# SECTION U: QUALITY MANAGEMENT

## U.1 Experience Reporting HEDIS Measures

***U.1 Declare whether or not the proposer submitted HEDIS measures in measurement year 2013. Indicate whether the measures were reported for a State Medicaid, CHIP, and/or Commercial product line. Five points will be awarded to proposers with this experience reporting HEDIS measures.***

Amerigroup Louisiana, Inc., (Amerigroup) submitted timely HEDIS® measures for the 2013 measurement year for the Louisiana Medicaid and CHIP product line. Amerigroup understands the size and complexity of the Louisiana Medicaid program and uses the accumulated data to support the continuous development and improvement in the management of the quality program. We collect and capture the data and take every opportunity to monitor, review and analyze the data, seeking "best practices" which ultimately lead to better member outcomes and HEDIS measure results improvements. Amerigroup Quality Management nurses conduct provider chart reviews and alert providers to the importance of HEDIS measures. Through on-going training and coaching, Amerigroup QM nurses and all other internal plan departments take opportunities to keep providers and members up to date and aware of the services required to achieve the desired member outcomes.

In 2012, Amerigroup prepared on Day 1 of the Bayou Health program go-live to track HEDIS rates and ensure appropriate collection of data elements to flag each product/program, region, and CMS race/ethnicity codes to fully understand HEDIS outcomes and impacts by these, as well as other, identified variables. As a new Louisiana plan in February 2012, Amerigroup successfully completed all of the required reporting, including the first medical record review and audit by the NCQA-certified auditors. **Amerigroup was the first Bayou Health MCO to receive New Health Plan three-year accreditation in September 2013.** With Amerigroup's NCQA accreditation, we focused on all HEDIS measures because we consider all measures important, not only the State-required performance measures.

Whether reviewing and analyzing HEDIS or any other measurement results, Amerigroup consistently aims for maximum performance and when enhancements are needed, we look for ways to initiate program changes that are beneficial for the member, provider, and the overall Louisiana Medicaid program.

## U.2 HEDIS Results

***U.2 Complete Appendix WW, HEDIS Scoring Tool by submitting the Proposer's results for the HEDIS measures specified below for measurement year 2013, for each of your State Medicaid contracts listed in response to E.1.***

- ***Adults' Access to Preventive/Ambulatory Health Services***
- ***Comprehensive Diabetes Care- HgbA1C component***
- ***Chlamydia Screening in Women***
- ***Well-Child Visits in the 3,4,5,6 years of life***
- ***Adolescent well-Care.***
- ***Ambulatory Care - ER utilization***
- ***Childhood Immunization status***
- ***Breast Cancer Screening***
- ***Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents***
- ***Follow-Up Care for Children Prescribed ADHD Medication***

***Include the Proposer's legal business name, as defined by L.R.S.12:23, AND the product line name or dba.***

***If the average of seven or more measures for state Medicaid contracts is above the 2013 NCQA HMO National 50th Percentile for Medicaid Product Lines, ten points will be awarded.***

***If the average of all measures for state Medicaid contracts is above the 2013 NCQA HMO National 25th Percentile for Medicaid Product Lines, five points will be awarded. No points will be awarded if all measures do not meet at least the 2013 NCQA HMO National 25th Percentile for Medicaid Product Lines.***

***DHH Reserves the right to independently verify all information provided in Appendix WW.***

Amerigroup submits our HEDIS report (NCQA Interactive Data Submission System (IDSS)) for the measurement year 2013; we also submit reports for each of our *affiliates'* state Medicaid contracts.

Figure U.2-1 Amerigroup State Medicaid HEDIS Scoring, Appendix WW, provides HEDIS results for as specified by the DHH for measurement year 2103 for Amerigroup and each of our affiliates' Medicaid contracts.

As seen in the attached scoring results, Amerigroup successfully met or exceeded the 2013 NCQA HMO National 50$^{th}$ percentile for the average of seven or more of the HEDIS measures requested in the RFP.

*Figure U.2-1 2013 Amerigroup and Affiliates' State Medicaid HEDIS Scoring*

| 2013 NCQA HMO — Medicaid Product Lines | Amerigroup GA | Amerigroup FL | Amerigroup MD | Amerigroup NJ | Amerigroup NY | Health-Keepers VA | Amerigroup TN | Amerigroup TX | 2013 NCQA HMO National 25th Percentile for Medicaid | 2013 NCQA HMO National 50th Percentile for Medicaid | Average Rates (8 plans) | Met NCQA 25th Percentile | Met NCQA 50th Percentile |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Adults' Access to Preventive/Ambulatory Health Services** | | | | | | | | | | | | | |
| Total | 82.58% | 74.31% | 81.22% | 78.34% | 85.66% | 86.86% | 83.24% | 83.99% | 79.93% | 84.35% | 82.03% | Y | N |
| **Comprehensive Diabetes Care — HgbA1C component** | | | | | | | | | | | | | |
| HbA1c Testing | 80.50% | 79.72% | 83.41% | 82.77% | 90.68% | 82.51% | 81.20% | 84.77% | 79.21% | 83.16% | 83.20% | Y | Y |
| **Chlamydia Screening in Women** | | | | | | | | | | | | | |
| Total | 52.81% | 65.22% | 66.04% | 60.06% | 74.65% | 54.34% | 58.09% | 48.58% | 50.97% | 57.30% | 59.97% | Y | Y |
| **Well-Child Visits in the 3,4,5,6 Years of Life** | | | | | | | | | | | | | |
| | 72.98% | 79.88% | 83.89% | 79.94% | 86.23% | 77.26% | 73.84% | 79.09% | 67.40% | 72.26% | 79.14% | Y | Y |
| **Adolescent Well-Care** | | | | | | | | | | | | | |
| | 52.55% | 58.45% | 67.93% | 62.50% | 69.70% | 45.12% | 54.29% | 62.77% | 41.72% | 48.18% | 59.16% | Y | Y |
| **Ambulatory Care — ER Utilization** | | | | | | | | | | | | | |
| | 58.54 | 66.27 | 56.22 | 57.41 | 36.72 | 71.37 | 75.25 | 56.15 | 53.98 | 65.65 | 59.74 | Y | Y |
| **Childhood Immunization Status** | | | | | | | | | | | | | |
| Combo 2 | 83.80% | 82.18% | 81.25% | 73.84% | 81.25% | 63.57% | 78.47% | 78.65% | 70.44% | 76.89% | 77.88% | Y | Y |
| **Breast Cancer Screening** | | | | | | | | | | | | | |
| | 75.70% | 59.66% | 58.14% | 51.96% | 74.39% | 54.13% | 49.07% | 52.21% | 46.51% | 51.32% | 59.41% | Y | Y |
| **Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents** | | | | | | | | | | | | | |
| BMI Percentile | 47.92% | 62.50% | 49.54% | 52.78% | 79.17% | 33.72% | 66.90% | 51.39% | 37.96% | 52.31% | 55.49% | Y | Y |
| Counseling for Nutrition | 54.63% | 75.93% | 59.03% | 65.28% | 72.92% | 53.02% | 62.04% | 66.67% | 47.45% | 59.11% | 63.69% | Y | Y |
| Counseling for Physical Activity | 47.22% | 63.66% | 51.39% | 52.78% | 65.51% | 45.81% | 53.01% | 52.78% | 34.55% | 46.23% | 54.02% | Y | Y |
| **Follow-Up Care for Children Prescribed ADHD Medication** | | | | | | | | | | | | | |
| Continuation and Maintenance (C&M) Phase | 59.22% | 68.71% | NB | 37.17% | 64.61% | 59.09% | 69.92% | 51.85% | 35.48% | 46.76% | 58.65% | Y | Y |

Over the years, Amerigroup has built a premier quality organization as part of our mission to significantly impact and improve our HEDIS and any other measurement results. We are supported by our parent company, which continuously commits to implement improvements to achieve top performance in every state in which our health plans operate. ***In the 2013-to-date reporting period, we have seen considerable improvement in our measurement results and outcomes, which we attribute to enhanced member and provider outreach and member and provider education***.

For calendar year 2013, more than 65,000 Louisiana Medicaid member contacts were initiated. These outreach efforts included personalized member calls, reminder mail-outs, welcome letters, quarterly newsletters, and member surveys. Also contributing to our improved measurement results were consistent and frequent provider outreach and education, such as personalized provider visits, clinic days specifically for Amerigroup members, provider profile discussions, and reports for tracking member compliance.

See Attachments U.2-1a through U.2-1p HEDIS Scoring Tool IDSS Reports for all of the Amerigroup State Medicaid contracts.

# U.3 Experience in Using Results of Performance Measures

***U.3 Document experience in other States or previous Louisiana Medicaid managed care experience Describe experience in using results of performance measures, member satisfaction surveys, and other data will be used to drive changes and to positively impact the healthcare status of Medicaid and or CHIP populations. Provide an example of changes implemented as a result of data collection to improve the health outcomes of your membership in Louisiana or another state Medicaid program. Examples of areas of interest include, but are not limited to the following:***

- ***Management of high risk pregnancy***
- ***Management of HIV***
- ***Sickle cell disease management***
- ***Reductions in low birth weight babies***
- ***Pediatric Obesity (children under the age of 19)***
- ***Reduction of inappropriate utilization of emergent services***
- ***Children with special health care needs***
- ***Asthma***
- ***Diabetes***
- ***Cardiovascular diseases***
- ***Reduction in racial and ethnic health care disparities to improve health status***
- ***Hospital readmissions and avoidable hospitalizations***
- ***Reduction in incidence of sexually transmitted infections***

***Amerigroup and our affiliates have significant experience improving the health care status for more than 4.3 million members in low-income populations across 19 states, including Louisiana***. In the following response, Amerigroup demonstrates changes, incentives, and initiatives that have been implemented as a result of our analysis and evaluation of historical data, as well as results of performance measures, member satisfaction surveys, and other health plan data collected. For each of the areas of interest, we include a review of the condition, data analysis, and examples of changes or interventions initiated as a result of our data collection to improve the health outcome of our members.

## Management of High-risk Pregnancy

More than 69 percent of Louisiana births are financed by the Louisiana Medicaid program. Louisiana has a high volume of Medicaid members of child-bearing age and many of these members fall within the high-risk category when they become pregnant. We support and manage these high-risk members through our case management program, taking every opportunity to educate and engage members in the importance of prenatal and postpartum care, nutrition, and overall health and well-being throughout their pregnancy.

### Data analysis

Through an analysis of our Maternal-Child Health report and risk assessments, Amerigroup identifies pregnant members at risk for complications or those with a potential for adverse outcomes. Data shows

more than 8 percent of our members who are pregnant are very high-risk and another 14 percent have the potential for developing complications that would then place them at high-risk. We monitor and assess high-risk pregnant women more closely knowing that these members may require more intensive case management or shorter term care coordination to address specific immediate needs and avoid complications. We foster close communication and coordination between the health plan, member, and provider.

## Interventions

### *17-Hydroxyprogesterone Caproate*

Amerigroup takes extra steps for members with significant risks of delivering a premature baby or having an adverse delivery outcome. Through our Prior Preterm Pregnancy program, we provide education and engage these at-risk members and their providers in a discussion of appropriate interventions, such as 17-Hydroxyprogesterone caproate.

