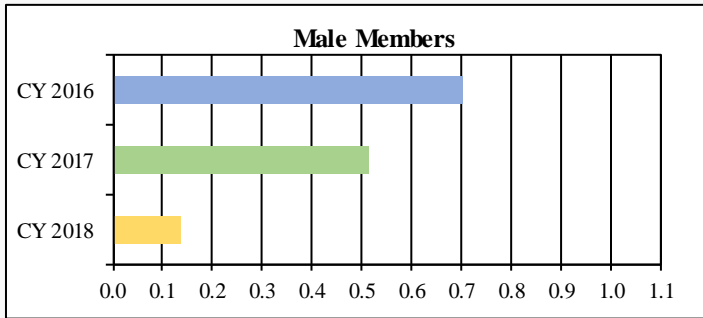
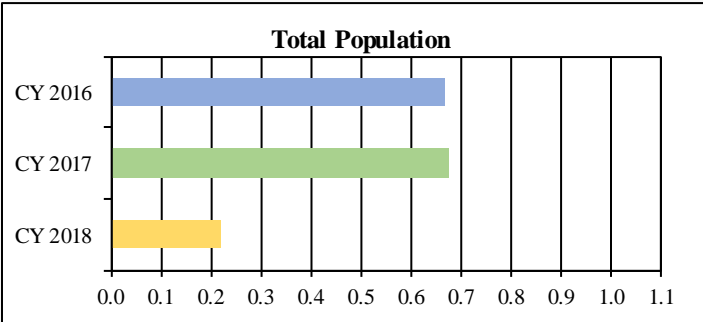
Percent of FFS Members with a Dental Care Visit Each Calendar Year

CY 2016 0.3%

CY 2017 0.3%

CY 2018 0.1%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



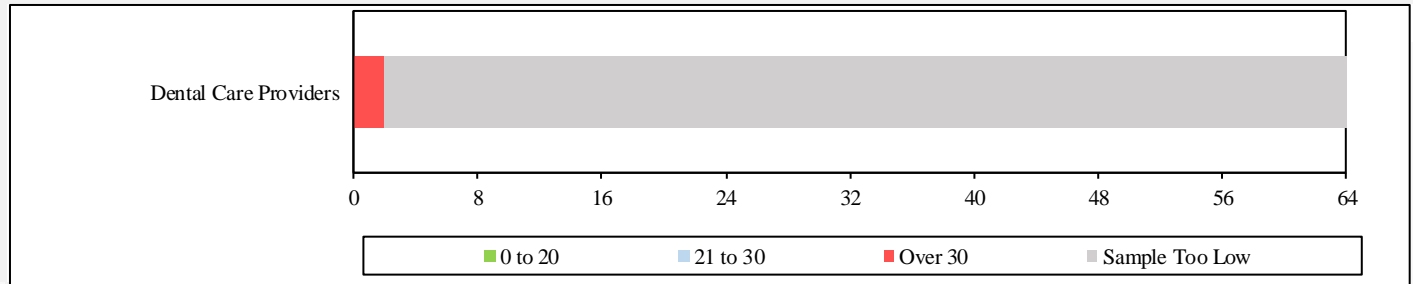
DENTAL CARE**C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS**

Statewide Average - FFS

40.9

CY 2018 Dental Care Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 20	21 to 30	Over 30	Sample Too Low
Dental Care Providers	0	0	2	62

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	0	7	0	7
avg distance		40.9		40.9

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	10	0	0	0	0	0	4	0	0
avg distance	37.9						48.2		

	20 miles or less	More than 20 to 30 miles	More than 30 miles
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D. PROVIDER AVAILABILITY - CY 2018

Enrolled 1,692

Billed 312

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	388	259	118	168	108	88	191	112	260

Provider-to-1000 Medicaid members ratio

Adults	3.0	2.9	1.9	1.7	2.5	1.8	2.2	2.2	2.2
Pediatrics	3.5	2.6	1.8	1.7	2.2	1.7	2.2	2.2	2.2

Greater than AHRF	Equal to AHRF	Less than AHRF
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Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.7	0.6	0.4	0.5	0.4	0.4	0.5	0.4	0.5
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Prenatal and Postpartum Care

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient. Female beneficiaries only.
- CPT/HCPCS: All CPT/HCPCS with the diagnosis in the first position only; evaluation and management 99201 - 99499 plus TH modifier or with a pregnancy diagnosis in the first position; regardless of diagnosis, 59430, J1726, J3490-TH, J7296, J7297, J7298, J7300, J7301, and J7307.
- Provider Type: Doctor of Osteopathic Medicine (Individual or Group), Physician (Individual or Group), Hospital, Prenatal Healthcare Clinic (In-State), Federally Qualified Health Center, Nurse Practitioner, Rural Health Clinic (Provider Based, In-State), Rural Health Clinic (Independent, In-State), Certified Nurse Midwife, Certified Registered Nurse Anesthetist (Individual or Group), Clinical Nurse Specialist, Physician Assistant, GNOCHC (In-State)
- Provider Specialty or Specialties: General Practice, General Surgery, Anesthesiology, Cardiovascular Disease, Family Practice, Gynecology (DO only), Obstetrics (DO only), OB/GYN, Emergency Medicine, Pathology, Cardiac Electrophysiology, Cardiovascular Disease, Critical Care Medicine, Nephrology, Physician Assistant, Radiology, Urology, Nephrology, Critical Care Medicine, Maternal and Fetal Medicine, Internal Medicine, Federally Qualified Health Centers, Independent Laboratory (Billing Independently), Clinic or Other Group Practice, Nurse Practitioner, Hospital, All Other, Rural Health Clinic
- Diagnosis Codes: O00 – O9A, Z32.01, Z33.x, Z34.x, Z37.x, Z39.x in the first occurrence with stated CPT/HCPCS code combinations.
- Percent of Prenatal and Postpartum Claims for FFS compared to Managed Care: 0.13% (1,004) in CY 2016, declining to 0.11% (826) in CY 2018.
- Total Detail Lines: Between 71.7 million to 91.7 million total detail lines, with prenatal and postpartum care codes making up between 15% to 18% of the included detail lines for prenatal and postpartum care services.

Key Findings

Exhibit V.3 is the dashboard for Prenatal and Postpartum Care Services. Key findings include:

- Count of users: Overall there is a decline when comparing CY 2016 to CY 2018 in the percentage of prenatal and postpartum care users.
- Utilization per 1000, by different demographic cohorts:
 - Claims counts over the study period are very low for FFS.
 - The disabled and adult populations have the lowest utilization rates in CY 2018.
 - The pediatric and female populations have the highest utilization rates when looking at CY 2018.
 - Rates are variable over the study period, but in general are declining for the majority of populations, with the exception of the pediatric population which saw an increase.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 23.9 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled less than 30 miles.
 - There are 20 parishes where beneficiaries traveled over 30 miles, and 21 parishes with a low sample size.

- Average distance by region:
 - Six of the nine regions are below 30 miles average driving distance.
 - The Central t region has the highest average driving distance at 44.0 miles.
 - The New Orleans region had the lowest average driving distance at 13.6 miles.
- Provider availability:
 - Pediatric patients in the New Orleans region have the highest prenatal and postpartum care providers per 1000 Medicaid member ratio at 56.0.
 - Adults in the Central region have the lowest rate at 15.1 prenatal and postpartum care providers per 1000 Medicaid members.
 - In comparison to AHRF, Medicaid has much greater prenatal and postpartum care provider availability on a per 1000 members basis than that of the general population.

PRENATAL AND POSTPARTUM CARE

A. USERS

Percent of FFS Members with a Prenatal and Postpartum Care Visit Each Calendar Year

CY 2016 0.15%

CY 2017 0.08%

CY 2018 0.08%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS

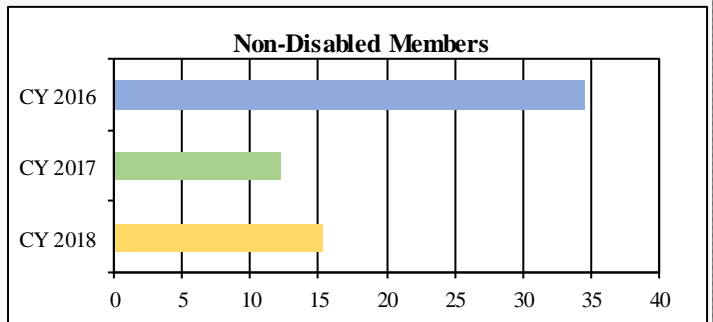
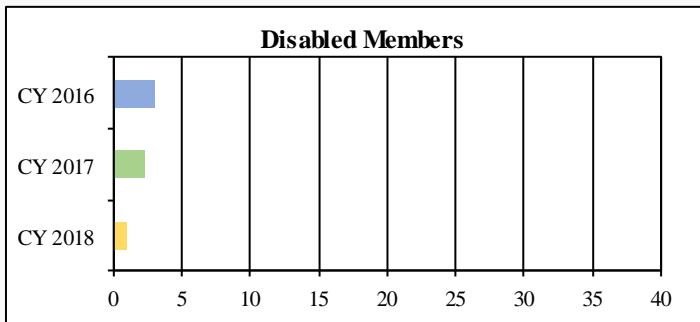
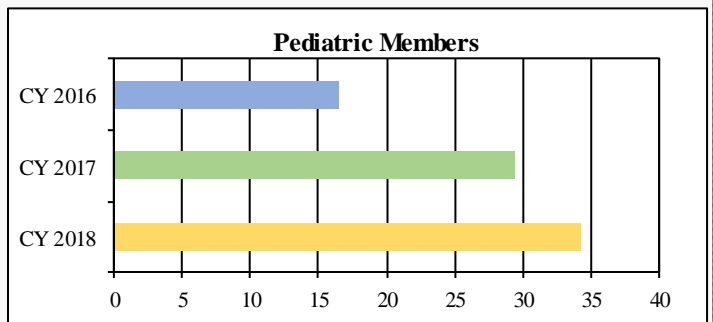
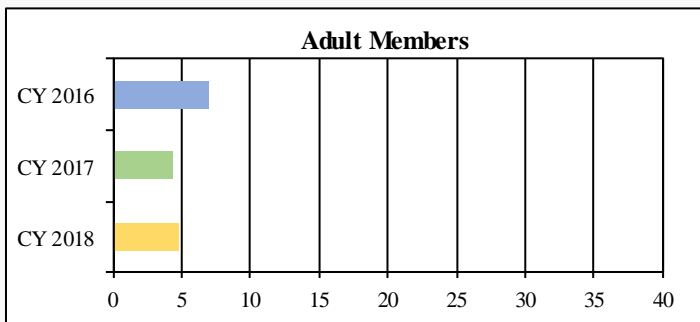
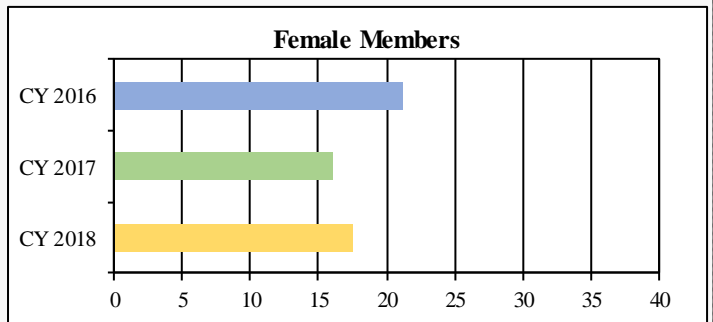
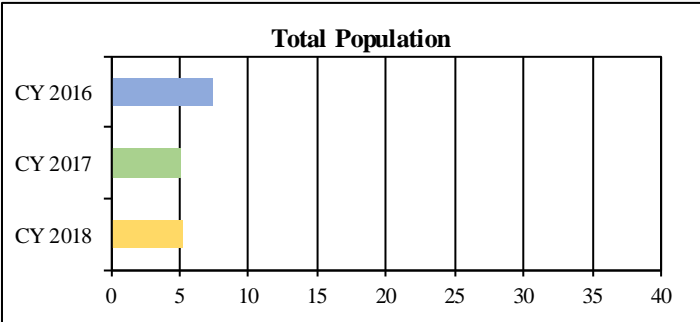