The overall goal of the program is to reduce the risk of preterm delivery before 37 weeks of pregnancy. Components of the program include the following:

- Providers are sent a program introduction letter.
- Using information from the OB risk screening survey, a 17-Hydroxyprogesterone caproate Provider Report is generated twice a week to identify potential candidates.
- Once a candidate is identified, an OB case manager outreaches to the member to confirm findings on the OB high-risk screen and faxes an alert and the 17-Hydroxyprogesterone caproate order form, that includes ordering options, to the member's provider.
- The member enters OB Case Management.

### *Taking Care of Baby and Me® Program*

Amerigroup's Taking Care of Baby and Me program offers an individualized, one-on-one, comprehensive case management and care coordination program supporting pregnant women at the highest risk. Educational material and information on community resources and incentives to keep scheduled prenatal and postpartum visits, as well as well child visits after the baby is born provide extra encouragement and motivation for our members

REAL STORIES

**DELIVERING HEALTHY BABIES**

**Almost five months pregnant with twins, Marlee was identified through our urgent risk OB program based on her ED use. Our OB case manager reached out to her and shared information about our Taking Care of Baby and Me® program and other supports that promote a healthy delivery. Marlee also worked with the case manager to learn more about pre-term labor, when to call her OB or go to the ED, and what to expect with newborns. With Marlee's permission, the case manager scheduled an appointment with the local WIC agency and helped her select a pediatrician. They discussed the importance of prenatal visits and Marlee taking care of herself through nutrition, rest, and postpartum visits. Now the mother of two healthy boys, Marlee still receives support from her case manager.**

### *Mobile Health Technology Outreach*

Amerigroup is expanding the use of technology to enhance our member engagement and outreach platform to improve maternal and new baby health outcomes. Through the Amerigroup/Warm Health program, pregnant members will receive proactive, culturally appropriate outreach and education from Warm Health through a multi-faceted technology as a supplementary tool to extend the reach of our high-risk pregnancy program. The goal of the expanded outreach is to facilitate connections between the members and our case managers and improve member and baby outcomes. Warm Health will conduct a simple health risk assessment that was developed in collaboration with Amerigroup clinicians. The assessments will be delivered through an automated interactive voice recognition system***. Based on the member's response to questions from Warm Health, an "alert" will come to Amerigroup through technology that allows our case management staff to reach out in near real time and help members more quickly, easily, and effectively.***

The Warm Health tool further supports our maternal outreach and education program to promote healthy behaviors. We will leverage the tool to send educational messages and reminders to both pregnant women and new moms. The tool facilitates education of pregnant women and new moms by interactive voice response, text message, or smartphone applications. Members will receive twice-weekly messages during the prenatal phase and weekly postpartum and well child messaging. Via two-way texting or live chat, members can get their questions answered and receive timely and relevant information about their pregnancy or infant care.

### Member Incentives

Member incentives supporting our Maternal-Child Health outreach goals include the following:

- $25 incentive for completing the first prenatal care visit during the first trimester within 42 days of enrollment
- $50 incentive for completing the postpartum visit timely between 21-56 days after delivery

## Outcomes

Through continued efforts that included an increase in the appropriate use of 17-Hydroxyprogesterone caproate in both the provider office and the home setting; specific member and provider education; partnering with our current vendors Alere, Makena, and Pharmacy Innovations; and the addition of three full-time dedicated maternal child staff, Amerigroup experienced year over year improvement in our overall preterm birth rate.

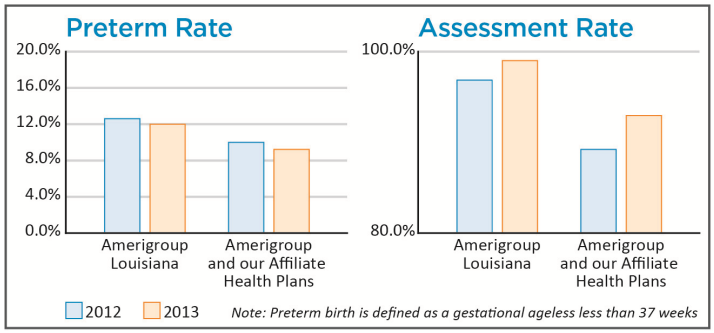
As shown in Figure U.3-1, Amerigroup and our affiliate health plans had a decrease in the overall preterm birth rate, 13.5 percent in 2012 to 12.6 percent in 2013. This positive downward trend has continued in 2014.

*Figure U.3-1. Preterm Birth Rates for 2012, 201, and YTD 2014 show Significant Decreases in Preterm Birth Rates Accompanied by Large Increases in Assessments*

| February to December 2012 Newborn Assessments | | | | | |
|---|---|---|---|---|---|
| | Preterm | Full Term | Assessments | Preterm Rate | Assessment Rate |
| **Amerigroup Louisiana** | **597** | **3,825** | **5,727** | **13.5%** | **77.2%** |
| Amerigroup and our Affiliate Health Plans | 4,932 | 35,102 | 66,273 | 12.3% | 60.4% |

| January to December 2013 Newborn Assessments | | | | | |
|---|---|---|---|---|---|
| | Preterm | Full Term | Assessments | Preterm Rate | Assessment Rate |
| **Amerigroup Louisiana** | **776** | **5,378** | **6,361** | **12.6%** | **96.7%** |
| Amerigroup and our Affiliate Health Plans | 8,659 | 77,732 | 97,115 | 10.0% | 89.0% |

| YTD 2014 Newborn Assessments | | | | | |
|---|---|---|---|---|---|
| | Preterm | Full Term | Assessments | Preterm Rate | Assessment Rate |
| **Amerigroup Louisiana** | **235** | **1,679** | **1,938** | **12.3%** | **98.8%** |
| Amerigroup and our Affiliate Health Plans | 2,817 | 27,226 | 32,318 | 9.4% | 93.0% |




In addition, with our increased focus on managing high-risk pregnant members, there was a decrease in infants born with a birth weight of less than 2500 grams (5 lbs., 8 oz.); in 2013 the rate was 11.4 percent, compared to the 12.1 percent rate in 2012.

To continue this positive trend and progression for 2014, Amerigroup's focus is on the following:

- Increased OB/provider education and focus groups around Maternal-Child Case Management services
- Increased member awareness and participation in the *Taking Care of Baby and Me* incentive program
- Collaborative strategy with vendors; increasing State/Bayou Health Plan awareness of 17 - Hydroxyprogesterone caproate , preterm labor management, and other services
- Continuing appropriate administration of 17-Hydroxyprogesterone caproate and management through our case managers, UM, and Health Promotion activities
- Promoting and expanding advanced text messaging or software applications to enhance connectivity and communication via technology (Warm Health)

# Management of HIV

As of December 31, 2010, a cumulative total of 30,876 HIV/AIDS cases have been reported in Louisiana, including 316 pediatric cases. The cumulative number of deaths among persons diagnosed with HIV/AIDS, reported to the Louisiana Office of Public Health through December 31, 2010, is 12,755, including 103 deaths among pediatric cases. Nationally, Louisiana is ranked fourth highest in AIDS case rates. In 2008, the Baton Rouge metropolitan area ranked second for AIDS case rates among the largest metropolitan areas in the United States and the New Orleans metropolitan area ranked 3rd.

***To provide quality care and support for our members with HIV/AIDS, our affiliate company developed and received NCQA-accreditation for an HIV/AIDS Disease Management (DM) program that we offer to our members***. Our HIV/AIDS DM program offers a holistic, member-centric care management model that provides interventions tailored to the unique health care needs of members, including the following:

- Understanding of the disease process; assessing and filling knowledge gaps
- Understanding of risks and complications associated with conditions
- Self-care and management of condition
- Engagement with appropriate provider(s)
- Referrals to community-based programs
- Care coordination as needed

## Data Analysis

Through monitoring of our Member Satisfaction Survey results, we identified an opportunity to improve member outreach and education. We also identified aspects of our performance that did not always meet member expectations and provide members with the best opportunity to improve their health status, so through our focused member-centric HIV/AIDS DM program, we implemented several interventions and changes to deliver increased member satisfaction and decreased non-emergent ED visits and inpatient admissions.

## Interventions

### *HIV/AIDS DM Program*

Members enrolled in the HIV/AIDS Disease Management program receive a variety of interventions depending on their individual level of risk and identified gaps in health care services. Lower-risk members receive non-interactive outreach intended to provide quick-touch education through automated telephone calls (featuring voice response technology) and educational mailings. Moderate-risk members who are actively engaged with a nurse receive telephonic coaching to include comprehensive health risk assessment (HRA), collaborative care planning, and follow-up. ***Members selected for the most intensive level of DM services are those identified as having missing services or frequent inpatient hospitalizations related to their chronic HIV/AIDS condition***. Members are proactively identified and enrolled through a comprehensive clinical intake process that identifies immediate needs and establishes collaborative care plans intended to address health care needs and remove barriers to care. Nurse case managers work to address care gaps and critical health care needs related to the individual member, making sure that issues and concerns are addressed in the care planning process. The comprehensive HRA supports this process by identifying needs across the continuum of care, including physical health, behavioral health, social and environmental factors, and lifestyle health risks.

### Member Incentives

Amerigroup offers members $10 incentives for completing appropriate HIV screening and testing.

### Provider Incentives

As part of our ***Provider Access Investment and Incentive Program,*** Amerigroup plans to seek out providers willing to create new access points for its treatment. As an incentive, Amerigroup will offer these providers a supplemental payment for a defined period of time to incentivize them to open a new clinic. This structured enhanced payment would help defray start-up costs and capital investments while the clinic builds sufficient patient volume to sustain its operations. In exchange for this enhanced payment, the provider must supply a minimum appointment capacity for Amerigroup Bayou Health members. *These clinics would also be available to serve all people in Louisiana who need treatment for sickle cell disease.*

### *Motivational Interviewing*

Motivational Interviewing and readiness for change techniques are used to guide all communications to engage HIV/AIDS members and empower movement toward change. These communication techniques are incorporated into all aspects of member communication, including telephonic outreach, health risk assessments, and care planning, and in routine follow-up communication to measure progress toward goals.

### *Member Education*

Nurse case managers provide a series of educational materials and support for members using the ED for non-emergent reasons. When identified, members receive education on appropriate use of the ED; options for care in an emergency; assistance in obtaining or changing their PCP, if needed; and 24/7 support for clinical guidance and decision-making in a potential emergency.

## Outcomes:

### Member Satisfaction

DM staff evaluates member satisfaction to assess impact on knowledge, education, and the ability to improve perceived health status. This assessment helps identify aspects of performance that do not meet member expectations and initiate actions to improve performance. Non-clinical DM staff administers the survey during the final follow-up call as members are completing active management. Scoring is based on a scale of 1 to 5, with 5 being the highest rating provided by a member.

Members are asked to rate their level of satisfaction with the following elements as a result of their engagement in the Disease Management Program. ***Among members enrolled in the HIV/AIDS Program for Amerigroup and our affiliates in 2013, 80.8 percent perceived an overall improvement in their health, 82.7 percent felt they were better able to manage their condition independently, and 89.3 percent felt more confident in their ability to communicate with their personal physician.***

Table U.3-1 details the results of the 2013 Member Satisfaction Survey for the HIV Disease Management Program by specific question.

*Table U.3-1: 2013 HIV Member Satisfaction*

| 2013 Member Satisfaction for HIV Disease Management Program | |
|---|---|
| Question | % Satisfied |
| How would you rate the overall improvement in your health? | 80.8% |
| How would you rate your ability to do the things you want to do? | 81.3% |
| How would you rate your ability to manage your condition by yourself? | 82.7% |
| How would you rate information given to you for ease of understanding? | 90.7% |
| How would you rate the program overall? | 97.3% |
| How would you rate your Disease Management (DM) nurse or care manager for responsiveness, courtesy and friendliness? | 100.0% |
| Information to help you talk about your health issues with your personal doctor? | 89.3% |

### *Decreased HIV ED Visits and Hospitalizations*

Amerigroup and our affiliates' members enrolled in the HIV/AIDS Disease Management Program during 2013 experienced an 18.7 percent decrease in ED visits compared to the prior year and also experienced fewer hospitalizations. Nurse case managers work aggressively to address holistic care gaps and needs related to the individual members with HIV, making sure that physical, behavioral, social, and environmental barriers are addressed in the care planning process. Creating collaborative relationships with the member, provider, and DM clinical team fosters proactive communication and makes sure that members diagnosed with HIV are connected to available resources to address their chronic health care needs.

## Sickle Cell Disease Management

Sickle cell disease (SCD) accounts for the largest number of readmissions among Medicaid patients in Louisiana. Because of the scarcity of preventive, specialized, and coordinated care for adult SCD patients, the majority of adult SCD patients in Louisiana receive care either by primary care physicians without formal or with no training in SCD, or by local emergency room personnel, who also are not specially trained in SCD treatment. This lack of preventive, specialized, and coordinated care results in a high percentage of costly and avoidable admissions and readmissions and ED visits and repeat visits.

**REAL STORIES**

**WORKING TOGETHER FOR RESOLUTION**

**Suffering significant pain from end-stage AIDS, Joseph immediately called his case manager when his pharmacy denied needed pain medication. With his permission, Joseph's case manager contacted the pharmacy and discovered the prescription had been incorrectly denied. She then contacted the PBM to resolve the issue, but not before Joseph had borrowed the money to pay for his medicine. His case manager contacted the PBM so they could reimburse him and correct the denial to prevent future authorization problems. His case manager let Joseph know his reimbursement was at the pharmacy and that his medicine would be available going forward. Joseph was very grateful for the rapid response from both the case manager and PBM.**

Amerigroup has identified each of these members and specifically concentrates efforts to work on solutions with their PCPs for the short term. We plan to partner with the other health plans to have a

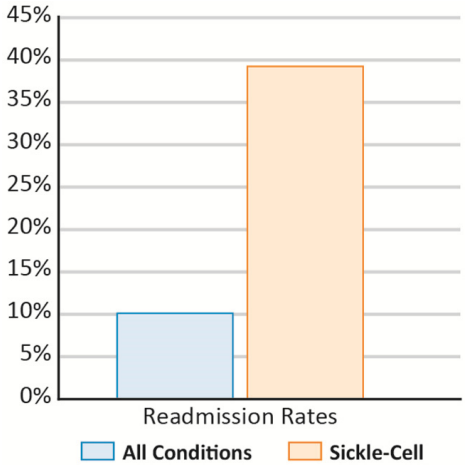
statewide approach to this issue, knowing that this continues as a critical concern across all payors and DHH.

## Data Analysis

Prior to Bayou Health in 2011, of 1,630 Medicaid SCD discharges from inpatient settings, 313 readmissions (19.2 percent) occurred, making SCD the top diagnosis category with readmissions for the year. In 2013, although SCD continues as one of the top readmission diagnoses, we have seen a decrease in the number of readmissions for SCD. From our annual QM evaluation, we see that SCD is eighth of the top 10 inpatient diagnoses. In addition, SCD is the fourth highest admission condition or 2.4 percent of the total 2013 admissions.

Figure U.3-2 shows the 2013 Louisiana readmission percentage for all conditions compared to the readmission percentage for Sickle Cell Disease alone.

*Figure U.3-2 Louisiana Market Readmissions 2013*




## Interventions

### CMMI SCD Proposal Support

Amerigroup supported the Center for Medicare and Medicaid Innovation (CMMI) Health Care Innovation Sickle Cell Disease Proposal submitted by the Louisiana Public Health Institute on behalf of DHH. Amerigroup worked with the Louisiana Medicaid Chief Medical Officer and the four other Louisiana Medicaid health plans, including submitting data, making weekly calls, and writing a letter of support for the proposal. Amerigroup supports the focus areas of this proposal and primary drivers associated with the ultimate goals of total cost of care and utilization reduction, and increased access to care, including preventive care, specialized SCD care by providers specifically trained in the care of SCD patients, care coordination among all providers caring for SCD patients, proactive and consistent pain management, medication adherence, and addressing patients' social service needs.

Understanding that the primary goal of this project is to implement a comprehensive specialized, coordinated, preventive service delivery and support model to address the large volume of gaps in care for SCD patients, Amerigroup looks forward to partnering with DHH through the implementation of this proposed project. By creating a coordinated system of care for SCD patients, coupled with a movement of care to outpatient settings, the project expects a reduction in avoidable and costly admissions and readmissions, ED visits and repeat visits, and total cost of care for SCD patients, while simultaneously increasing access to SCD-specific care.

### *Provider Education*

Along with coordinating with DHH on the proposed CMMI SCD project discussed above, Amerigroup promotes and engages providers and members in other SCD initiatives. Amerigroup provides PCP education specifically addressing treatment of adult members with sickle cell anemia. Provider education includes sickle cell anemia toolkits; webinars and on-site seminars in the Shreveport, Baton Rouge, and New Orleans regions; and promotion of hydroxyurea medication for those members meeting criteria for the medication.

### Member Training

Amerigroup also provides member training that includes educational materials co-branded with the Baton Rouge Sickle Cell Anemia Foundation. Our nurse case managers educated on sickle cell management provide members with an open line of communication, assisting members with scheduling appointments, medication management, and valuable resources, such as the Sickle Cell Disease Association of America.

### *Community Outreach*

Further demonstrating our support and commitment for SCD treatment and awareness, Amerigroup met with some critical community leaders and specialists and organized a variety of activities, including the following:

- Supporting the Patient Center Outcomes Research Institute (PCORI) grant submitted by Johns Hopkins University
- Visiting providers in Northern Louisiana with ED frequent flyer members or those with frequent hospital admissions; discussing opportunities to increase PCP visits and outpatient pain management
- Meeting with a local hematologist in the Baton Rouge area, to discuss a partnership with the clinic and Our Lady of the Lake Hospital
- Multiple discussions with hematologists at Louisiana State University Shreveport, discussing improving quality of care for members with sickle cell anemia in Northern Louisiana by increasing access to hematologists and/or telemedicine
- Working to recruit a physician for a pain management program, Project Echo, which provides a way to educate PCPs on pain management to assist with treating sickle cell anemia
- Looking to implement a program which involves high-touch outreach to members with sickle cell and their providers, typically engaging a small population of 25-30 members

### Amerigroup Maryland SCD Program Success

Amerigroup frequently researches and looks for best practices for our disease management program and one such plan is our Amerigroup sister plan Amerigroup Maryland.

Through our data analysis of our Maryland health plan, which serves more than 200 members including many members with SCD, we identified a disproportionate number of members presenting to the Emergency Department with a poor history of managing their disease. ***We partnered with the Johns Hopkins University Sickle Cell Center for Adults to facilitate both acute and chronic care needs for our members with SCD, proactively working with*** **members to maintain a positive health status and reduce reliance on the ED.** Members with SCD can use the local Sickle Cell Infusion Center to obtain hydration, oxygen, and pain management support, instead of going to the ED or being admitted to the hospital. The Center's multi-disciplinary medical team, including a full-time hematologist, with five-days-a-week availability, had an almost immediate impact in reducing avoidable ED visits and boosting quality of life for members. Amerigroup has a team of nurse case managers that help coordinate care for members with SCD. The nurse case managers conduct outreach to members and connect them with the Center, facilitate care coordination between the Center and the members' other health care providers, and

arrange for transportation. We plan to leverage this model with a partner for our Louisiana program and we have submitted a letter of support for the patient-centered outcome research initiative award that Johns Hopkins recently applied for to support replication of their model in Louisiana.

### Outcomes

Through these interventions and an increased focus specifically for our SCD members, we saw a decrease in member visits to the ED, a decrease in the number of members hospitalized due to SCD, and an overall positive impact on our members' quality of life.

In 2013, Amerigroup Louisiana had a significant decrease in the number of readmissions for members with SCD, demonstrating a positive impact for this population. These interventions and increased awareness provide members with SCD access to critical care and specialized support that offers alternatives to ED visits and inpatient admissions or readmissions.

## Reductions in Low Birth Weight Babies

Louisiana's low-birth weight rate is 11percent, which is above the national average of 8.0 percent. According to the National Center for Health Statistics, Louisiana ranks 49th in the nation for infant mortality and preterm birth rates. Covering approximately 5,586 deliveries each year for our Louisiana Medicaid members, we recognize the high cost of low birth weight babies—measured in both the impact on mothers and babies, and on dollars.

Our program builds an array of services around the pregnant woman and the newborn to provide the best opportunity to have a healthy baby and to be a successful mother. From identification through the birth of the child and the postpartum period, Amerigroup supports members in each major stage, helping members achieve a healthy outcome. We address each case individually, one mother at a time, using innovative and proven strategies to identify, assess, inform, engage, and support our members. Through the program, we identify members who are pregnant as early as possible, conduct a risk screening assessment to determine each individual's risk, and develop individualized care plans for our at-risk members that are commensurate with each individual's risk level.

### Data Analysis

Through an analysis of our Maternal-Child Health reports, we identified a significant number of Amerigroup Medicaid newborns delivered prematurely. However, we are beginning to see a decrease in the number of premature births for our Amerigroup members. In 2012, 13.5 percent of newborns were born prematurely compared to 12.6 percent in 2013.

Low birth weight babies present many complications and are extremely stressful for our Louisiana Medicaid members. Amerigroup continues to focus on this issue and has implemented several initiatives and new outreach activities to engage pregnant women as early as possible and reduce the number of deliveries with low birth weights.

### Interventions

#### *Strong Start Grant – CenteringPregnancy*

Through our work with the State, Louisiana DHH received CMS's Strong Start funds to implement CenteringPregnancy, which supports education and interaction to improve maternal health outcomes and reduce low birth weight babies. Amerigroup engages pregnant women through the CenteringPregnancy initiative, which allows for a more holistic approach in understanding pregnancy and helps ensure a better understanding of the signs of premature labor and the best path to delivering a healthy baby.

***CenteringPregnancy is a multi-faceted model of group care that integrates three major components of care: health assessment, education, and support.*** The model uses a group setting to maximize the

opportunity to educate women and to help them learn from each other and their shared experience. Small groups of 8 to 12 women with similar gestation ages meet with the provider, learning care skills and participating in facilitated discussions. The group learning facilitates not only broader learning opportunities, but also creates a support network for the woman with other group members. The women who participate in the CenteringPregnancy model are empowered to choose health-promoting behaviors affecting them and their future newborn. Each group meets for 10 sessions throughout pregnancy and early postpartum periods.

### 39-Week Initiative

Amerigroup participates with DHH in the 39-week initiative aimed at preventing preterm birth and improving the birth outcomes of Louisiana babies. The initiative includes avoiding medically unnecessary C-sections before 39 weeks. Babies born prior to 39 weeks gestation for reasons that are not medically necessary have a high risk of spending their first days in the NICU unnecessarily. This unnecessary NICU admission is detrimental to the baby and extremely unsettling for the family. The DHH goal is to not pay for deliveries prior to 39 weeks that are not medically necessary.