Exhibit V.3 Prenatal and Postpartum Service Specific Dashboard – continued

PRENATAL AND POSTPARTUM CARE

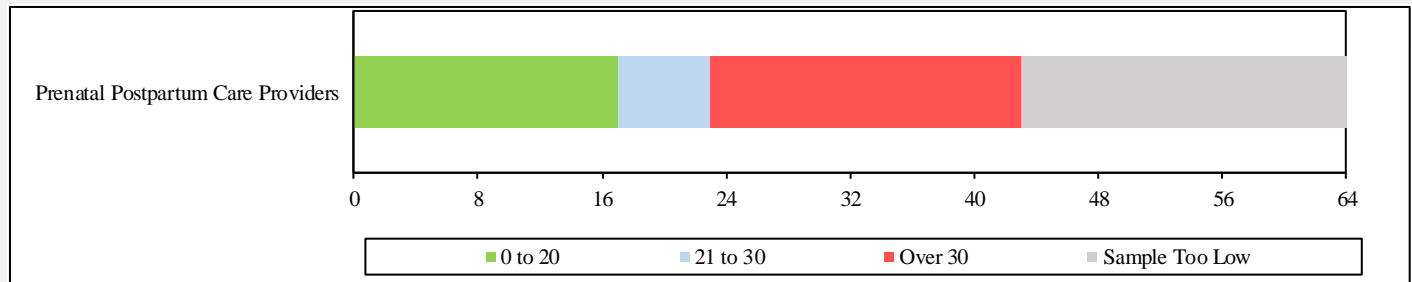
C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS

Statewide Average - FFS

23.9

CY 2018 Prenatal and Postpartum Care Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 20	21 to 30	Over 30	Sample Too Low
Prenatal Postpartum Care Providers	17	6	20	21

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	354	39	64	329
avg distance	23.7	25.6	23.2	24.1

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	194	130	60	148	34	48	66	34	72
avg distance	13.6	18.0	35.3	24.2	29.5	44.0	25.1	36.0	29.6
	20 miles or less	More than 20 to 30 miles	More than 30 miles						

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 10,649

Billed 7,560

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	3,096	1,372	622	1,268	491	606	1,430	698	1,066

Provider-to-1000 Medicaid members ratio

Adults	39.2	23.9	15.1	20.2	17.4	19.3	25.9	25.9	25.9
Pediatrics	56.0	28.1	19.7	25.3	20.8	24.3	32.8	32.8	32.8

Greater than AHRF Equal to AHRF Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.3	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1
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Home Health Care

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 06 – Home Health. Includes beneficiaries age 65 and older.
- CPT/HCPCS: G0151 – G0153; G0156; G0299 – G0300; S9123 – S9124; 92521 – 92524; 97161 – 97167.
- Provider Type: All provider types billing 06 – Home Health claims.
- Percent of Home Health Claims FFS compared to Managed Care: 0.09% (129 claims) in CY 2016, declining to 0.05% (74 claims) in CY 2018.
- Total Detail Lines: Between 146,897 to 156,599 detail lines, with home health codes making up 100% of the total claims considered for home health services.

Key Findings

Exhibit V.4 is the dashboard for Home Health Care Services. Key findings include:

- Count of users: Overall there is an increase when comparing CY 2016 to CY 2018 in the percentage of home health care users.
- Utilization per 1000, by different demographic cohorts:
 - Claims counts over the study period are extremely low for FFS.
 - With the exception of CY 2016, the non-disabled and pediatric populations have the lowest utilization rates across the three study years.
 - The female and disabled populations have the highest utilization rates across each of the study years.
 - Rates are variable over the study period, but in general are decreasing for all populations, except for the female population, which saw an increase from CY 2016 to CY 2017, with a slight decline from CY 2017 to CY 2018.
- Average driving distances: Not applicable for this service category as the primary place of service is the member's home.
- Provider availability:
 - Pediatric and adult patients in the Central region have the highest home health care providers per 1000 Medicaid member ratio at 0.9.
 - The Northwest, Northeast and Northshore regions have the lowest rate at 0.4 home health care providers per 1000 adult and pediatric Medicaid members.
 - In comparison to AHRF, Medicaid has much greater home health care provider availability on a per 1000 members basis than that of the general population.

HOME HEALTH CARE

A. USERS

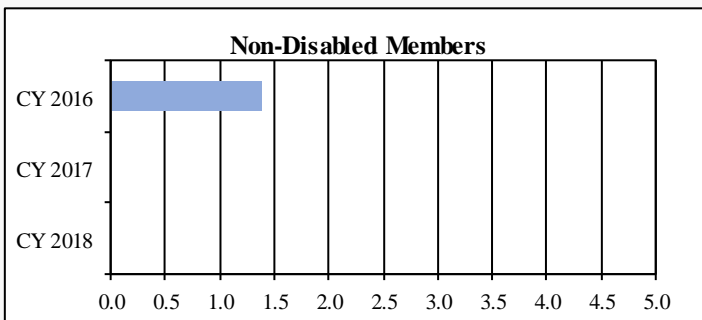
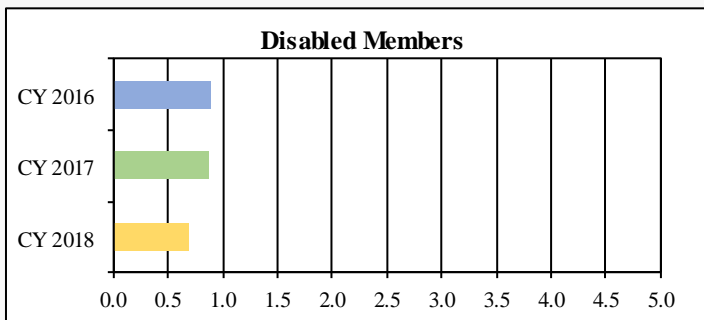
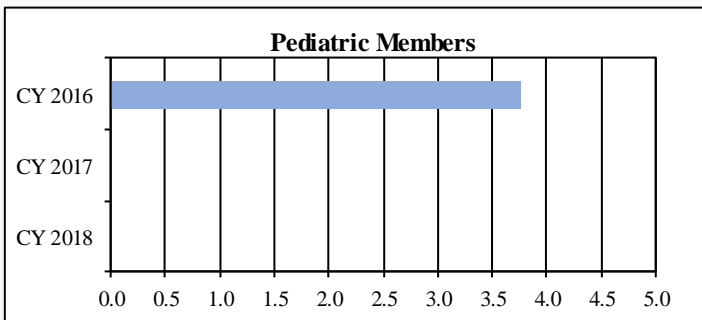
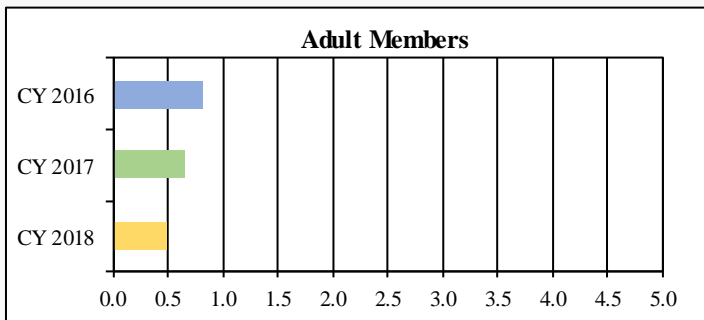
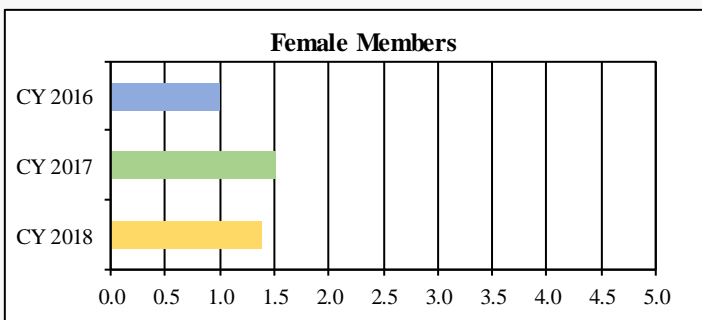
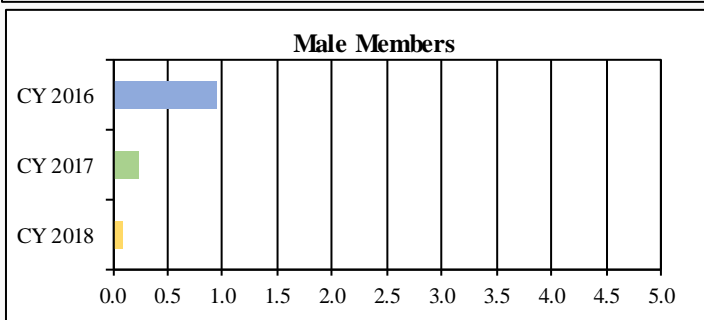
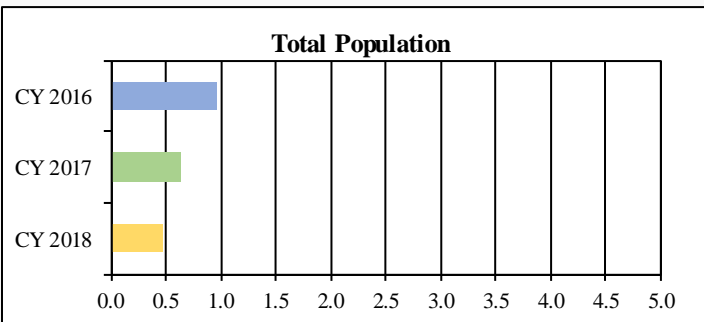
Percent of FFS Members with a Home Health Care Visit Each Calendar Year

CY 2016 0.06%

CY 2017 0.03%

CY 2018 0.03%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



HOME HEALTH CARE

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 439

Billed 172

	New Orleans	Baton Rouge	Thibodeaux	Lafayette	Lake Charles	Alexandria	Shreveport	Monroe	Mandeville
# providers in region	74	72	33	71	29	46	37	40	37

Provider-to-1000 Medicaid members ratio

Adults	0.6	0.8	0.5	0.7	0.7	0.9	0.4	0.4	0.4
Pediatrics	0.7	0.7	0.5	0.7	0.6	0.9	0.4	0.4	0.4

Greater than AHRF
 Equal to AHRF
 Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.03	0.04	0.04	0.04	0.05	0.06	0.05	0.07	0.04
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Behavioral Health Substance Use Disorder (BH SUD)

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient.
- CPT/HCPCS: 90785; 90791 – 90792; 90832 – 90840; 90845 – 90849, 90853; 90863; 90870; 90875-90876; 90880; 96105; 96116; 96121; 96130 – 96133; 96136 – 96139; 96146; 96150 – 96155; 96372; 99220 – 99223; 99231 – 99235; 99281 – 99285; 99367 – 99368; 99408; H0001; H0004- H0005; H0011 – H0012; H0015; H0018 – H0019; H0036; H0038 – H0039; H0045; H0049 – H0050; H2011; H2013 – H2014; H2017; H2033 – H2036; S5110; S5150; S9485. If no other CPT or HCPCS present, then count: HR513; H5900 – HR907; HR912 – HR918; HR944. Count 99201 – 99215 only if another behavioral health CPT/HCPCS is present on the claim.
- Provider Type: Multi-Systemic Therapy Agency (In-State); Doctor of Osteopathic Medicine (Individual & Group; Physician (Individual & Group); Psychologist (Lic/Med) (In-State); School Based Health Center (In-State); Hospital; Mental Health Hospital (Free-Stand); Subs/Alcohol Abuse Center (Crossovers); Distinct Part Psychiatric Hospital (In-State); Federally Qualified Health Center (In-State); Licensed Clinical Social Worker (In-State); Mental Health Clinic (In-State); Mental Rehabilitation Agency (In-State); Nurse Practitioner (Individual & Group); Rural Health Clinic (Provider-Based)(In-State); Clinical Nurse Specialist; Psychiatric Residential Treatment Facility; Behavioral Health Rehabilitation Agency; Licensed Marriage & Family Therapy; Licensed Addiction Counselor; Licensed Professional Counselor; Substance Use Residential Treatment Facility; and Non-Licensed Behavioral Health Staff..
- Provider Specialty or Sub-Specialties: Psychiatry; Psychiatry/Neurology (DO only); Federally Qualified Health Centers; Clinic or Other Group Practice; Social Worker Enrollment; Mental Health Rehab; Hospitals; Rural Health Clinic; Addiction Specialist; Both Youth and Family Support; Multi-Systemic Therapy; Psychologist -Clinical; Psychologist-Counseling; Psychologist – School; Psychologist – Developmental; Psychologist - Non-Declared; Psychologist - All Other; Medical Psychologist; Coordinated System of Care/Behavioral Health; Psychiatric Residential Treatment Facility, other specialization; Substance Abuse or Addiction; Psychiatric Residential Treatment Facility.
- Diagnosis Codes: F10 – F19 in any of the 24 occurrences.
- Percent of BH SUD Claims FFS compared to Managed Care: 0.47% (1,002 claims) in CY 2016, declining to 0.31% (1,155 claims) in CY 2018.
- Total Detail Lines: Between 1.9 million to 4.7 million total detail lines, with BH SUD codes making up between 26% to 28% of the included detail lines for BH SUD services.

Key Findings

Exhibit V.5 is the dashboard for BH SUD Services. Key findings include:

- Count of users: Overall there is a decrease when comparing CY 2016 to CY 2018 in the percentage of BH SUD users.
- Utilization per 1000, by different demographic cohorts:
 - Claim counts over the study period are very low for FFS.
 - Among all population subgroups, utilization is highest in CY 2017.
 - The pediatric and non-disabled populations have the lowest utilization rates in CY 2018.
 - The disabled population has the highest utilization rates when looking at CY 2018.

- Rates are variable over the study period, but in general are increasing for the disabled, female and pediatric populations but are declining for all other population cohorts.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 23.1 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled less than 30 miles.
 - There are seventeen parishes where beneficiaries traveled over 30 miles, and zero parishes with a low sample size.
 - Average distance by region:
 - Seven of the nine regions are below 30 miles average driving distance.
 - The Capital Area region has the highest average driving distance at 42.1 miles, followed by Central at 37.8 miles.
 - The New Orleans region had the lowest average driving distance at 12.8 miles.
- Provider availability:
 - Pediatric and adult patients in the New Orleans region have the highest BH SUD providers per 1000 Medicaid member ratio at 9.1 and 8.0 respectively.
 - Pediatric patients have the lowest ratio at 3.2 per 1000 Medicaid members in the South Central region.
 - In comparison to AHRF, Medicaid has much greater BH SUD provider availability on a per 1000 members basis than that of the general population. Note that AHRF only had data for psychiatrists, child psychiatrists, and licensed psychologists as the remaining provider types used for provider availability analyses were not reported.

BEHAVIORAL HEALTH - SUBSTANCE USE DISORDER

A. USERS

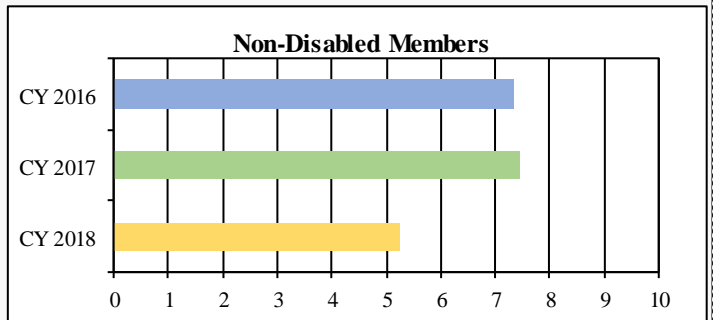
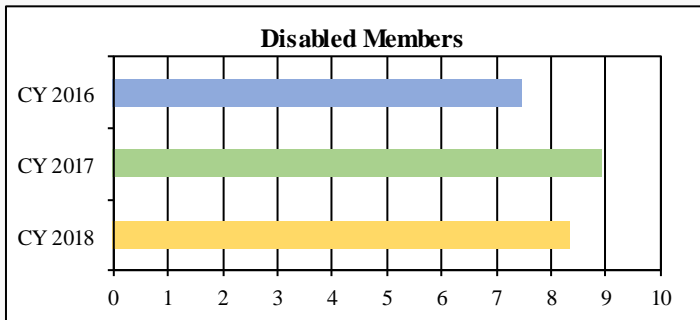
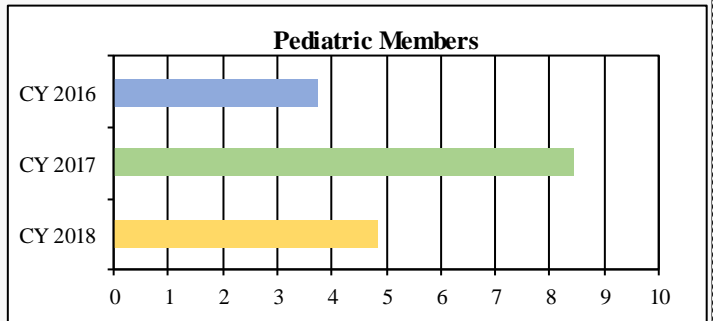
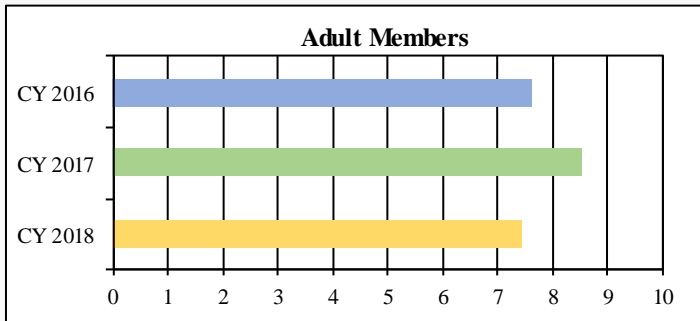
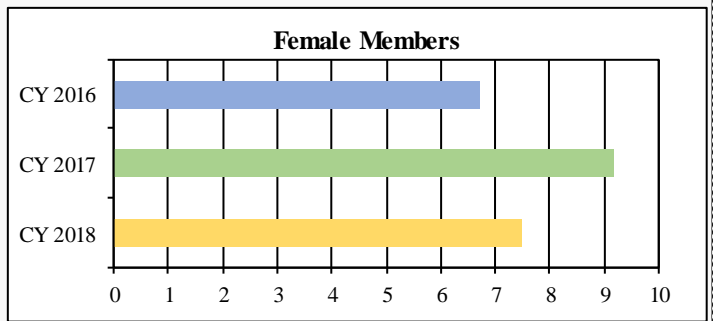
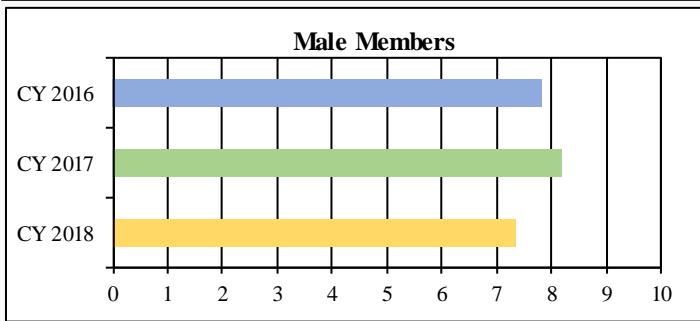
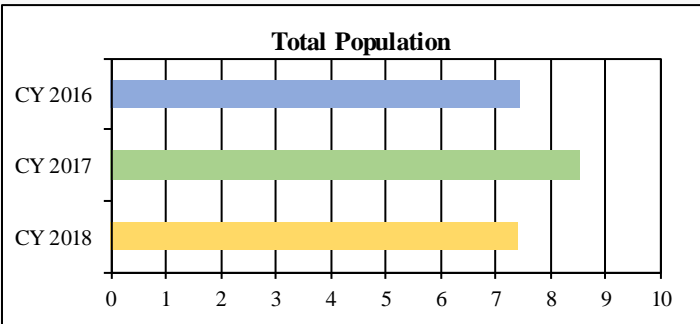
Percent of FFS Members with a BH-SUD Visit Each Calendar Year

CY 2016 0.7%

CY 2017 0.7%

CY 2018 0.3%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



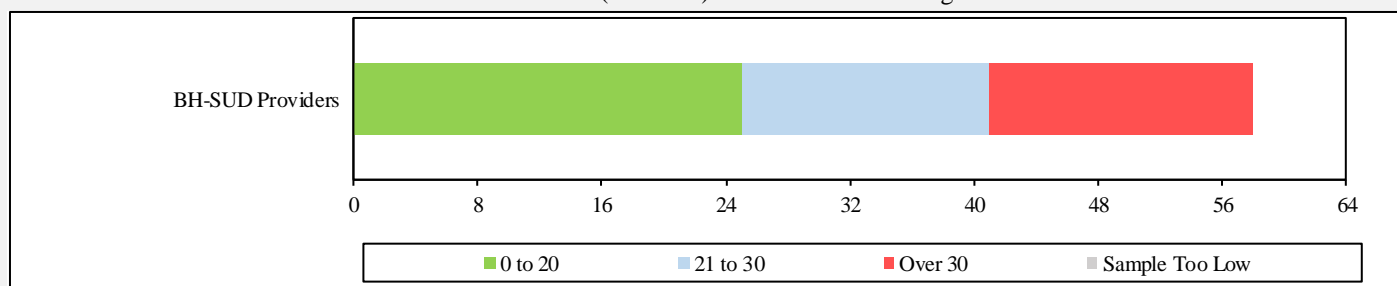
BEHAVIORAL HEALTH - SUBSTANCE USE DISORDER**C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS**

Statewide Average - FFS

23.1

CY 2018 BH-SUD Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 20	21 to 30	Over 30	Sample Too Low
BH-SUD Providers	25	16	17	0

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	977	12	792	197
avg distance	23.3	10.3	23.4	22.1

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	268	324	234	230	174	118	314	154	162
avg distance	12.8	42.1	21.6	23.1	16.5	37.8	13.3	21.6	21.5

20 miles or less
 More than 20 to 30 miles
 More than 30 miles

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 3,813

Billed 3,164

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	1,022	532	207	439	233	271	447	314	348

Provider-to-1000 Medicaid members ratio

Adults	8.0	6.0	3.3	4.5	5.4	5.4	5.3	5.3	5.3
Pediatrics	9.1	5.4	3.2	4.3	4.8	5.3	5.0	5.0	5.0

Greater than AHRF
 Equal to AHRF
 Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.6	0.2	0.0	0.1	0.1	0.1	0.4	0.1	0.2
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Behavioral Health Serious Emotional Disturbance (BH SED) and Serious Mental Illness (BH SMI)

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient.
- CPT/HCPCS: 90785; 90791 – 90792; 90832 – 90840; 90845 – 90849, 90853; 90863; 90870; 90875-90876; 90880; 96105; 96116; 96121; 96130 – 96133; 96136 – 96139; 96146; 96150 – 96155; 96372; 99220 – 99223; 99231 – 99235; 99281 – 99285; 99367 – 99368; 99408; H0001; H0004- H0005; H0011 – H0012; H0015; H0018 – H0019; H0036; H0038 – H0039; H0045; H0049 – H0050; H2011; H2013 – H2014; H2017; H2033 – H2036; S5110; S5150; S9485. If no other CPT or HCPCS present, then count: HR513; H5900 – HR907; HR912 – HR918; HR944. Count 99201 – 99215 only if another behavioral health CPT/HCPCS is present on the claim.
- Provider Type: Multi-Systemic Therapy Agency (In-State); Doctor of Osteopathic Medicine (Individual & Group); Physician (Individual & Group); Psychologist (Lic/Med) (In-State); School Based Health Center (In-State); Hospital; Mental Health Hospital (Free-Stand); Subs/Alcohol Abuse Center (Crossovers); Distinct Part Psychiatric Hospital (In-State); Federally Qualified Health Center (In-State); Licensed Clinical Social Worker (In-State); Mental Health Clinic (In-State); Mental Rehabilitation Agency (In-State); Nurse Practitioner (Individual & Group); Rural Health Clinic (Provider-Based)(In-State); Clinical Nurse Specialist; Psychiatric Residential Treatment Facility; Behavioral Health Rehabilitation Agency; Licensed Marriage & Family Therapy; Licensed Addiction Counselor; Licensed Professional Counselor; Substance Use Residential Treatment Facility; and Non-Licensed Behavioral Health Staff..
- Provider Specialty or Sub-Specialties: Psychiatry; Psychiatry/Neurology (DO only); Federally Qualified Health Centers; Clinic or Other Group Practice; Social Worker Enrollment; Mental Health Rehab; Hospitals; Rural Health Clinic; Addiction Specialist; Both Youth and Family Support; Multi-Systemic Therapy; Psychologist -Clinical; Psychologist-Counseling; Psychologist – School; Psychologist – Developmental; Psychologist - Non-Declared; Psychologist - All Other; Medical Psychologist; Coordinated System of Care/Behavioral Health; Psychiatric Residential Treatment Facility, other specialization; Substance Abuse or Addiction; Psychiatric Residential Treatment Facility.
- Diagnosis Codes: F20 – F69, and F80 – F99 in any of the 24 occurrences.
- Percent of BH SED/SMI Claims FFS compared to Managed Care: 0.13% (2,226) in CY 2016, increasing to 0.17% (2,580) in CY 2018.
- Total Detail Lines: Between 6.8 million to 8.8 million total detail lines, with BH SED and BH SMI codes making up between 56.5% to 67.3% of the included detail lines for BH SED and BH SMI services.

Key Findings

Exhibit V.6 is the dashboard for BH SED and BH SMI Services. Key findings include:

- Count of users: Overall there is a decline when comparing CY 2016 to CY 2018 in the percentage of BH SED and BH SMI users.
- Utilization per 1000, by different demographic cohorts:
 - Claim counts over the study period are very low for FFS.
 - The adult population has the lowest utilization rates in CY 2018.