### Prior Preterm Pregnancy Program

This program provides education and engages high-risk pregnant members and their providers in a discussion of appropriate interventions such as 17-Hydroxyprogesterone Caproate.

### *Louisiana Health Assessment Referral and Treatment*

Amerigroup fully supports the LaHART initiative, which is a web-based tool for prenatal behavioral health screens. Providers can use the screen at any time during prenatal care to assess tobacco, alcohol, and substance use, as well as domestic violence. The referral component of the screen encompasses tobacco cessation services provided through the Tobacco Quit Line, alcohol and drug treatment services provided through Magellan, and domestic violence assistance through local organizations. Amerigroup supports the use of this tool and the vision of all babies being free of prenatal exposure to alcohol, tobacco, and other drugs, and all mothers in need referred to appropriate health care resources and treatment facilities.

### Healthy Start Consortium

Amerigroup's Health Promotion Team is a member of the Healthy Start Consortium, which promotes healthy communities by nurturing healthy pregnancies, healthy babies, and healthy families. We support community events and provide educational material on the importance of timely EPSDT services and immunizations. The material also focuses on parenting skills and discusses the importance of prenatal and postpartum care in the reduction of low birth weight babies.

### *Best Baby Zone Project*

Amerigroup participated in the Best Baby Zone Project health fair in Hollygrove, providing health information on prenatal and postpartum care and the importance of immunizations and EPSDT. Through this project, Amerigroup supports working together with community partners and Hollygrove residents, building on neighborhood strengths and linking together health, education, and economic development for collective impact.

## Outcomes

### CenteringPregnancy

The CenteringPregnancy program is progressing very well, with significant support across the state and from providers. We have enrolled more than 180 pregnant women in the CenteringPreganancy program since the beginning of 2014. In July 2014, there were 13 babies delivered to mothers participating in the CenteringPregnancy groups. Through an analysis of collected newborn birth weight data, we have seen positive results from this program. As we continue our statewide focus to reduce low birth weight babies and an increased number of women participate in these group programs we are confident that the outcome will remain positive and improve.

### *17-Hydoroxyprogesterone carpoate*

Through continued efforts that include an increase in the use of 17-Hydroxyprogesterone caproate in both the provider office and the home setting; targeted member and provider education; partnering with our current vendors Alere, Makena, and Pharmacy Innovations; and the addition of three full-time dedicated maternal child staff, Amerigroup experienced improvement in the overall reduction of low birth weight newborns.

REAL STORIES

### HEALTHY MOM — HEALTHY BABY

**Because Aimee's first child was born prematurely at 27 weeks, Aimee's case manager, once finding Aimee was pregnant again, immediately contacted her. Aimee told her case manager she had gone to her obstetrician (OB) and was taking 17-Hydroxyprogesterone caproate to help her carry to full term. But moving four hours away kept Aimee from attending her prenatal appointments or receiving her medication.**

**To continue her care, Aimee's case manager helped her find an OB in her area and scheduled an appointment on her behalf. With Aimee's permission, the case manager also contacted the OB to share information about Aimee's previous pregnancy and delivery and request re-initiation of the 17-Hydroxyprogesterone caproate.**

**Together, Aimee and her case manager also found a pediatrician for her older child and the baby. They also reviewed the signs and symptoms of preterm labor and developed a crisis plan for Aimee, should she need it. Aimee attended prenatal classes and had one-on-one informational sessions with her case manager about taking care of herself, postpartum care, breast feeding and breast care, inter-conception planning, and what to expect when taking care of a newborn and toddler. Aimee's case manager also contacted the local WIC office and arranged for an appointment and transportation to the office. Aimee received her final 17-Hydroxyprogesterone caproate injection at 34 weeks — *one week early* — because Aimee's pregnancy was going so well.**

## Pediatric Obesity (Children under the Age of 19)

***Obesity now affects 17 percent of all children and adolescents in the United States—triple the rate from just one generation ago***. Obesity is one of the top health issues facing our Louisiana population. The percentage of overweight or obese adults in Louisiana has become an emerging health concern, rising over the past years to more than 34 percent. The percentage of overweight and obese children aged 2-19 years is 27.1 percent, based on the Louisiana DHH and School-based Health Centers Adolescent School Health Program's 2010-2011 report.

Childhood obesity can have a harmful effect on the body in a variety of ways. Obese children are more likely to have high cholesterol and high blood pressure, which are risk factors for cardiovascular disease

(CVD). One study showed that 70 percent of obese children had at least one CVD risk factor, and 39 percent had two or more. Obese children are at an increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes. Breathing problems, such as sleep apnea, and asthma can also be attributed to obesity. Joint problems and musculoskeletal discomfort, as well as fatty liver disease, gallstones, and gastro-esophageal reflux (heartburn) are also potential complications seen with pediatric obesity.

Obese children and adolescents have a greater risk of social and psychological problems, such as discrimination and poor self-esteem, which can continue into adulthood. Obese children are more likely to become obese adults. Adult obesity is associated with a number of serious health conditions including heart disease, diabetes, and some cancers. If a person was overweight as a child, obesity in adulthood is typically more severe.

## Data Analysis

Through an analysis and evaluation of our HEDIS reports and claims data, we see an increasingly high percentage of Amerigroup Louisiana Medicaid members under the age of 19 that are obese, having a Body Mass Index (BMI) of 30 or higher.

In addition, Louisiana has significant racial and age disparities in obesity prevalence among children and adolescents. In 2011-2012, obesity prevalence was higher among Hispanics (22.4 percent) and non-Hispanic black youth (20.2 percent) than non-Hispanic white youth (14.1 percent).

In 2011-2012, 8.4 percent of 2-to-5-year-olds had obesity compared with 17.7 percent of 6-to-11-year-olds and 20.5 percent of 12-to-19-year-olds.

This data is very valuable as we continue to look for opportunities to positively impact our members with obesity, because we also see a high percentage of Hispanic and non-Hispanic black youth in our Amerigroup membership.

## Interventions

Through evaluation of data and recognition of our population, we identified an opportunity to engage members in certain locations in developing a more active lifestyle with a primary goal of reducing pediatric obesity. To demonstrate our commitment and support of this goal, we have implemented and continue to expand the following programs, incentives, and initiatives.

### Healthy Families

Amerigroup is addressing the trend of rising obesity rates for children with its Healthy Families program. It is a program for families with adolescent children between the ages of 7 and 13 who are interested in learning about making healthier food choices and improving their activity level for a healthier lifestyle. Designed specifically for Medicaid and CHIP recipients, Healthy Families emphasizes strategies to overcome the barriers and challenges faced in leading a healthy and active lifestyle. Through one-on-one coaching, user friendly materials, and key services, such as nutritional counseling and exercise, we have positively improved the health and well-being of members in pilots of the program.

***Healthy Families is a six-month program that includes a 10-week, family-centric program that meets twice weekly, including Saturday mornings for member convenience.*** Parental involvement is critical as children do not control all factors that influence their lifestyle, such as cooking and grocery shopping. Together, children and their parents attend classes on healthy lifestyle choices, such as nutrition, physical activity, behavior change, and parenting skills. The program also includes opportunities for the children to be active, play, and exercise. During this time, parents remain in the classroom, learning about behavior change and discussing parenting techniques for their children, such as monitoring sodium intake and

reading food labels. By the end of the course, they will have learned how to eat and cook healthier, and also how to use their parenting skills to promote a healthier lifestyle for their children.

Healthy Families connects mind and body, and parents and children to focus on healthy lifestyle choices through a 1) family-centric approach, 2) multiple levels of support via the family and community, 3) relevant and tangible educational materials for participants, and 4) web-based information for on-going maintenance through educational links and resources.

### *FitOrbit Family Module*

Amerigroup will offer eligible Bayou Health family's access to FitOrbit, a weight-loss and wellness platform delivering online personal training, nutrition plans, and personalized support. FitOrbit is a groundbreaking fitness and weight loss solution that leverages technology to provide the irreplaceable human touch of personal training with the efficiency and affordability of the Internet. FitOrbit's model provides private, convenient, and affordable virtual services and support for members, by offering access to a trainer who is available 24/7.

Members are matched with certified trainers based on their stated goals, preferences, and lifestyle. The trainers not only provide personalized exercise and meal plans, but they also track and continue to enhance these plans as they work in harmony with the member and his or her family. Members also have access to exercise videos, recipes, and a listing of FitOrbit friendly restaurants by ZIP code™. ***While most wellness programs in the market focus on individual wellness, FitOrbit also has plans which involve the entire family, creating a healthy family environment.***

Access to the FitOrbit Family Module will be managed via referrals from the PCP, ensuring the PCP's engagement and assessment of the family's readiness to change. It creates a direct linkage between the care coordination and PCP for the management of obesity. FitOrbit is a web-based tool that creates tailored interventions and strategies for families. Because the entire family is involved in the program, the likelihood of success is increased. Through its engaging tools, tracking platform, and library of resources, FitOrbit will facilitate increased personal responsibility and self-management with regard to obesity and will provide additional education and resources to promote healthy behaviors.

### Boys and Girls Club Memberships

Amerigroup will provide Boys and Girls Club memberships for children 6-to-18-years of age at participating clubs in Louisiana. The program will provide a comprehensive (mind, body and soul) age-appropriate after school program for children in grades Kindergarten through 12$^{th}$ grade. The program will provide opportunities for children to learn about healthy eating and increasing physical activity. For 2014, the Boys and Girls Club of Arcadiana was selected as the grant recipient in Louisiana.

### *Faith-based Sponsorships*

Amerigroup promotes and dedicates resources to keep children active, encouraging a healthier lifestyle.

*Table U.3-2. Faith Based Sponsorship listings*

| Faith Based Sponsorships |
|---|
| **Catholic Charities — Head Start — Amerigroup' s sponsorship and support impacted the program as follows:**<br>• Strengthened academic services for our children, provided needed resources for our parents, and boosted resources to enhance our students' health.<br>• Purchased additional books that encourage word recognition and reading, as well as materials for the Head Start curriculum, called Pebble Soup, to foster exploration and discovery, while enhancing cognitive, social and emotional development.<br>• Provided valuable resources to our Head Start parents at their monthly parent meetings, including information on employment, housing, health, and education. The monthly parent meetings encourage parent participation in school life and stress the vital role that parents play in their children's lives as their most important teachers.<br>• Purchased items that enhanced the fitness program at our Head Start sites, including footballs, basketballs, and jump ropes. |
| **Love Impact (City of Love Church) — Sponsored the school supply event and donated $5000 toward purchase of school supplies.** |
| **Mary Queen of Vietnam — Partner/sponsorship of numerous events and health fairs.** |
| **Victory Fellowship — Participated in annual 4th of July health fair providing education materials on EPSDT, prenatal and post-partum care.** |
| **Nazarene Baptist Church — Health education partnership and EPSDT parent presentation.** |
| **Gloryland Baptist Church — Participated in numerous events including the Mayor's Healthy Initiative's Health Fair.** |
| **Coordinated and worked with various church groups in the New Orleans area including Free Mission Missionary B.C., Nazarene Baptist Church, Franklin Avenue Baptist Church, City of Love Church and the New Orleans Baptist Association leadership, addressing the following:**<br>• Importance of healthy lifestyles, screenings, and immunizations through: presentations, participating in their church fairs, program suggestions and donations.<br>• Nourish Interactive an innovative tool that talks about healthy eating, menu prep, seasonal fruits and vegetables, games for children, parents, and lesson plans that groups can use now; (not just Amerigroup members) which increase our scope and mission to be inclusive in.<br>• Addressed concerns of childhood obesity and healthy lifestyle choices. |

## "Amerigroup Kid Boot Camp"

- Consisting of daily structured fitness activities for all age groups
- Includes a nutrition and healthy lifestyle segment providing tips for appropriate eating.
- "Splash Day" provides information on water safety. The entire community is invited to the event, members as well as non-members. This is a fun way for adults and kids to learn safety around water, offering low student–teacher ratios with caring, well-trained instructors and a safe, clean environment.
- Swimming lessons provided by trained instructors, giving individuals the basic swimming skills

This camp has been very successful. The scheduled programs accomplished many strategic long- and short-term goals. The immediate goals include more water safety-educated kids and families with all family members having a working knowledge of how to handle basic water-related events. This education

is beneficial in not only water-related activities, but also in all types of day-to-day activities. The short-term results will teach an individual not to panic in adverse water situations, allowing them to escape and/or avoid tragedy. An example of this is an individual falling into a pool of water and being able to make it to the edge or safety zone. All of the program's components support and provide education to children in the most effective way to stay active and avoid or reduce childhood obesity.