- The pediatric population has the highest utilization rates in CY 2018.
- Rates are variable over the study period, but in general are increasing. There are two exceptions to this: the non-disabled population utilization rate by more than half; and the male population experienced a slight decline.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 26.4 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled less than 30 miles.
 - There are 19 parishes where beneficiaries traveled over 30 miles, and no parishes with a low sample size.
 - Average distance by region:
 - Seven of the nine regions are below 30 miles average driving distance.
 - The Central region has the highest average driving distance at 48.0 miles, followed by the Capital Area region at 41.8 miles.
 - The New Orleans region had the lowest average driving distance at 12.4 miles.
- Provider availability:
 - Pediatric and adult patients in the New Orleans region have the highest BH SED/SMI providers per 1000 Medicaid member ratio at 9.1 and 8.0 respectively.
 - Pediatric patients in the South Central region have the lowest rate at 3.2 BH SED/SMI providers per 1000 Medicaid members.
 - In comparison to AHRF, Medicaid has much greater BH SED and BH SMI provider availability on a per 1000 members basis than that of the general population. Note that AHRF only had data for psychiatrists, child psychiatrists, and licensed psychologists as the remaining provider types used for provider availability analyses were not reported.

BEHAVIORAL HEALTH - SED & SMI

A. USERS

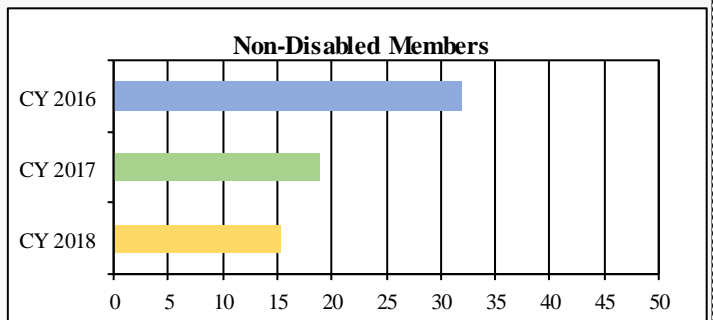
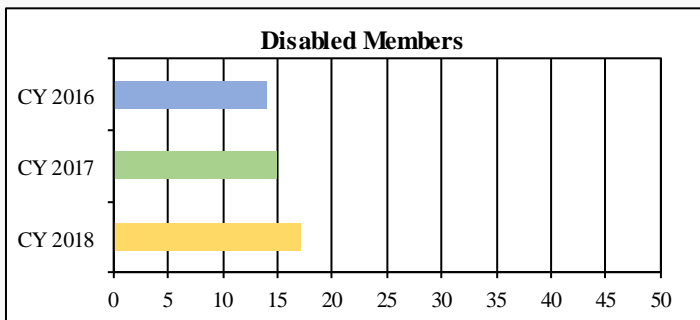
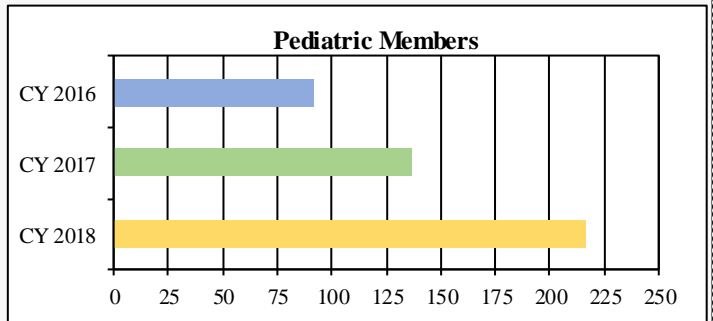
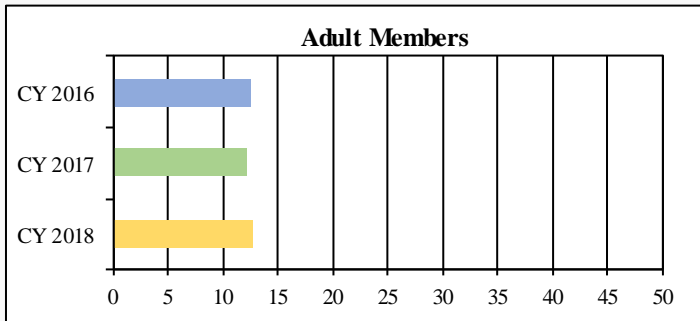
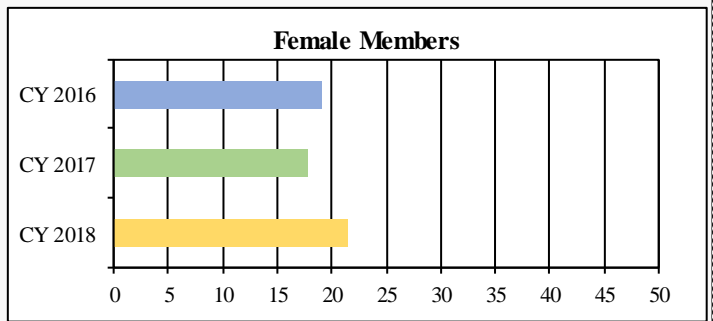
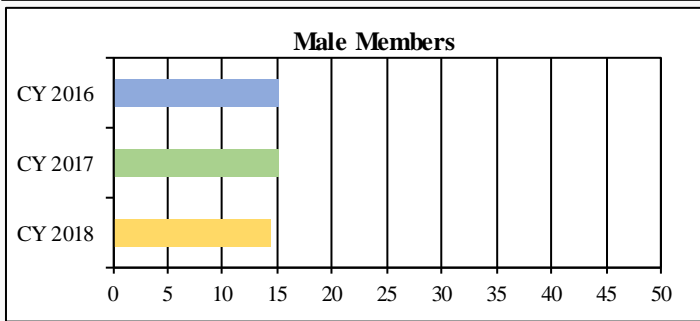
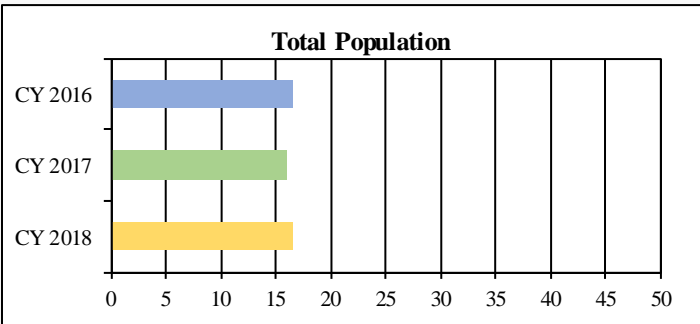
Percent of FFS Members with a BH-SED/SMI Visit Each Calendar Year

CY 2016 1.5%

CY 2017 1.1%

CY 2018 0.9%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



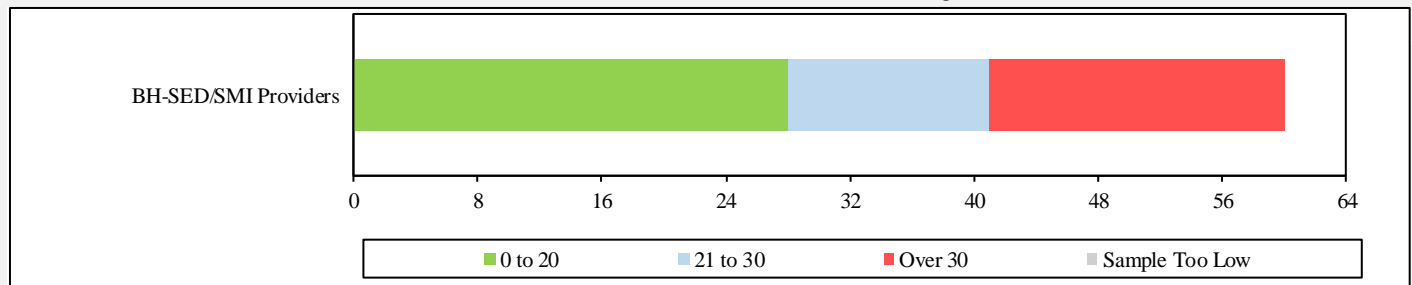
BEHAVIORAL HEALTH - SED & SMI**C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS**

Statewide Average - FFS

26.4

CY 2018 BH SED/SMI Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 20	21 to 30	Over 30	Sample Too Low
BH-SED/SMI Providers	28	13	19	0

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	1,464	550	1,426	588
avg distance	27.4	23.9	26.3	26.7

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	498	624	410	652	260	336	576	258	414
avg distance	12.4	41.8	23.5	23.6	25.1	48.0	15.6	21.1	29.2
	20 miles or less	More than 20 to 30 miles				More than 30 miles			

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 3,813

Billed 3,164

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	1,022	532	207	439	233	271	447	314	348

Provider-to-1000 Medicaid members ratio

Adults	8.0	6.0	3.3	4.5	5.4	5.4	5.3	5.3	5.3
Pediatrics	9.1	5.4	3.2	4.3	4.8	5.3	5.0	5.0	5.0

Greater than AHRF Equal to AHRF Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.5	0.3	0.1	0.1	0.1	0.2	0.2	0.1	0.2
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Cardiology

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient.
- CPT/HCPCS: Proc codes 92920 - 92998, 93000-93050, 93224 - 93278, 93264 - 93299, 93303 - 93355, 93451 - 93592, 93600 - 93662, 93668, 93701 - 93790, 93792 - 93793, 93797 – 93799. If no other CPT or HCPCS present, then count: HR480 - HR489, and HR730 - HR739.
- Provider Type: Doctor of Osteopathic Medicine (Individual or Group), Physician (Individual or Group), Prescribing Only Provider, Hospital, Clinical Nurse Specialist
- Provider Specialty or Specialties: Cardiovascular Disease, Hospitals and Nursing Homes, Pediatric Cardiology, Cardiac Electrophysiology, Cardiovascular Disease.
- Percent of Cardiology Claims FFS compared to Managed Care: 3.2% (7,977 claims) in CY 2016, declining to 2.1% (8,561) in CY 2018.
- Total Detail Lines: Between 71.7 million to 91.2 million total detail lines, with cardiology codes making up between 0.7% and 0.9% of the included detail lines for cardiology services.

Key Findings

Exhibit V.7 is the dashboard for Cardiology Services. Key findings include:

- Count of users: Overall there is an increase in the percentage of cardiology users over the study period when comparing CY 2016 to CY 2018 in the percentage of cardiology users.
- Utilization per 1000, by different demographic cohorts:
 - The non-disabled have the lowest utilization rates over the study period.
 - The pediatric population has the highest utilization rates over the study period and the highest rate in CY 2018.
 - Rates are variable over the study period, but in general are increasing for pediatric, female and the disabled population cohorts. Males and the non-disabled experienced declines from CY 2016 to CY 2018.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 26.7 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled less than 50 miles.
 - There are 4 parishes where beneficiaries traveled over 50 miles, and ten parishes with a low sample size.
 - Average distance by region:
 - All of regions are below 50 miles average driving distance.
 - The South Central region has the highest average driving distance at 35.9 miles.
 - The Northwest region had the lowest average driving distance at 18.7 miles.
- Provider availability:
 - Pediatric and adult patients in the New Orleans region have the highest cardiology providers per 1000 Medicaid member ratio at 1.1 and 1.0 respectively.
 - Adults and pediatric patients in the South Central region, and adults in the Capital Area region, all had the lowest rate at 0.4 cardiology providers per 1000 Medicaid members.

- In comparison to AHRF, Medicaid has higher cardiology provider availability on a per 1000 members basis than that of the general population.

CARDIOLOGY

A. USERS

Percent of FFS Members with a Cardiology Visit Each Calendar Year

CY 2016 2.0%

CY 2017 2.3%

CY 2018 2.9%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS

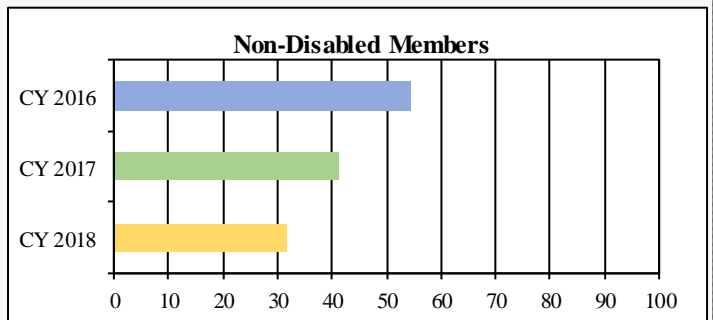
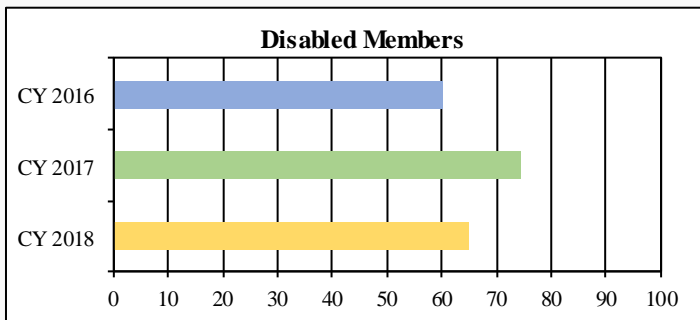
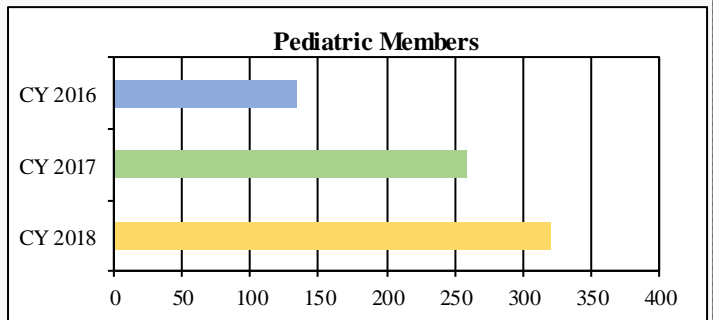
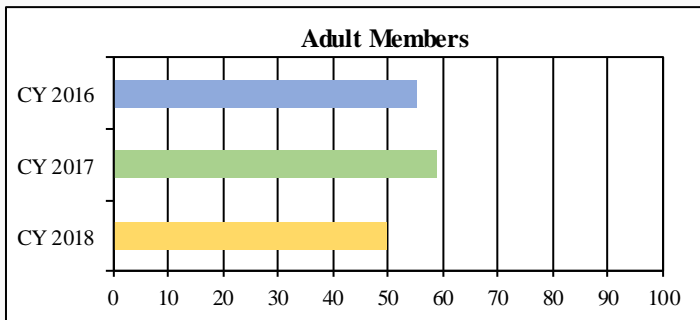
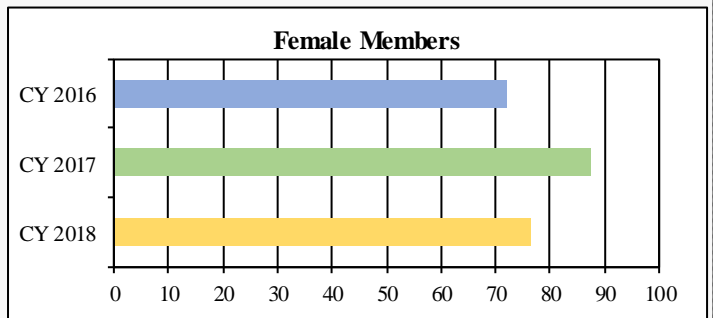
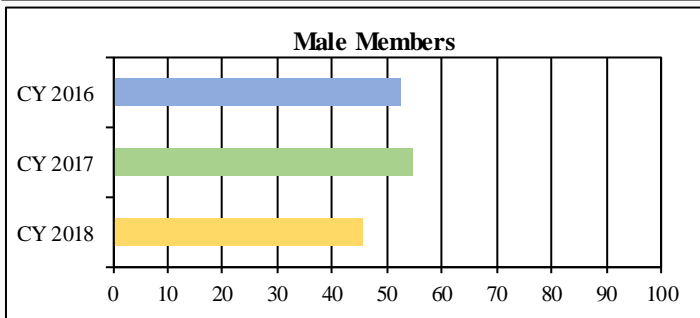
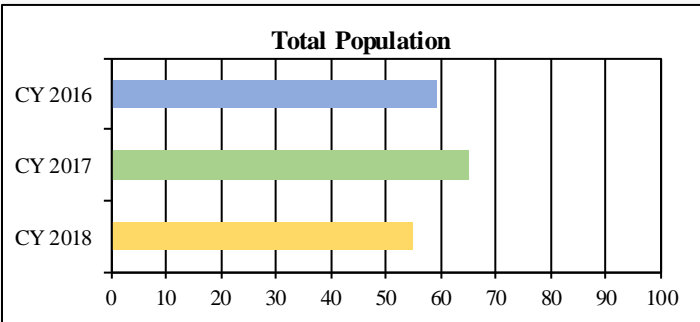


Exhibit V.7 Cardiology Service Specific Dashboard – continued

CARDIOLOGY

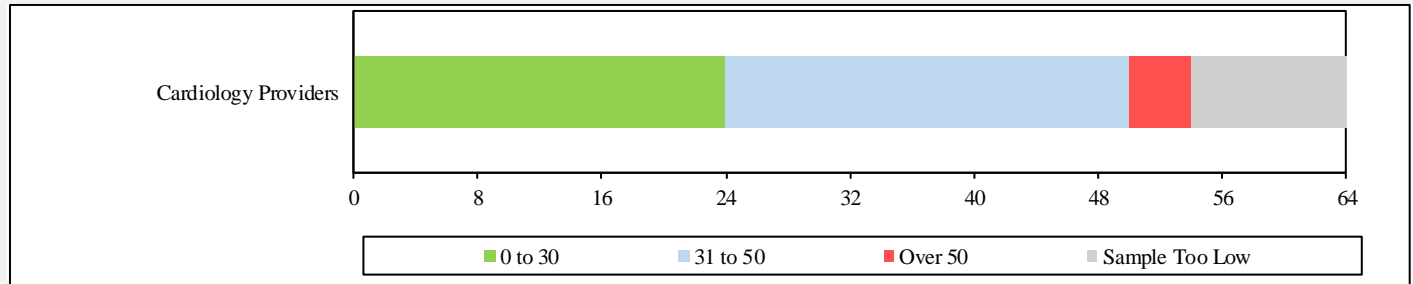
C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS

Statewide Average - FFS

26.7

CY 2018 Cardiology Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 30	31 to 50	Over 50	Sample Too Low
Cardiology Providers	24	26	4	10

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	4,517	525	4,134	908
avg distance	26.3	29.8	25.4	32.3

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	1,538	1,990	834	1,226	862	846	1,078	710	1,000
avg distance	22.5	27.2	35.9	29.4	22.4	26.8	18.7	32.3	29.0

	30 miles or less	More than 30 to 50 miles	More than 50 miles
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D. PROVIDER AVAILABILITY - CY 2018

Enrolled 459

Billed 780

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	123	41	27	74	28	33	56	38	39

Provider-to-1000 Medicaid members ratio

Adults	1.0	0.5	0.4	0.8	0.7	0.7	0.7	0.7	0.7
Pediatrics	1.1	0.4	0.4	0.7	0.6	0.6	0.6	0.6	0.6

Greater than AHRF Equal to AHRF Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	0.19	0.07	0.06	0.05	0.05	0.05	0.08	0.05	0.07
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Surgery

Methodology – includes filters specific to the service category

Following lists the key variables and overall summary of the service specific data included in this category.

- Claim Type: 03 – Professional; and 04 – Outpatient.
- CPT/HCPCS: 10000 – 69999. If no other CPT or HCPCS present, then count: HR360 - HR369; and HR490 - HR499.
- Provider Type: Doctor of Osteopathic Medicine (Individual or Group), Physician (Individual or Group), Prescribing Only Provider, Hospital, Clinical Nurse Specialist.
- Provider Specialty or Specialties: General Surgery, Neurological Surgery, Orthopedic Surgery, Peripheral Vascular Disease or Surgery (DO only), Plastic Surgery, Thoracic Surgery, Hand Surgery, Hospitals and Nursing Homes, Pediatric Surgery, Surgery - Critical Care, Surgery - General Vascular.
- Percent of Surgery Claims FFS compared to Managed Care: 1.4% (7,985) in CY 2016, decreasing to 0.7% (6,645) in CY 2018.
- Total FFS Lines: Between 71.7 million to 91.2 million total detail lines, with surgery codes making up between 1.7% to 2.2% of the included detail lines for adult surgery services.

Key Findings

Exhibit V.8 is the dashboard for Surgery. Key findings include:

- Count of users: Overall there is an increase when comparing CY 2016 to CY 2018 in the percentage of adult surgery users.
- Utilization per 1000, by different demographic cohorts:
 - The non-disabled population has the lowest utilization rates in CY 2017 and CY 2018.
 - The pediatric population has the highest utilization rates when looking across all three years.
 - Females have higher utilization than males across all three years in the study.
 - Rates are variable over the study period, but in general are increasing for the pediatric population, and decreasing for the remaining population cohorts over the study period.
- Average driving distances:
 - Count of parishes by distance range:
 - The statewide FFS average driving distance was 28.5 miles for CY 2018.
 - For the majority of parishes, beneficiaries traveled less than 50 miles.
 - There are six parishes where beneficiaries traveled over 50 miles, and twelve parishes with a low sample size.
 - Average distance by region:
 - All of regions are below 50 miles average driving distance.
 - The Capital Area region has the highest average driving distance at 43.5 miles.
 - The New Orleans region had the lowest average driving distance at 15.4 miles.
- Provider availability:
 - Pediatric and adult members in the New Orleans region have highest ratio of surgeons per 1000 Medicaid members at 3.4 and 3.0 respectively.
 - Adults and pediatric members in the South Central region have the lowest rate at 1.0 surgeons per 1000 Medicaid members.

- In comparison to AHRF, Medicaid has greater general surgeon provider availability on a per 1000 members basis than that of the general population for all regions.

SURGERY

A. USERS

Percent of FFS Members with a Surgery Visit Each Calendar Year

CY 2016 1.8%

CY 2017 2.1%

CY 2018 2.7%

B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS

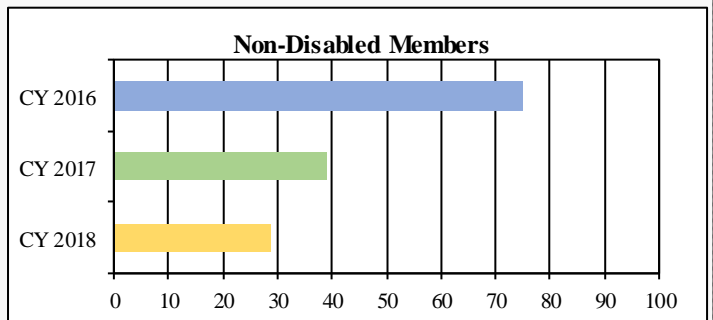
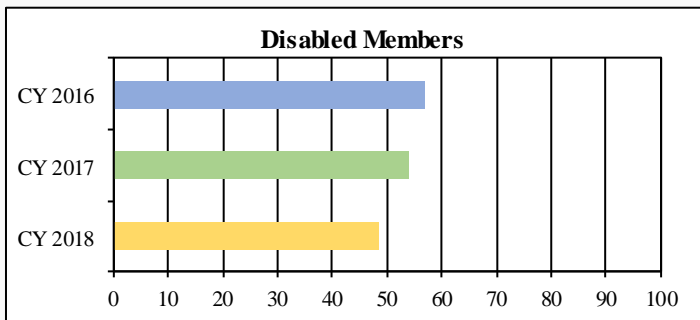
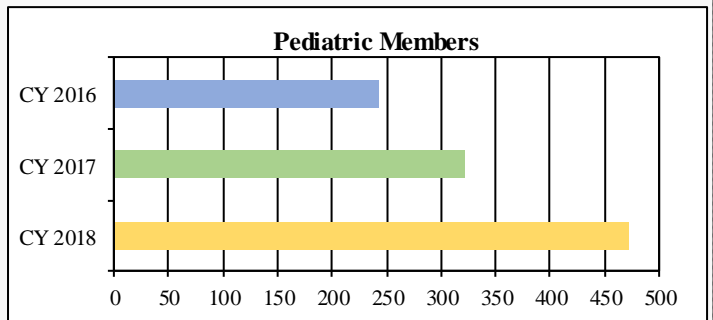
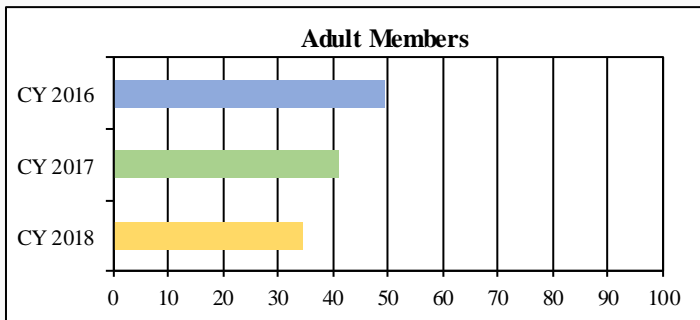
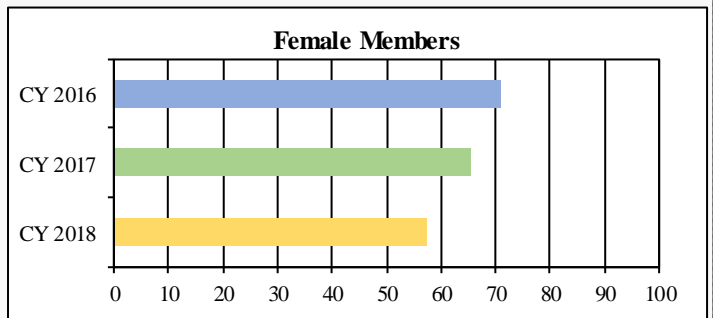
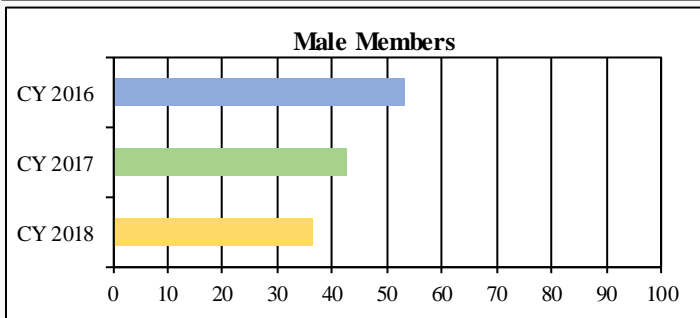
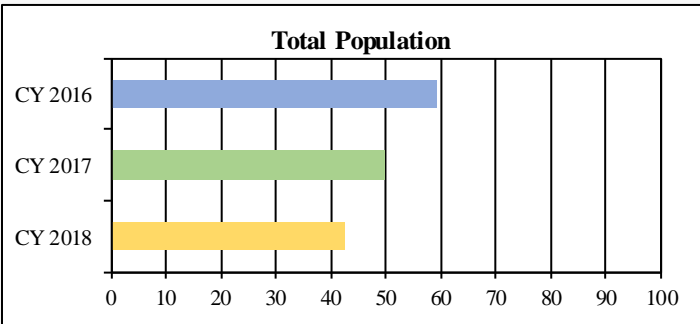