### YMCA at Federal City (YMCA of Greater New Orleans) Summer Camp

- Our summer YMCA camp program at Federal City spans 11 weeks of fun from 7 a.m. to 6 p.m. each day, offering children activities for learning, growing, and thriving in a safe, secure, and fun environment
- Summer camp offers "fun and learning," with educational weekly themes such as "Animal Planet," "Mad Scientist," "Super Heroes," and "Wild, Wild, West." Many of our campers come back week after week.
- During camp sessions, youth can take part in arts and crafts projects, club sports, field trips to the pool, zoo, laser tag, mini-golf, and skating lessons, and special activities that correspond to each weekly theme.

Figure U.3- 3 demonstrates Amerigroup Chief Medical Officer Dr. Wallace's commitment and education awareness for the children attending the YMCA Summer Camp.

*Figure U.3-3: YMCA Summer Camp - Children Health Wellness Education*

### *United Way of South East Louisiana Born Learning Trail*

The popular Born Learning Trail creates valuable community resources for early childhood learning, and offers opportunities for visibility and volunteer engagement. The program offers fun as well as physical learning activities designed for parents or caregivers to play with young children in any outdoor setting: trails, parks, and school yards.

### Gulf Coast Athletic Association (GCAC)

The objective of the GCAC's Health and Fitness Initiative is to promote healthy lifestyle choices, including diet, exercise, and positive behavior. The GCAC Health and Fitness Initiative will include the following:

- GCAC coaches and student-athletes will visit local schools and lead health and fitness awareness days (Amerigroup provides signage and promotes each event).
- Throughout the school year, students will be provided with free tickets to sporting events hosted by GCAC schools.
- During the GCAC Men and Women's Basketball Tournament, the GCAC Youth Health and Fitness Day will be held on the campus of Xavier University. Students will have the opportunity to visit mobile health units.

### *Greater New Orleans Immunization "Shots Bus"*

Amerigroup established a relationship with the Greater New Orleans Immunization Network that set up the "Shots Bus," delivering childhood immunizations and wellness information supporting balanced nutrition and a healthy diet. Amerigroup provided our *Healthy eating*, *When to use the ER*, *Member activity* and *Childhood Immunizations* AmeriTips flyers and other health topic information to our members during these outreach activities.

### Well-Ahead

Amerigroup supports the Louisiana DHH Well-Ahead campaign and is proud to announce that DHH has designated Amerigroup Louisiana and its three office locations as a Level II WellSpot. Well-Ahead Louisiana is a campaign started by the Louisiana DHH aimed at improving the health and wellness of Louisiana citizens. Small choices toward wellness, enabled by the conditions we face every day, allow us the opportunity for a sense of balance.

Well-Ahead Louisiana promotes and recognizes smart choices in the spaces and places we live and work every day that make it easier for us all to live healthier lives, from going tobacco-free to ensuring healthy lunch options or supporting fitness programs. Amerigroup, as a designated WellSpot, embraces this campaign by providing member and provider education and awareness of all of the approved DHH WellSpot locations. These programs provide healthy options on children's menus and support dietary restrictions and low calorie/fat menu options, all to reduce childhood obesity.

### *Eat Right Campaign*

This campaign shares healthy eating habits, proper nutrition, and opportunities for increased activity with Head Start programs, school leaders, school nurses, providers, parents, guardians, and the faith-based community.

Health and wellness are conveyed through community presentations and distribution of the Captain Amerigroup flyers on healthy eating and exercise that include information on regular checkups, immunizations, and understanding services provided by your doctor.

Figure U.3-4 provides a snapshot of our Captain Amerigroup flyers frequently distributed to members and their families.

*Figure U.3-4: Captain Amerigroup Helps Us Promote Healthy Outcomes in Children and Families*

AmeriTips flyers include "How to read nutrition labels" and "How to be more active."

This initiative provides healthy snacks and nutritional education at community events throughout the year, Back-to-School fairs, and clinic days, all promoting our Eat Right Campaign.

## Outcomes

Amerigroup's partnership with local communities and events as described above have been very successful and helped support opportunities for positive outcomes for our members.

Parents for five local Head Starts participated in the presentation by Amerigroup in collaboration with Daughters of Charity Health Clinic. Nourish interactive took center stage as Amerigroup's Chief Medical Officer introduced health information and educational tools from the website. Our Health Promotion Manager shared EPSDT and the importance of well-checks, immunizations, and healthy eating. Parents and Head Start providers in attendance were excited and willing to learn more about creating healthy eating habits for their children and students. Parents were also informed on healthy choices and reading food labels. A cooking demonstration followed the presentation.

***Through our sponsorship of the Summer Camp programs, we provided more than 200 children the opportunity to participate and learn effective ways to stay active, be safe, obtain and maintain proper nutrition, and understand the importance of regular checkups and immunizations.***

At some of the Back-to-School fairs and other community health fairs, Captain Amerigroup's arrival was exciting for the children, allowing another opportunity for them to connect and understand the importance of being active and staying healthy.

Throughout the year in our Healthy Families Program, we connected with more than 100 families and successfully provided them with a variety of ways to overcome the barriers and challenges facing them on a daily basis, allowing them to lead a more healthy and active lifestyle. Through one-on-one coaching, distribution of informative resources and key services, such as nutritional counseling and exercise, we

positively impacted the health and well-being of members and their families who participated in the Healthy Families program.

## Reduction of Inappropriate Utilization of Emergent Services

Amerigroup actively pursues various strategies to reduce reliance on ED services and guide members and providers to the right care, in the right place, at the right time. This multi-strategy approach connects members to clinical interventions and Emergency Department alternatives, when appropriate.

In 2011, the Institute of Medicine (IOM) released a report that concluded, "A national crisis in emergency care has been brewing, and is now beginning to come into full view. Visits to ERs have been increasing dramatically in recent years." The Henry J. Kaiser Family Foundation ranked Louisiana 45th out of the 50 states for high utilization of ED visits per 1000 population. Numerous studies have found that a number of these visits are for non-urgent medical care that could be treated in primary care settings. Directing non-urgent care to primary care settings can improve coordination of care and preserve the ED for those who truly need emergency care. To further support this, United Health Foundation's 2011 report on America's Health Rankings evaluates how states compare on multiple health-related measures. The state of Louisiana ranked very low on many of the health measures. It could be surmised that poor control of these measures contributes to high ED use. If members are routinely seeking care from their PCP/medical home, and their health conditions are well controlled, members will not use the ED for care that could be treated by their PCP.

REAL STORIES

### MANAGING PAIN

**William, a 65-year-old member with a complicated medical history, including chronic obstructive pulmonary disease, asthma, migraines, and osteoarthritis was frequenting the ED for migraines, pain issues, and airway constrictions. Our case manager discovered that he was not seeing his PCP regularly, and noted that his migraines seemed to occur after hours and on the weekends.**

**Together, William and his case manager identified choices that were impacting his well-being and behaviors that could reduce his symptoms. They talked about appropriate ED use, how to contact his providers after-hours, our 24/7 Nurse HelpLine, and contacting his case manager. William also joined our Chronic Care program for additional education. William now keeps his PCP visits and reaches out to case management staff to ask questions and for additional support.**

### Data Analysis

As described above, Louisiana ranks 45th out of the 50 states for members using the ED for non-emergent conditions and therefore remains in the bottom quartile for all states. The Louisiana ED rate per 1,000 Louisiana residents in 2008 was 535 (National average = 401) and in 2009 was 546 (National average = 404).

The Amerigroup members using the ED for non-emergent conditions continues to be a concern; however, based on our HEDIS results, we have seen a reduction from August 2013 of 42.13 percent compared to 39.82 percent in Aug of 2014.

Through our Quality Management Program evaluation, we found that members lack understanding of appropriate ED utilization and use the ED like a PCP. The research and statistics strongly support the need to implement projects that will collectively effect a positive change in member and provider behavior and ultimately decrease non-urgent ED use. The projects described below provide continuous

education, greater opportunity for establishing a medical home, and ensured continuity and coordination of care for our members, all of which support the appropriate use of the ED.

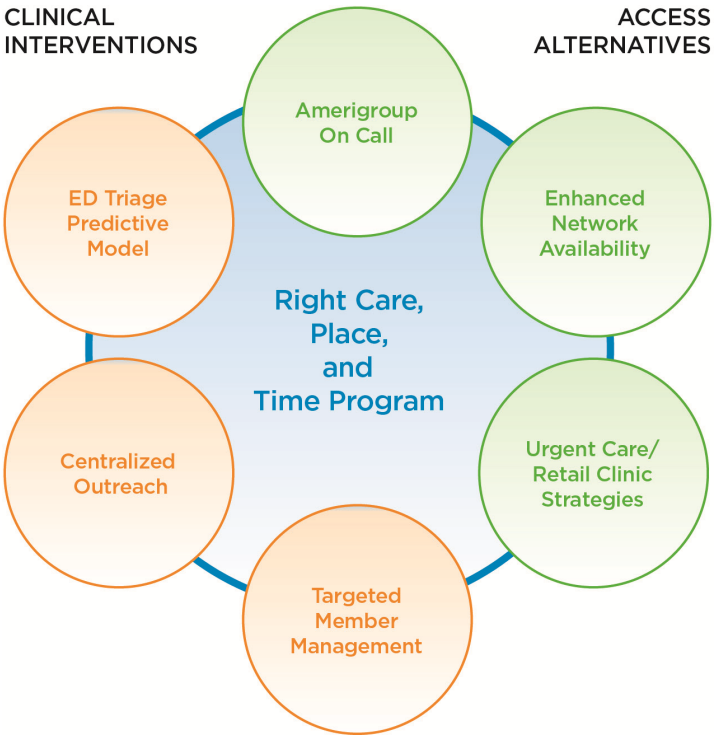
## Interventions

### Right Care, Place and Time Program

Amerigroup works with PCPs and members to coordinate and provide additional education to steer non-urgent conditions back to the members' identified PCP. This project provides an opportunity for the health plan to understand what drives non-urgent ED use and identify barriers within the health care delivery system that prevent members from using their medical home for their health care needs.

Figure U.3-5 illustrates the interventions and access alternatives which are the primary focus for this program.

*Figure U.3-5: Right Care, Place, and Time Program*




### Development of State-approved provider letter to alert facility ED leadership of ED frequent flyers

Amerigroup medical directors reach out to members' PCP and follow up with the facility. We specifically identified an issue with three members in northern Louisiana, so we engaged our Chief Medical Officer and case management leadership to outreach to key vendors and hematologist specialists and offered home-based infusion services and medication pumps to better manage and control pain issues for these three key ED frequent flyer members. We continue to monitor their progress to date and support their efforts to help minimize the number of visits to the ED.

### Provider Relations locates and contracts with urgent care facilities and PCPs with extended hours

Amerigroup Provider Relations implements an initiative to locate and contract with additional urgent care facilities, as well as PCPs with extended hours, for non-urgent care in parishes where there is high member use of ED services.

Upon identification of high member utilization of the ED in several of the southern Louisiana parishes, we initiated discussions with several urgent care facilities and primary care providers with extended hours, addressing the opportunity to join our network. As of January 2014, we've contracted with 16 additional urgent care facilities and 15 PCPs with extended hours. At this time, Amerigroup has a total of 619 PCP locations with extended hours, 37 urgent care facilities in our network, and 108 after hours walk-in clinic locations.

As we identify other parishes with members requiring additional access, Provider Relations employees continue this initiative and outreach to targeted PCPs and urgent care facilities, in an effort to increase the number of urgent care facilities and PCPs offering extended hours.

### *High ED utilization member letters*

Amerigroup updated member letters and educational materials, pursing members with high ED utilization, to include the following information: the establishment of a relationship with a PCP, the availability/use of the 24-hour *Nurse HelpLine*®, when to use the ED, alternative settings for the ED, and the availability of transportation services.

Throughout the 2013 calendar year, letters were sent to members targeted for the ED coordinated care program. As of January 2014, member letters continue to be sent to targeted members, with ED care coordination engagement rates averaging between 20 and 30 percent.

### Developed presentation to religious/school leaders

Presentations to leaders were initiated beginning with a Health Promotions event at Mt. Carmel Baptist Church of Baton Rouge. Health Promotions completed additional presentations at New Sunlight Baptist Church, Saint Mary Baptist Church, and Apostle Paul Ministries. As of January 2014, Health Promotions presentations to parent groups at Kingsley House Head Start and Hope Early Head Start are awaiting final review and approval.

### *Encourage adherence to goals of Patient-Centered Medical Home (PCMH)*

Through the use of member and provider letters in addition to case management outreach, Amerigroup outreaches to members with high ED utilization. Providing the connection to case management and/or disease management and coordinating care with the PCP provides the best opportunity to assist the member in choosing appropriate care. These programs and outreach address coordination of care with the PCP, as well as the completion of the evaluation of the member's outstanding needs (in areas such as behavioral health, substance abuse, access, and education on improving health outcomes) and steps to be taken to satisfy the identified needs. In 2014, 21 sites (16 group practices) are working with PCMH Patient-Centered Consultants to achieve PCMH recognition, with a focus on improved PCP access and appropriate ED utilization.

## Plan Do Study Act (PDSA) – ED Utilization

As discussed previously, Amerigroup monitors and analyzes data, results of performance measures, and member/provider satisfaction surveys, continuously looking for opportunities to impact and positively influence members in making the right choices for their delivery of care. Through our PDSA process, we identify many opportunities for improvement. We include the initiatives below from some of our more recent projects to demonstrate our commitment to continuous quality improvement. As we grow with these initiatives, we look forward to reporting positive results and developing enhancements where appropriate.

### *Nurse case manager contacts*

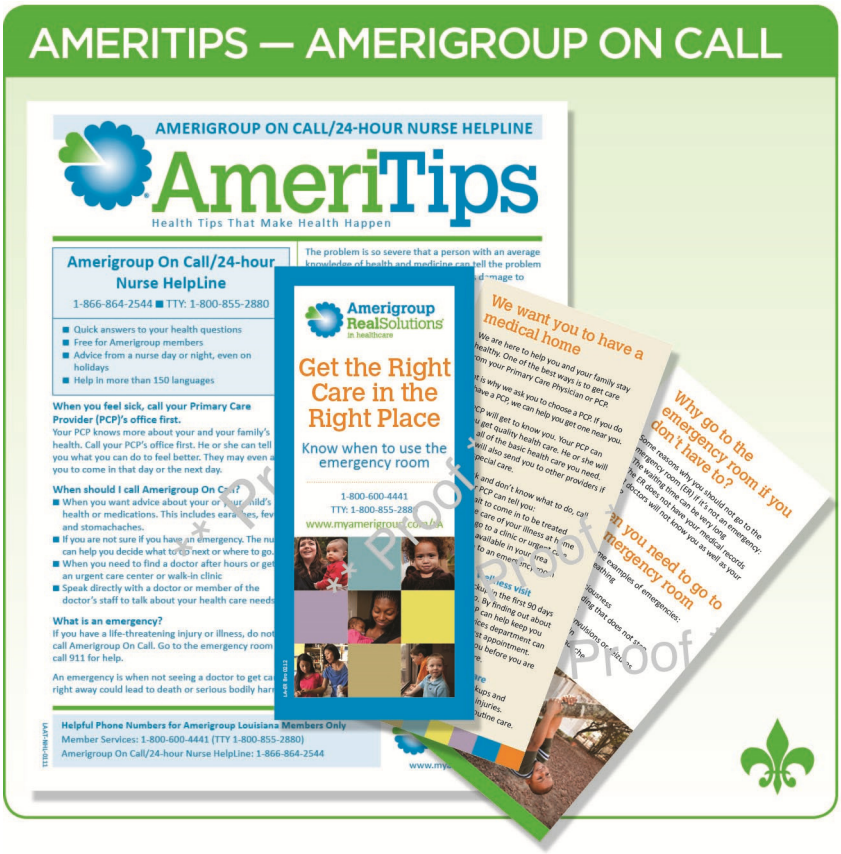
Amerigroup initiated a nurse case manager call campaign to contact, educate, and connect PCP and specialty care providers for frequent ED users. When we identify a member who frequents the ED, we offer enrollment into the case management program.

### Targeted member mailings

Amerigroup developed educational information based on common non-emergent diagnoses which frequently present at the ED. These materials include information about early signs and symptoms related to otitis media, headaches, upper respiratory infections, and abdominal pain.

Figure U.3-6 provides a snapshot of some of our member ED educational material and AmeriTips for our 24-hour *Nurse HelpLine*.

*Figure U.3-6: 24-hour Nurse HelpLine, AmeriTips, and Member ED Educational Material*




## Strategic partnerships offering after hours availability

Amerigroup is in the process of arranging strategic partnerships and developing next steps with urgent care centers, retail clinics, and PCP offices to offer after hours appointments to improve after hours utilization and access as the appointments are currently offered but not highly utilized. After arranging these partnerships, member materials will include the locations and additional hours of operation.

## Member medication adherence letters

Amerigroup developed medication adherence letters for monthly distribution to members who are prescribed asthma, heart failure, and diabetes medications as part of their ED visits. These letters provide detailed information on the importance of medication compliance and strict adherence to the prescribed regimen, including timely follow-up with their PCP.

## Outcomes

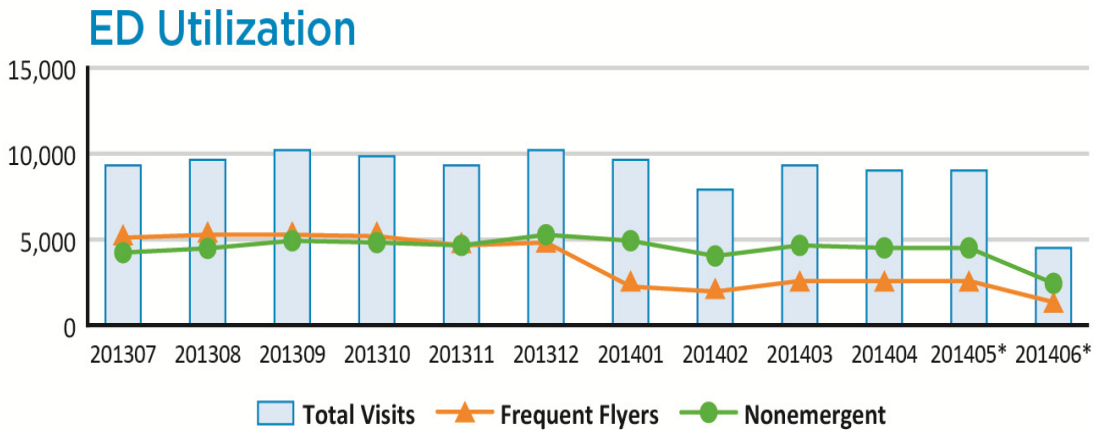
Table U.3-3 includes our specific HEDIS measurement results, further demonstrating our success with the projects described above. During each portion of the HEDIS year covered within measurement year 1, with the exception of December 2013, project goal of achieving Ambulatory Care ED Utilization (Total) rate at or below NCQA QC 2011 50th percentile of 63.27 achieved. In December 2013, the rate was above the NCQA QC 50th percentile by 8.57 points.

*Table U.3-3: Year 1- Year-To-Date ER Historical Rates (reporting month)*

| Month/Year | HEDIS Year | Numerator | Denominator | Rate | Diff From NCQA 50th % |
|---|---|---|---|---|---|
| July 2013 | HEDIS 2014 | 56884 | 1587011 | 35.84 | -27.43 |
| August 2013 | HEDIS 2014 | 66787 | 1585140 | 42.13 | -21.14 |
| September 2013 | HEDIS 2014 | 77741 | 1584652 | 49.06 | -14.21 |
| October 2013 | HEDIS 2014 | 87333 | 1585997 | 55.07 | -8.20 |
| November 2013 | HEDIS 2014 | 98939 | 1583915 | 62.46 | -0.81 |
| December 2013 | HEDIS 2014 | 113803 | 1584071 | 71.84 | 8.57 |
| January 2014 | HEDIS 2015 | * | * | * | * |
| February 2014 | HEDIS 2015 | 8125 | 1522313 | 5.34 | -57.93 |
| March 2014 | HEDIS 2015 | 15676 | 1526650 | 10.27 | -53.00 |
| April 2014 | HEDIS 2015 | 22982 | 1517174 | 15.15 | -48.12 |
| May 2014 | HEDIS 2015 | 34170 | 1517989 | 22.51 | -40.76 |
| June 2014 | HEDIS 2015 | 43361 | 1520955 | 28.51 | -34.76 |

Figure U.3-7 demonstrates ED utilization from July 2013 through June 2014, including non-emergent visits and visits completed by frequent flyers. The results demonstrate a continued decline in frequent flyer ED utilization, with an overall total utilization average of 42 percent.

*Figure U.3-7: Measurement Year 1 ED Utilization (measurement month)*




**5/2014 &6/2014 are incomplete*

# Children with Special Health Care Needs

Children classified as having special health care needs are those who have or are at increased risk for one or more chronic physical, developmental, behavioral, or emotional conditions and who also require complex health and related services of a type or amount beyond what most children require. Currently in Louisiana, there are more than 207,000 children and youth who have special health care needs. This is about 19 percent of all Louisiana children and youth.