Exhibit V.8 Surgery Service Specific Dashboard – continued

SURGERY

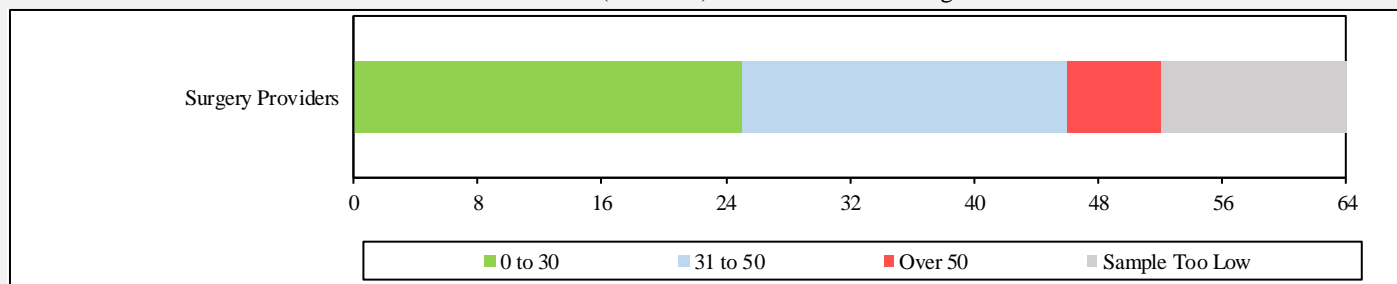
C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS

Statewide Average - FFS

28.5

CY 2018 Surgery Utilization

Colored Bars Plot Number of Parishes (out of 64) in Each Distance Range



Number of Parishes that Fell Into Each Distance Range

	0 to 30	31 to 50	Over 50	Sample Too Low
Surgery Providers	25	21	6	12

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	2,601	816	2,578	839
avg distance	26.9	33.5	26.6	34.2

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# trips analyzed	940	1,104	582	770	338	510	976	784	830
avg distance	15.4	43.5	34.4	25.7	21.9	32.2	20.5	26.2	33.5

30 miles or less
More than 31 to 50 miles
More than 50 miles

D. PROVIDER AVAILABILITY - CY 2018

Enrolled 1,224

Billed 1,403

	New Orleans	Capital Area	South Central	Acadiana	Southwest	Central	Northwest	Northeast	Northshore
# providers in region	384	160	64	133	57	66	187	69	104

Provider-to-1000 Medicaid members ratio

Adults	3.0	1.8	1.0	1.4	1.3	1.3	2.2	2.2	2.2
Pediatrics	3.4	1.6	1.0	1.3	1.2	1.3	2.1	2.1	2.1

Greater than AHRF
Equal to AHRF
Less than AHRF

Area Health Resource File (AHRF) General Availability

Provider-to-1000 population ratio

Total	1.51	0.68	0.45	0.53	0.41	0.51	1.03	0.38	0.51
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SECTION VI: OTHER MEASURES

Top 5 Physical and Behavioral Health Conditions by Prevalence

The Top 5 Physical and Behavioral Health Conditions were identified by prevalence for each sub-population across each study year as seen in Exhibits V.1 through V.3 found on the following pages. A unique count of members by primary ICD-10 CM code was performed to identify the top five clinical conditions for physical and behavioral health for each study year. Results are presented by study population and to the third digit of the primary diagnosis code.

Adult

Across all three years in the study, Z76, persons encountering health services in other circumstances was the top physical health clinical condition for adults. While the ranking may not have been consistent, the same four physical health conditions for adults were present in the top five over the study period.

The top behavioral health clinical condition for adults was F32, major depressive disorder, single episode, for all three years in the study. While the ranking may not have been consistent, the same five behavioral health clinical conditions for adults were present in the top five over the study period.

Pediatric

The top physical health condition for the pediatric population was Z76, persons encountering health services in other circumstances. While the ranking may not have been consistent, the same four physical health conditions for pediatrics were present in the top five over the study period.

Across all three years in the study, the top behavioral health clinical condition was F88, other disorders of psychological development. While the ranking may not have been consistent, the same five behavioral health clinical conditions for pediatrics were present in the top five across the study period.

Disabled

Across all three years in the study, Z76, persons encountering health services in other circumstances was the top physical health clinical condition for the disabled population. While the ranking may not have been consistent, the same four physical health conditions for the disabled population were present in the top five over the study period.

Across all three years in the study, the top behavioral health clinical condition for the disabled population was F88, other disorders of psychological development. While the ranking may not have been consistent, the same five behavioral health clinical conditions were present in the top five across the study period.

Non-Disabled

Across all three years in the study, Z76, persons encountering health services in other circumstances was the top physical health condition. While the ranking may not have been consistent, the same four physical health conditions were present in the top five over the study period.

Across all three years in the study, the top behavioral health clinical condition for the non-disabled population was F88, other disorders of psychological development. While the ranking may not have been consistent, the same five behavioral health clinical conditions were present in the top five across the study period.

Exhibit VI.1 Top 5 Physical and Behavioral Health Conditions – CY 2016

Unique Count of Members by ICD Category by Population Group

Adult Physical Health Conditions				Adult Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	17,742	1	F32	Major depressive disorder, single episode	382
2	I10	Essential (primary) hypertension	4,228	2	F20	Schizophrenia	366
3	E11	Type 2 diabetes mellitus	1,745	3	F41	Other anxiety disorders	351
4	Z79	Long term (current) drug therapy	1,625	4	F31	Bipolar disorder	290
5	N39	Other disorders of urinary system	1,529	5	F29	Unsp psychosis not due to a substance or known physiol cond	176

Pediatric Physical Health Conditions				Pediatric Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	132,378	1	F88	Other disorders of psychological development	5,861
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	31,090	2	F90	Attention-deficit hyperactivity disorders	1,417
3	F80	Specific developmental disorders of speech and language	13,842	3	F43	Reaction to severe stress, and adjustment disorders	290
4	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	2,018	4	F93	Emotional disorders with onset specific to childhood	276
5	F84	Pervasive developmental disorders	1,879	5	F91	Conduct disorders	243

Disabled Physical Health Conditions				Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	26,564	1	F88	Other disorders of psychological development	1,729
2	I10	Essential (primary) hypertension	4,066	2	F90	Attention-deficit hyperactivity disorders	461
3	F80	Specific developmental disorders of speech and language	3,974	3	F32	Major depressive disorder, single episode	382
4	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	2,672	4	F20	Schizophrenia	357
5	E11	Type 2 diabetes mellitus	1,670	5	F41	Other anxiety disorders	347

Non - Disabled Physical Health Conditions				Non - Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	123,556	1	F88	Other disorders of psychological development	4,134
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	29,390	2	F90	Attention-deficit hyperactivity disorders	1,050
3	F80	Specific developmental disorders of speech and language	9,964	3	F43	Reaction to severe stress, and adjustment disorders	194
4	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,631	4	F91	Conduct disorders	151
5	F84	Pervasive developmental disorders	1,240	5	F93	Emotional disorders with onset specific to childhood	148

Source for Descriptions:

<https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>

Exhibit VI.2 Top 5 Physical and Behavioral Health Conditions – CY 2017

Unique Count of Members by ICD Category by Population Group

Adult Physical Health Conditions				Adult Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	18,009	1	F32	Major depressive disorder, single episode	367
2	I10	Essential (primary) hypertension	4,143	2	F41	Other anxiety disorders	342
3	E11	Type 2 diabetes mellitus	1,705	3	F20	Schizophrenia	312
4	N39	Other disorders of urinary system	1,538	4	F31	Bipolar disorder	260
5	G40	Epilepsy and recurrent seizures	1,336	5	F29	Unsp psychosis not due to a substance or known physiol cond	159

Pediatric Physical Health Conditions				Pediatric Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	161,174	1	F88	Other disorders of psychological development	6,162
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	31,554	2	F90	Attention-deficit hyperactivity disorders	1,378
3	F80	Specific developmental disorders of speech and language	14,098	3	F43	Reaction to severe stress, and adjustment disorders	275
4	F84	Pervasive developmental disorders	2,084	4	F91	Conduct disorders	260
5	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,803	5	F93	Emotional disorders with onset specific to childhood	250

Disabled Physical Health Conditions				Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	28,201	1	F88	Other disorders of psychological development	1,698
2	I10	Essential (primary) hypertension	3,970	2	F90	Attention-deficit hyperactivity disorders	447
3	F80	Specific developmental disorders of speech and language	3,836	3	F32	Major depressive disorder, single episode	358
4	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	2,450	4	F41	Other anxiety disorders	356
5	E11	Type 2 diabetes mellitus	1,622	5	F20	Schizophrenia	302

Non - Disabled Physical Health Conditions				Non - Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	150,982	1	F88	Other disorders of psychological development	4,470
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	30,044	2	F90	Attention-deficit hyperactivity disorders	1,023
3	F80	Specific developmental disorders of speech and language	10,388	3	F41	Other anxiety disorders	189
4	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,525	4	#N/A	#N/A	#N/A
5	F84	Pervasive developmental disorders	1,414	5	F91	Conduct disorders	166

Source for Descriptions:

<https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>

Exhibit VI.3 Top 5 Physical and Behavioral Health Conditions – CY 2018

Unique Count of Members by ICD Category by Population Group

Adult Physical Health Conditions				Adult Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	18,237	1	F32	Major depressive disorder, single episode	310
2	I10	Essential (primary) hypertension	3,799	2	F41	Other anxiety disorders	295
3	E11	Type 2 diabetes mellitus	1,546	3	F20	Schizophrenia	285
4	N39	Other disorders of urinary system	1,347	4	F31	Bipolar disorder	225
5	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,332	5	F29	Unsp psychosis not due to a substance or known physiol cond	135

Pediatric Physical Health Conditions				Pediatric Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	164,586	1	F88	Other disorders of psychological development	6,757
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	28,827	2	F90	Attention-deficit hyperactivity disorders	1,139
3	F80	Specific developmental disorders of speech and language	12,536	3	F43	Reaction to severe stress, and adjustment disorders	251
4	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,761	4	F91	Conduct disorders	228
5	F81	Specific developmental disorders of scholastic skills	1,177	5	F93	Emotional disorders with onset specific to childhood	223

Disabled Physical Health Conditions				Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	29,256	1	F88	Other disorders of psychological development	1,704
2	I10	Essential (primary) hypertension	3,645	2	F90	Attention-deficit hyperactivity disorders	389
3	F80	Specific developmental disorders of speech and language	3,337	3	F41	Other anxiety disorders	312
4	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	2,077	4	F32	Major depressive disorder, single episode	292
5	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,620	5	F20	Schizophrenia	273

Non - Disabled Physical Health Conditions				Non - Disabled Behavioral Health Conditions			
Rank	Code	Description	Count	Rank	Code	Description	Count
1	Z76	Persons encountering health services in other circumstances	153,567	1	F88	Other disorders of psychological development	5,057
2	Z01	Encntr for oth sp exam w/o complaint, suspected or reprtd dx	27,625	2	F90	Attention-deficit hyperactivity disorders	853
3	F80	Specific developmental disorders of speech and language	9,331	3	F43	Reaction to severe stress, and adjustment disorders	173
4	Z00	Encntr for general exam w/o complaint, susp or reprtd dx	1,473	4	F91	Conduct disorders	151
5	F81	Specific developmental disorders of scholastic skills	809	5	F98	Oth behav/emotn disord w onset usly occur in chldhd and adol	142