## Data Analysis

Quality Management (QM) monitors our member Quality of Care standards and our member complaints and grievances to ensure that negative trends that could potentially affect our children with special health care needs are identified and appropriately addressed.

Our QM staff nurses visit providers and if a provider expresses a concern pertaining to a member's special needs, the QM nurse researches the member information and, if needed, refers the member to case management for additional detail and follow up. If a provider has a member who is not adapting or following recommended treatment (for example, an overweight diabetic not following a nutrition plan or a hypertensive member not taking prescribed medication), the QM nurse refers the member to case management or disease management as appropriate.

We also identify members who are coming due for an EPSDT service via our Provider Pre-service Report. We will notify PCPs 90days prior to a member coming due for an EPSDT service. While we encourage all of our members to select a PCP, we recognize that many members, especially children with special health care needs may require a specialist for their primary care so this report provides valuable information allowing us to coordinate and notify the appropriate providers that are taking care of our children with special health care needs.

## Interventions

### *Nurse Case Management*

Our pediatric nurse case managers have clinical expertise in caring for children with special health care needs. They engage our network of pediatric providers to meet each child's individual needs for acute, preventive, primary, behavioral, and specialty health care, as well as coordinate social support and other non-clinical needs. We begin with a clinical and functional assessment to determine the service needs and use the results to develop an individualized care plan with the member, the member's parents/ representatives, and the treatment team.

## Member Incentive

To provide a better opportunity for improved outcomes for children with special health care needs and wellness, we will incentivize adherence to EPSDT appointments for children. Children who attend recommended routine EPSDT visits will receive the following:

- $15 for annual well child visit and immunizations for children ages 0-3 years old
- $15 for annual well child visit and immunizations for children ages 4-9 years old
- $20 for annual well child visit and immunizations for children ages 10-20 years old

Those attending prior to their sixth birthday will be rewarded with a booster seat, upon request, on the member's sixth birthday. Through these EPSDT visits, providers can also take the opportunity to identify any new or additional needs for members with special health care needs, further helping to avoid or prevent complications or other acute episodes frequently experienced by children with special needs.

### SUPPORTING A NEW MOM AND HER HIGH-NEEDS INFANT

REAL STORIES

**Anna and her husband's first child was delivered by emergency C-section—the cord was fully wrapped around the baby's neck, which resulted in a severe lack of oxygen to the brain. Anna and her husband were heartbroken, given their baby's prognosis for survival, and apprehensive about meeting their baby's needs at home.**

**Amerigroup's nurse case manager reached out to the family while their baby was still in the NICU and worked with them to find and schedule appointments with a pediatrician and specialist. The case manager also provided the new parents with information on caring for their baby, the nutritional qualities of breast milk and G-tube feeding and suctioning, what to expect from home health care providers, and how to ask for help for their newborn and themselves. Anna is now proficient at pumping breast milk and using a G-tube to feed her baby and suctioning multiple times daily. The case manager also connected Anna and her husband to our postpartum program for families with children in the NICU to receive support dealing with depression and post-traumatic stressors associated with caring for and raising a baby with life-threatening conditions.**

## Outcomes

Through case management and chronic care disease management, we continue to work with children with special health care needs and identify opportunities to positively affect their well-being and overall health status. Over the last two years, we have seen an increase in the number of members receiving their age-appropriate EDSDT visits, which supports our goals to help children with special needs, as well as all children, receive the required preventive care and treatment to allow them to remain active and participating in their schools and communities.

# Asthma

Asthma is a common chronic inflammatory disease of the airways affecting a large number of individuals across the nation. Eight percent of adults currently have asthma and 9.3 percent of our nations' children confront asthma on a daily basis. ***There are 1.8 million visits to the Emergency Department with a diagnosis of asthma and 439,000 hospital discharges with a primary diagnosis of asthma***. Asthma is characterized by recurrent episodes of wheezing, shortness of breath, chest tightness, and coughing. Symptoms are caused by airway swelling, blocked airways, and increased responsiveness of the airways to "triggers." Asthma triggers vary among individuals:

- Allergens, such as pollen, pets, dust mites, molds
- Irritants, such as cold air, strong odors, weather changes or tobacco smoke
- Upper respiratory infections, such as a cold or flu
- Physical exercise, especially in extreme weather conditions

## Data Analysis

Due to environmental conditions, asthmatics in Louisiana have a higher risk of death from asthma than other asthmatic individuals across the nation. Louisiana falls within the top 25 percent of states for asthma-related deaths. ***An estimated 200,000 adults in Louisiana currently suffer from asthma. One in ten Louisiana households with children has at least one child with asthma.*** Females have higher rates of asthma than males in Louisiana. African Americans in Louisiana are more likely to report having asthma than Caucasians. Asthma severity places a burden on the health care system and also results in a loss of productivity due to the inability of individuals to work during episodes of acute exacerbations.

Amerigroup recognizes the significant issues members face when diagnosed with asthma and the importance of early identification and treatment of signs and symptoms to avoid an emergency. To support members and provide the best opportunity for members with asthma to stay healthy, Amerigroup provides chronic care/disease management through an NCQA-certified DM program. Because of the continued growth across the nation, as well as in Louisiana, we also implemented several initiatives specifically directed and to positively impact our members with asthma.

## Interventions

### *Case and Chronic Care/Disease Management Program*

Amerigroup provides resources through our case and chronic care/disease management programs for members expected to be at the highest risk for poor health outcomes. Some members with asthma require additional attention and coordination of their services through our case management program. Members identified as requiring this level of support receive direct telephonic or face-to-face contact from our nurse case managers. We collaborate with the member, physician, and others involved in managing the member's health. Using a multi-disciplinary approach, our nurse case managers consult with our Chief Medical Officer, Behavioral Health Department, Registered Nurse, Social Worker, Pharmacist, and/or other members of our clinical team, as needed. Through case management, we assist members in navigating the health care system, provide referrals to community resources, and help members with transitions of care.

### Clinic Day

Through the Daughters of Charity, we set up clinic days where health topics are seasonally rotated and we conduct asthma and reactive airways seminars with asthma patients, as well as other patients having difficulty with respiratory conditions.

### *Teen Summits*

In these sessions, we meet with our teenage members to discuss a variety of issues, including asthma. We provide members self-management education, teaching, and reinforce self-monitoring to assess the level of asthma control and signs of worsening asthma.

### Asthma Action Plans

Using written Asthma Action Plans, we review differences between long-term control and quick-relief medication with our members. We recommend measures to control member exposures to allergens and pollutants or irritants that cause them to have significant issues with their asthma.

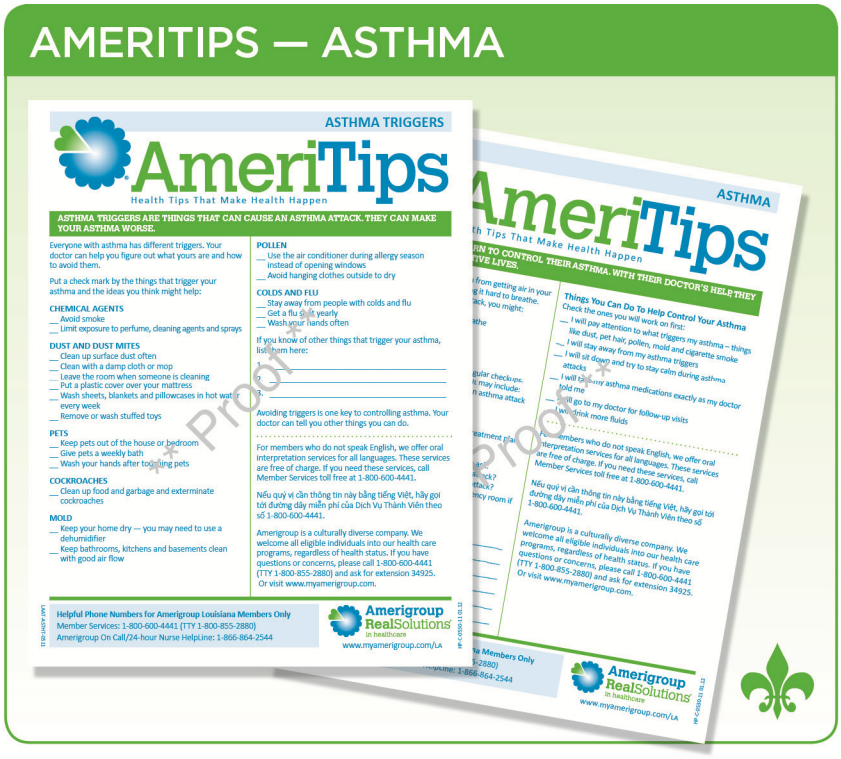
### *AmeriTips Flyers*

We discuss early asthma identification at all clinics and provide information on asthma symptoms and triggers, including distribution of Asthma Triggers AmeriTips flyers.

All clinics receive our general Asthma AmeriTips flyer for member distribution. The flyer provides quick facts on the disease signs and symptoms, ways to help control your asthma, and what to tell your doctor.

Figure U.3-8 provides a snapshot of our Asthma Triggers and Asthma AmeriTips flyers distributed to members and providers supporting better and more effective asthma management.

*Figure U.3-8 Asthma AmeriTips*



## Outcomes

Through our focused chronic care/disease management support for members with asthma, we have seen an increase in the percentage of members successfully using the appropriate medications in treating their condition. In 2013, Amerigroup had 67.99 percent compared to 74.68 percent in 2014 appropriately using their asthma medication. Through our case management program, we also continue to see members' progress and their increased ability to self-manage and identify early signs of onset that could potentially trigger an asthma attack.

Our extensive member and provider outreach, case management, and delivery system processes have proven successful by the following:

- Reducing inappropriate use of services such as avoidable emergency department visits
- Improving care coordination, especially for individuals with chronic and complex conditions such as asthma
- Promoting wellness and healthy lifestyles
- Driving cost-conscious care

By continually directing our resources and guiding our members toward achieving clearly delineated quality goals, we ultimately improve the quality of life for the members we serve while delivering value to the State Medicaid program.

### REAL STORIES

#### FINDING THE RIGHT PROVIDER FOR SPECIALIZED NEEDS

**With a history of fluid build-up on his brain and shunt placement to ease the swelling, little Oscar had developed severe seizures and was frequenting the ED. After his recent asthma diagnosis, his parents were very concerned about recent "passing out" episodes and longer, more frequent seizures. They were also unhappy with the care Oscar was receiving from his pediatric neurologist.**

**Our case manager helped the family select a new pediatric neurologist, who ruled out other conditions that might have caused Oscar to pass out. He then assessed Oscar's medications and found that one of the seizure medication levels was low because it was difficult to administer. The neurologist prescribed a liquid that was much easier for Oscar to take. Now Oscar's seizures are shorter, less frequent, and he has not had passed out. Oscar's parents are satisfied with his care and his case manager continues to monitor his ED use, medication adherence, and appointment attendance.**

## Diabetes

Diabetes is a chronic illness that requires continuing medical care and on-going patient self-management education and support to prevent acute complications and to reduce the risk of long-term complications. Diabetes care is complex and requires that many issues beyond glycemic control receive attention. Members with diabetes can experience a wide-range of symptoms, such as fatigue, weakness, and excessive thirst, and can have life-threatening complications. Diabetics are also at risk for other chronic conditions, such as kidney disease, heart disease, blindness, and a decrease in blood circulation which could lead to the amputation of limbs. Due to the potential for complications and the likelihood of frequent treatment, the average medical expenses are more than twice as high for a person with diabetes as they are for a person without diabetes.