Source for Descriptions:

<https://www.cms.gov/Medicare/Coding/ICD10/2019-ICD-10-CM.html>

Ability to get care

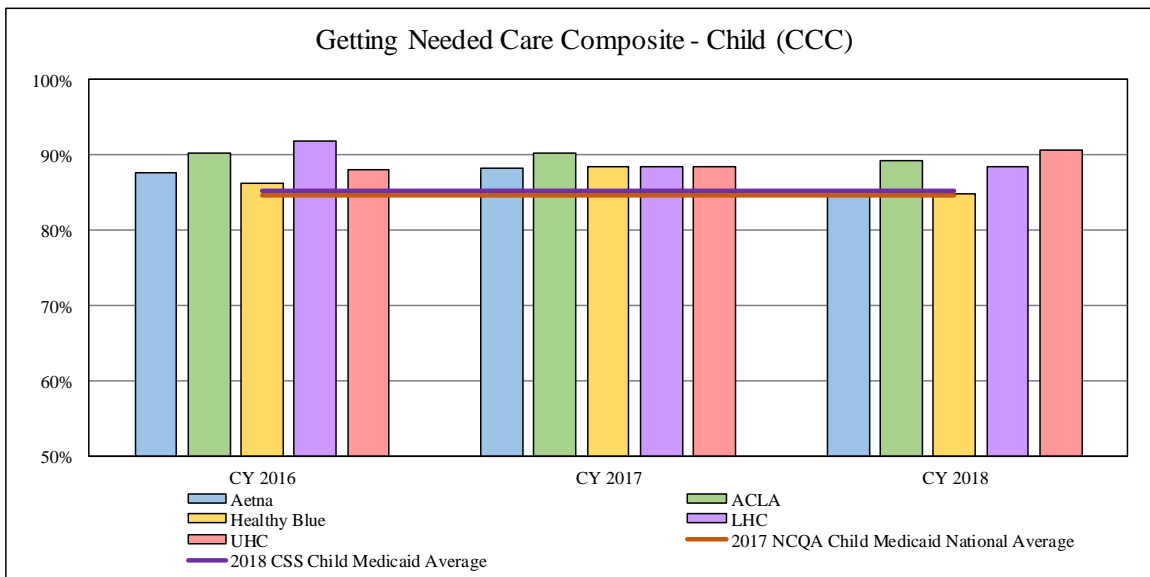
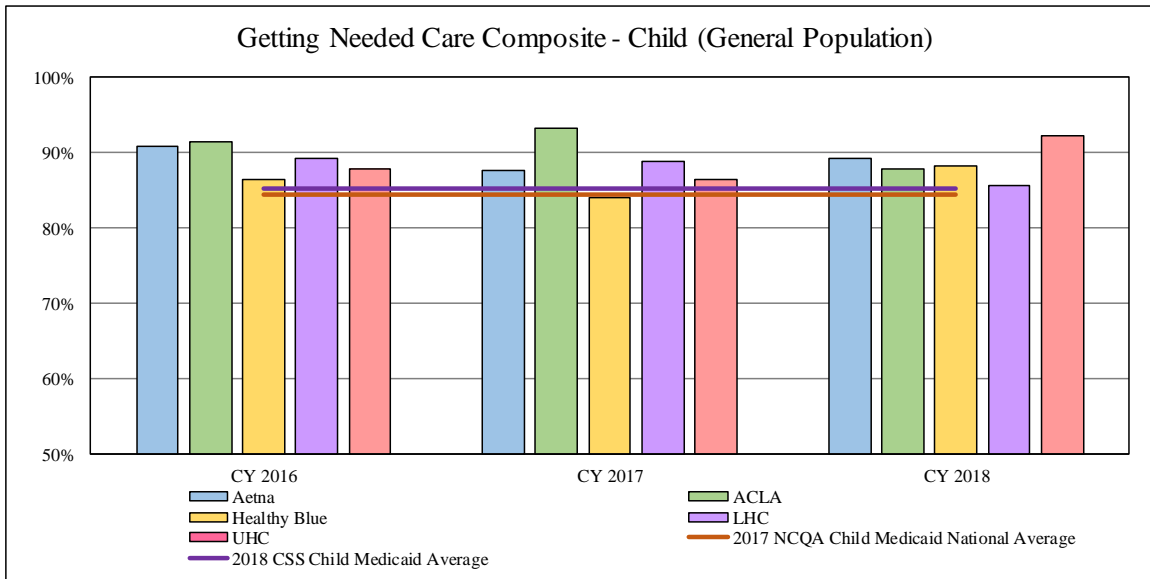
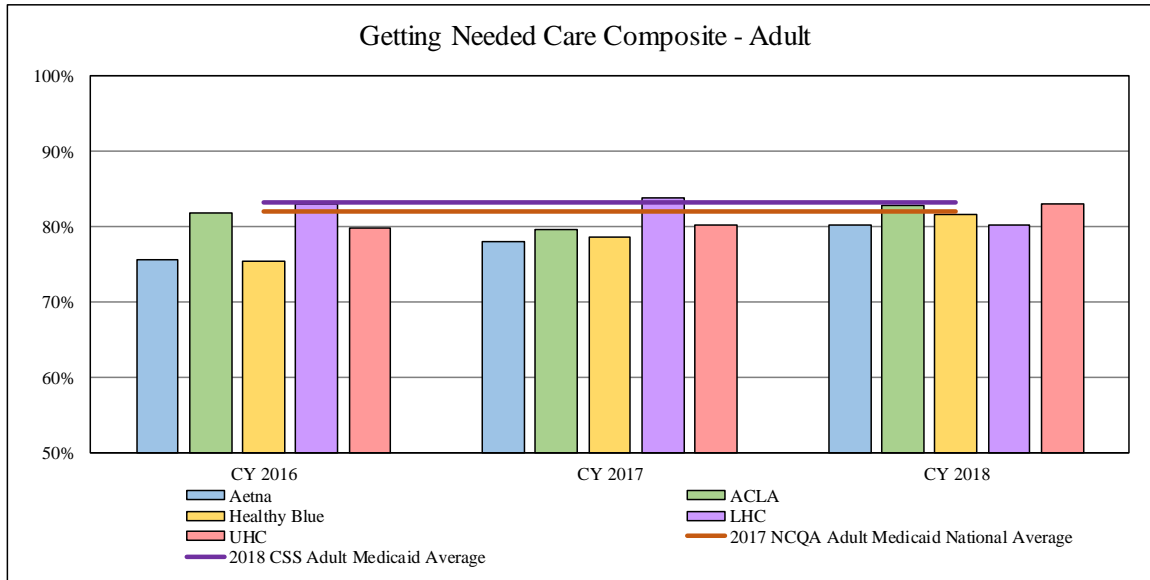
Louisiana uses surveys and national metrics to monitor the ability for enrolled beneficiaries to get care. The following is a description of each tool and results for the 2019 AMRP.

Consumer Assessment of Healthcare Providers and Systems

Louisiana collects and analyzes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys for those served by managed care at the MCO level. Comparable data is not available for the FFS population, but LDH believes the results are indicative of what the FFS population experiences. Since the data is retrospective, it may not demonstrate current access, but it is an indicator of whether or not beneficiaries are able to access medical services when they are needed. For this report, Louisiana is using CY 2016, CY 2017 and CY 2018 CAHPS survey data and specifically looked at access to primary care.

As shown in Exhibit VI.4, Getting Needed Care Composite and Component Metrics, as found on the next page, the majority of adults, and parents with children, reported they were satisfied with getting needed care across all three years in the study. For parents with children, the majority of Louisiana Medicaid beneficiary satisfaction scores were either at or above national average scores across all three years. For adults, the majority of Louisiana Medicaid beneficiary satisfaction scores were below the national average scores over the study period.

Exhibit VI.4 CAHPS Getting Needed Care – Composite and Component Metrics



Source: Louisiana Department of Health

Healthcare Effectiveness Data and Information Set measures

Results from the Healthcare Effectiveness Data and Information Set (HEDIS) measures of access were analyzed as part of the development of the 2019 AMRP. Given that the vast majority of Louisiana's Medicaid population is enrolled in managed care, LDH computes rates only for the managed care population. For purposes of the 2019 AMRP, HEDIS results are presented for CY 2017, CY 2018 and CY 2019 for the following metrics: Adult Access to Preventive/Ambulatory Services (AAP); Children's Access to Primary Care Provider (CAP); and Prenatal and Postpartum Care (PPC).

As shown in Exhibit VI.5, improvement has been shown for all measures except for access to primary care for adults, childrens access to primary care providers for ages 12 to 24 months, and the timeliness of prenatal care. Compared to National Medicaid HEDIS benchmarks, childrens access to primary care providers for all age groups exceeded the national benchmarks, while timeliness of prenatal care is below the national benchmark.

Exhibit VI.5 Trends in Healthcare Effectiveness Data and Information Set Measures of Access

Measure	CY 2017	CY 2018	CY 2019	CY 2018 National Medicaid Average ¹	Trend
Adults' Access to Preventive/Ambulatory Health Services	84.5%	79.4%	79.6%	Not Available	↓
Childrens Access to Primary Care Provider					
12 to 24 Mo.	96.2%	96.4%	95.7%	94.8%	↔
25 Mo. To 6 Years	87.6%	88.8%	88.4%	86.3%	↑
7 to 11 Years	89.3%	90.6%	91.3%	90.0%	↑
12 to 19 Years	88.5%	90.0%	90.6%	88.8%	↑
Prenatal and Postpartum Care					
Prenatal Care	80.8%	78.4%	79.4%	81.5%	↔
Postpartum Care	63.8%	64.0%	67.6%	Not Available	↑

Sources: Louisiana Department of Health

¹ <https://www.ncqa.org/hedis/measures/>

Seeing New Patients

Using the claims and encounter data set used to develop the service level dashboards, a unique count of providers seeing new patients was performed for each of the study years. To identify when a provider saw a new patient, CPT codes 99201 through 99205 and 99341 through 99345 were used as filtering criteria. Over the study period, there are thirteen provider types that had a top ten ranking in at least one of the study years as shown in Exhibit VI.6. Overall, this set of provider types comprised more than ninety-seven percent of the provider types that saw new patients. In each of the study years, the top four provider types remained constant, with Physician (Individual & Group) ranked at number one, and Nurse Practitioner (Individual & Group) ranked number two.

Exhibit VI.6 Provider Types Seeing New Patients, Top 10 Rankings by Calendar Year

Provider Type	CY 2016			CY 2017			CY 2018		
	Count	Rank	Cumulative Percent	Count	Rank	Cumulative Percent	Count	Rank	Cumulative Percent
Physician (Individual & Group)	5,603	1	71.3%	5,794	1	67.5%	5,869	1	66.3%
Nurse Practitioner (Individual & Group)	1,259	2	87.3%	1,546	2	85.5%	1,742	2	86.0%
Physician Assistant	242	3	90.4%	324	3	89.2%	360	3	90.0%
Optometrist (Individual & Group)	138	4	92.2%	146	4	90.9%	148	4	91.7%
Podiatrist (Individual & Group)	104	5	93.5%	106	7	92.2%	109	7	92.9%
Dr of Osteopath Med (Individual & Group)	99	6	94.8%	111	6	93.5%	119	6	94.3%
Hospital	91	7	95.9%	97	8	94.6%	90	8	95.3%
Federally Qualified Health Center (In-State)	73	8	96.8%	128	5	96.1%	120	5	96.6%
Dentist (Individual & Group)	27	9	97.2%	27			24		
Certified Nurse Midwife	24	10	97.5%	25			22		
Chiropractor (Individual & Group)	24	10	97.8%	29			37	10	97.1%
Provider Based Rural Health Clinic (In-State)	14			57	9	96.8%	36		
Independent Rural Health Clinic (In-State)	19			50	10	97.3%	38	9	97.5%

SECTION VII: MEDICAID PAYMENT RATE COMPARISON TO MEDICARE

Louisiana is a Medicaid expansion state, and has a separate CHIP program. In most cases, there are separate rates for the adult (age 16 and older for this analysis) and pediatric populations (age 0 to 15), with pediatric rates set at a higher payment level than for adults. Specific procedure code payment rate comparisons were performed using the Evaluation and Management CPT codes, and comparing the Louisiana Medicaid 2019 rates to Medicare 2019 rates for care provide to adult and pediatric populations. For trend purposes, a comparison is made of the Louisiana Medicaid 2016 rates to Medicare 2016 rates for the same procedure codes.

Medicaid rates for care provided to adult populations range from 56.3 % to 60.5% of Medicare rates for 2019, as found in Exhibit VII.1. In 2016, Medicaid rates were between 59.2% to 66.3% of Medicare rates for the same set of procedure codes. Overall, Louisiana experienced a decrease from 0.2% to 8.3% when comparing rates for adult populations for E&M codes.

Exhibit VII.1. Comparison of Medicaid Fee for Service Adult Rates to Medicare Rates

Code	Description	2019			2016			Percent Change
		Medicaid Rate ¹	Medicare Rate ²	Medicaid Percent of Medicare	Medicaid Rate ¹	Medicare Rate ²	Medicaid Percent of Medicare	
99201	New Patient Office or Other	\$24.61	\$43.75	56.3%	\$24.61	\$41.57	59.2%	-2.9%
99202	New Patient Office or Other	\$42.77	\$73.42	58.3%	\$42.77	\$71.37	59.9%	-1.7%
99203	New Patient Office or Other	\$62.18	\$104.86	59.3%	\$62.18	\$104.00	59.8%	-0.5%
99204	New Patient Office or Other	\$96.56	\$160.26	60.3%	\$96.56	\$159.70	60.5%	-0.2%
99205	New Patient Office or Other	\$122.19	\$201.99	60.5%	\$122.19	\$200.96	60.8%	-0.3%
99211	Established Patient Office or Other	\$12.36	\$21.30	58.0%	\$12.36	\$18.63	66.3%	-8.3%
99212	Established Patient Office or Other	\$24.83	\$43.00	57.7%	\$24.83	\$41.14	60.4%	-2.6%
99213	Established Patient Office or Other	\$41.53	\$71.55	58.0%	\$41.53	\$69.83	59.5%	-1.4%
99214	Established Patient Office or Other	\$62.65	\$105.05	59.6%	\$62.65	\$103.12	60.8%	-1.1%
99215	Established Patient Office or Other	\$84.93	\$141.34	60.1%	\$84.93	\$139.50	60.9%	-0.8%

Source:

¹https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

² Medicare Physician Fee Schedule Search - MAC Locality 0720299

<https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

For the same set of procedure codes, a comparison of the 2016 Louisiana Medicaid rates to Medicare 2016 rates was performed for the pediatric population. As found in Exhibit VII.2, Medicaid rates ranged from 67.5 % to 72.3% of Medicare rates for 2019. In contrast, the 2016, Medicaid rates ranged 71.0% to 79.5%, a decrease from 0.3% to 10.0%.

Exhibit VII.2. Comparison of Medicaid Fee for Service Pediatric Rates to Medicare Rates

Code	Description	2019			2016			Percent Change
		Medicaid Rate ¹	Medicare Rate ²	Medicaid Percent of Medicare	Medicaid Rate ¹	Medicare Rate ²	Medicaid Percent of Medicare	
99201	New Patient Office or Other	\$29.52	\$43.75	67.5%	\$29.52	\$41.57	71.0%	-3.5%
99202	New Patient Office or Other	\$51.33	\$73.42	69.9%	\$51.33	\$71.37	71.9%	-2.0%
99203	New Patient Office or Other	\$74.62	\$104.86	71.2%	\$74.62	\$104.00	71.8%	-0.6%
99204	New Patient Office or Other	\$115.88	\$160.26	72.3%	\$115.88	\$159.70	72.6%	-0.3%
99205	New Patient Office or Other	\$142.62	\$201.99	70.6%	\$142.62	\$200.96	71.0%	-0.4%
99211	Office, Established Patient, Minimal	\$14.82	\$21.30	69.6%	\$14.82	\$18.63	79.5%	-10.0%
99212	Established Patient Office or Other	\$29.79	\$43.00	69.3%	\$29.79	\$41.14	72.4%	-3.1%
99213	Established Patient Office or Other	\$49.84	\$71.55	69.7%	\$49.84	\$69.83	71.4%	-1.7%
99214	Established Patient Office or Other	\$75.18	\$105.05	71.6%	\$75.18	\$103.12	72.9%	-1.3%
99215	Established Patient Office or Other	\$101.92	\$141.34	72.1%	\$101.92	\$139.50	73.1%	-1.0%

Source:

¹https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

² Medicare Physician Fee Schedule Search - MAC Locality 0720299

<https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

The declines in Medicaid to Medicare rate ratios are primarily the result of Medicare physician rate increases measured against static Medicaid rates over the study period.

SECTION VIII: MECHANISMS FOR BENEFICIARY AND PROVIDER INPUT²⁸

LDH offers multiple opportunities for beneficiaries and providers to provide input on access to care including:

- Louisiana Medicaid Customer Service Hotline
- Provider Assistance Call Center
- Medical Care Advisory Committee Hearings
- Medicaid Notices and Public Comment Process
- Dedicated Stakeholder Meetings and Information Gathering

Customer Service Hotline²⁹

Louisiana operates a beneficiary call center, Louisiana Medicaid Customer Service Hotline, as a service to beneficiaries and as a way to engage beneficiaries and assist them with their needs. Each beneficiary's Medicaid card includes the toll-free number for the call center along with information about how to seek assistance if they have difficulty finding a provider or scheduling an appointment. The call center operates daily from Monday through Friday, 8:00 AM. to 4:30 PM. In addition, beneficiaries can use an online chat feature to received help with finding a doctor or to ask a question about the Medicaid program.

Provider Assistance Call Center³⁰

The department and DXC Technology maintain a dedicated provider website that includes links to provider resources, including a call center link to speak directly with the DXC Technology Field Analyst assigned to their area. The call center is staffed with a team of analysts weekdays from 8:00 AM to 5:00 PM, and provides access to information regarding beneficiary eligibility, claims and payment status, and provider information.

Medical Care Advisory Committee

The Medicaid Quality Committee of the Louisiana Department of Health (LDH) Bureau of Health Services Financing (BHSF) fulfills the role of the Medical Care Advisory Committee (MAC) required by 42 CFR 431.12. The Quality Committee provides focus and direction for Medicaid program quality activities that assure access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid and Children's Health Insurance Program (CHIP) recipients. The Quality Committee is interdisciplinary and include representatives of providers. It is expected to be a knowledgeable group, dedicated to the evaluation of healthcare programs and recommendations for the delivery of high quality, purposefully planned medical services. The meeting dates, agendas and minutes are posted on the [Medicaid Quality Committee website](#), and the general public can request to receive updates on the MAC by emailing QualityCommittee@la.gov.

²⁸ <http://www.ldh.la.gov/index.cfm/page/3616>

²⁹ <http://ldh.la.gov/index.cfm/subhome/1>

³⁰ <https://www.lamedicaid.com/provweb1/default.htm>

Medicaid Notice and Public Comment Process³¹

LDH provides public notice and opportunities to comment on the following:

- Medicaid State Plan Amendments
- Medicaid Administrative Rulemaking
- Medicaid Provider Manuals
- Contract Amendments
- Managed Care Policies & Procedures

Members of the public and interested stakeholders can access items posted for public comment online, as well as information about the process to provide input.

Dedicated Stakeholder Meetings and Information Gathering

The department also holds dedicated stakeholder meetings with organizations representing beneficiaries and providers when developing policy changes. These are generally topic-specific and are scheduled on an ad hoc basis. In addition, LDH will solicit input using a request for information. Upcoming examples include the following:

- Medicaid Quality Committee meetings are held quarterly. The next two upcoming meetings of the calendar year are August 21, 2020 and November 20, 2020 from 1:00 PM-3:00 PM.

Public Process for the 2019 AMRP

Narrative in this section will be completed after the public comment period is over, including a summary of public comments received on the draft 2019 AMRP.

As of the drafting of the 2019 AMRP, the public process will begin with a notice and link to the draft 2019 AMRP on the department's website for 30 days at: [add link](#). In addition, the department will present the draft AMRP at the [\(add in date\), 2020 MCAC meeting](#). Notice of the MCAC meeting agenda, as well as the LDH presentation will be available at: [add link](#).

³¹ <http://www.ldh.la.gov/index.cfm/page/3616>

SECTION IX: CONCLUSIONS AND NEXT STEPS FOR ONGOING MONITORING

Key Findings

- Louisiana has very few Medicaid beneficiaries who consistently receive services through FFS.
 - In SFY 2018, approximately 91.7%³² of these beneficiaries are enrolled in managed care which is a 19.1 percentage point increase from the SFY 2016 managed care penetration rate of 72.6%³³ of total Medicaid enrollment.
 - The distribution of FFS member months for the study population, as a percentage of all Medicaid member months, declined from 3.8% in CY 2016 to 1.5% in CY 2018.
 - This is largely the result of additional populations and services moving to managed care during the study period.
- Composite Dashboard Findings
 - Louisiana Medicaid beneficiaries have better or equal access compared to the general public for all providers that were examined.
 - The greatest provider availability ratios are for Prenatal/Postpartum providers.
 - The lowest provider availability ratios are for Home Health and Cardiology. Home Health and Cardiology provider availability exceeds the AHRF benchmark, however, for availability in every region.
 - Louisiana Medicaid beneficiaries in general travel 30 miles or less (or, in the case of Cardiology and Surgery, 50 miles or less) to access service specific providers. There are exceptions within regions for Dental, Prenatal/Postpartum, BH SUD and BH SED/SMI where the average distance is above the threshold, primarily the result of low FFS sample sizes.
 - The Central and Capital Area regions have the most challenges with respect to average driving distance for Prenatal/Postpartum Care, BH SUD and BH SED/SMI.
- Average Distance Dashboard Findings
 - There are regional variations within service categories and between regions on how far a beneficiary must travel to see a provider. Every region has parishes that are above the established threshold for the service category.
 - The same variation can be seen among parishes within service categories and between parishes across all presented services on the dashboard.
 - Pointe Coupee, St. James, and East Carroll parishes have 5 out of 6 service categories with average driving distances above the established threshold. Dental is not counted due to no FFS volume.
 - Livingston parish has 4 or more services above the established driving distance threshold.
 - Parishes having 3 or more services above the established driving distance threshold include: East Feliciana, Rapides, Franklin and St. Helena.
 - Within service categories, Prenatal/Postpartum (20 parishes), BH SUD (17 parishes) and BH SED/SMI (19 parishes) have the most parishes that are above the established thresholds.

³² http://ldh.la.gov/assets/medicaid/AnnualReports/MedicaidAnnualReport2018_v4.pdf

³³ <http://www.ldh.la.gov/assets/medicaid/AnnualReports/2016AnnualReport.pdf>

- **Service Specific Findings**
 - *Count of Users.* Despite declining FFS enrollment, the percentage of users of Primary Care, Home Health, Cardiology and Surgery increased over the study period. The remaining service categories all experienced declines.
 - *Utilization per 1000, by different demographic cohorts.* In general, downward trends were observed with the exception of BH SUD and BH SED/SMI which exhibited an increase in utilization per 1000. At the population cohort level, there was variation in observed trends between service categories, largely a reflection of declining FFS enrollment and low claim counts.
 - *Average driving distance.* Overall, the average distance traveled to see a provider was below established thresholds. Variation was seen at the regional level due to declining FFS enrollment and low FFS claim volume, in particular for Dental, Prenatal and Postpartum Care and Home Health services.
 - *Provider availability.* Access to providers for Medicaid beneficiaries is greater than that for the general public using AHRF as a benchmark for all service categories.
- **Other Measures.** The majority of metrics in this category are calculated for managed care members, with the exception of providers seeing new patients. Results were largely at or above national benchmarks or displayed upward trends. The exceptions to this are: AAP rates declined during the study period; and the CAHPS Getting Needed Care Composite for adults was below national benchmarks.
- **Payment Comparison.** Overall, Medicaid payment rates in comparison to Medicare rates experienced slight declines from 2016 rates. This is not surprising given that Medicare provides annual rate adjustments to physician services.

Conclusion

Overall, Louisiana Medicaid has sufficient access to care in its FFS delivery system, even with the decline of FFS enrollment and a decline in the amount of time spent in FFS both contributing to the findings in this report. This made analysis and comparisons of findings over the study period challenging given the small sample sizes, most notable being Dental, Prenatal and Postpartum Care, BH SUD and BH SED/SMI services which are largely provided to Medicaid beneficiaries through managed care.

Recommended Next Steps

Louisiana continues to enroll a larger proportion of the total Medicaid population into managed care. As such, monitoring access on a declining FFS population is challenging and is not representative of access to care in total for Medicaid. With this in mind, the following are recommended next steps to improve measuring and monitoring access to care for Louisiana's Medicaid beneficiaries.

- Expand the analysis to include managed care encounter data when calculating utilization per 1000-member month rates. This would alleviate small sample size issues observed in preparation of this report.
- Add ongoing managed care metrics and monitoring efforts to create a complete picture of Louisiana's efforts to measure and monitor access to care.
- Consider calculating HEDIS, and other measures of access, for the entire Medicaid population (FFS and managed care) to allow for ongoing trend analysis.