## Data Analysis

Diabetes is becoming more common in the United States. From 1980 through 2011, the number of Americans diagnosed with diabetes has more than tripled (from 5.6 million to 20.9 million). Emergency Department visit rates for diabetes among adults aged 18 years or older increased from 41.0 per 1,000 adults in 2006 to 47.4 per 1,000 adults in 2009. A 2010 CDC study projected that as many as one of three U.S. adults could have diabetes by 2050 if the current trends continue. In 2010, 10.3 percent of the Louisiana population was diagnosed with diabetes.

Evidence exists that supports a wide range of interventions to improve diabetes outcomes. Recent studies indicate that 30 percent of Louisiana diabetics are also overweight and another 57 percent are obese, further contributing to the potential for additional complications. In order to maintain an ideal body weight and avoid additional medical complications, such as diabetes, it is essential to make appropriate lifestyle choices. To provide support for our diabetic members and avoid this continuation of an upward trend, Amerigroup has dedicated resources and is committed to providing members with the assistance they need to learn how to lead a healthier lifestyle.

## Interventions

### Chronic Care/Disease Management Program

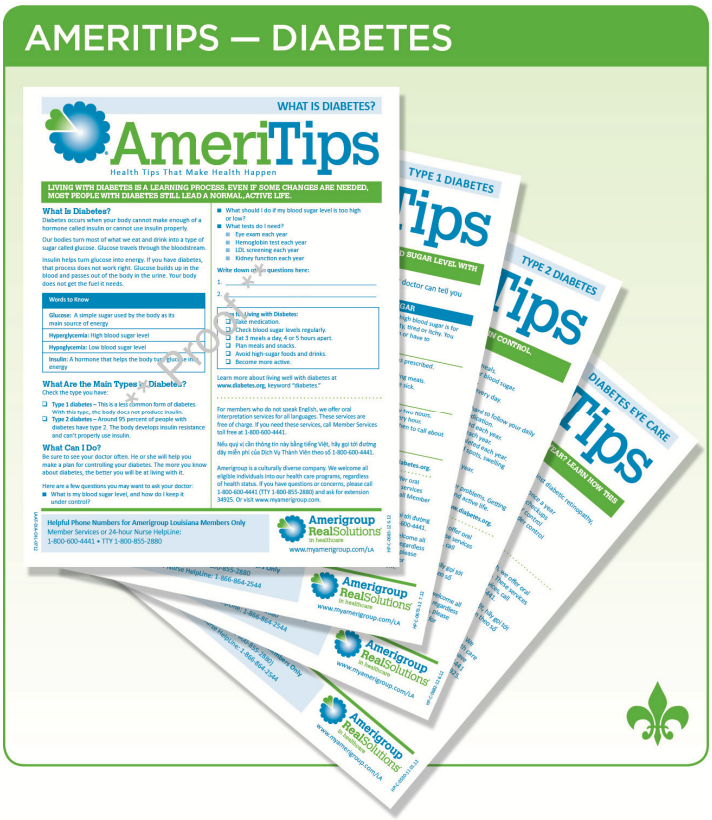
To address clinical needs for Louisiana members with diabetes, we leverage Amerigroup's invested resources and supports to produce positive change and prevent member complications. Through an NCQA-accredited diabetes disease management program, members are telephonically managed and provided with support and educational materials appropriate for their condition. In total, Amerigroup and our affiliate health plan members participating in the DM programs received more than 710,000 interventions from the DM staff during 2012. In 2013, more than 65 percent of our Louisiana members identified for enrollment in the diabetes DM program participated in an interactive coaching call.

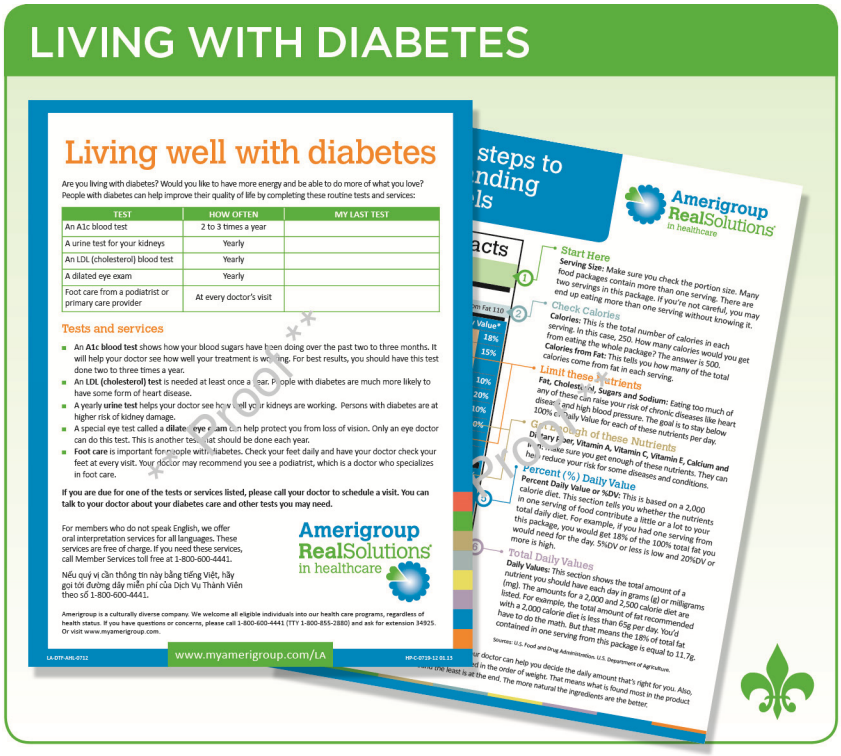
Amerigroup completes a clinical assessment on all diabetic members and for those members identified with diabetes and indicating a need for information about their condition, we provide the following AmeriTip flyers and fact sheets as applicable, based on the member's level of knowledge and/or state of their disease:

- What is Diabetes?
- Type 1 Diabetes
- Type 2 Diabetes
- Diabetes Eye Care
- Living well with diabetes
- Reading food labels

Figure U.3-9 provides a snapshot of the AmeriTips diabetes flyers and fact sheets distributed to and available for members and providers.

Figure U.3-9: Diabetes AmeriTips Flyers and Living with Diabetes Fact Sheet



## Member Incentives

Other ways that we seek to positively affect members with a diagnosis of diabetes include member incentives, such as a $10 dollar gift card for those completing all diabetic screening and laboratory tests including A1C, LDL, blood pressure, nephropathy screening, and eye screening, as prescribed and scheduled by their treating physician. Figure U.3-10 provides a copy of the Diabetes Care Flyer distributed to members by Amerigroup Health Promotions, providing information and encouraging member participation in the incentive program.

*Figure U.3-10: Diabetes Care Flyer*

### *"Avoid Diabetes"*

Most recently we conducted a Wellness Teleseminar Series presenting "Avoid Diabetes." Through these sessions, a certified diabetic educator who is nationally recognized as a leader in nutrition and has been featured in print media and television on such shows as "Extreme Weight Loss," presents how to find ways to incorporate delicious and healthy food into daily life. Through these sessions, participants will discover the following:

- Current facts about diabetes and the physiology of this chronic disease
- How to know and understand their numbers
- The risk factors, from lifestyle to diet and more
- Priorities for prevention, including small steps to reduce their risk today

## American Diabetes Association

Amerigroup is providing funding for the "Living with Type II Diabetes" program that will aid both members and the community at large. The program to date has received limited funding in Louisiana which was specifically earmarked for the New Orleans metropolitan area. Amerigroup's sponsorship allows the program to expand to a statewide level. Program materials will be cobranded with ADA and Amerigroup logos. "Living With Type 2 Diabetes" is a free, 12-month program that provides information

and support to people newly diagnosed with type 2 diabetes. Program members can choose to receive their information online or through the mail and the program is available in English and Spanish. "*Living With Type 2 Diabetes"* program participants receive 5 informational packets throughout the year and additional tips, stories and recipes each month. Examples of some of our monthly materials:

*Month 1:*

- **What Can I Eat?**—Learn more about food, nutrition, and how to make healthy food choices. Learn how to create your plate, and find meal plans and new recipes.
- **Choose to Live**—Your A-Z guide to diabetes management available throughout the program.
- **Healthy and Tasty Recipes**—Get a taste for the great recipes found in many of the ADA cookbooks.

*Month 3:*

- **Diabetes & Your Emotional Health**—Everyone feels stressed, anxious or depressed at times. Learn how your emotional health can affect diabetes management.
- **My Visit Planner**—Take this planner to each doctor's visit to keep track of your exams, test results, medicines, and questions for your doctor.
- **Everyday Recipes**—Delicious and simple recipes you can add to your family's favorites.
- **Celebrating You!**—Let us recognize and celebrate your courage and determination to live with diabetes every day as an ADA Red Strider or Red Rider!

## Outcomes

Through the widespread education and member outreach discussed above, Amerigroup assisted more than 65 percent of our members with diabetes through our interactive coaching calls. This provided members with community resources, and options for care before they experienced significant issues or encountered acute exacerbations. Members with diabetes frequently have multiple conditions or issues which can quickly lead to various complications, so early identification, screening, and intervention can help avoid the need for emergency care or inpatient hospitalization.

Over the last two years, we have seen an increase in the percentage of members diagnosed with diabetes completing appropriate HbA1c testing and monitoring. Through our on-going diabetic counseling, support, and coaching for our members with diabetes, we expect to continue to see an increase in appropriate testing and on-going monitoring.

### HEALTH EDUCATION FOLLOWING SURGERY

REAL STORIES

**Louise qualified for gastric bypass, but struggled with diabetes symptoms, getting enough protein, and the healing of her incision post-surgery. Our case manager worked with Louise to educate her on wound care, healthy food options, and glucose monitoring. They also discussed how her medication needs will change as she loses weight, highlighting the importance of healthy choices and communicating any concerns with her case manager. Currently, Louise has lost more than 60 pounds and has been prescribed lower dosages of her medications.**

# Cardiovascular Diseases

Heart disease is the leading cause of death in the United States. Coronary heart disease is the most common type of heart disease, causing nearly 380,000 deaths annually. High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49 percent) have at least one of these three risk factors.

About 47 percent of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs. Heart attacks have several major warning signs and symptoms:

- Chest pain or discomfort
- Upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach
- Shortness of breath
- Nausea, lightheadedness, or cold sweats

## Data Analysis

Cardiovascular disease is the leading cause of death in Louisiana, accounting for more than 12,000 deaths for men and women statewide in 2007 alone. According to the National Institutes of Health, Americans can lower their risk of heart disease by as much as 82 percent by taking simple steps, such as exercising more and making better food choices. In Louisiana, health statistics demonstrate that residents have many issues they could work on to reduce their risk of death or disability from heart disease. For example:

- 36.9 percent of Louisiana adults reported having high cholesterol in 2009
- 35.7 percent of adult Louisianans reported suffering from high blood pressure in 2009
- 22.1 percent of Louisiana adults reported that they currently smoke
- More than half (67.6 percent) of all Louisiana adults are overweight or obese.
- Louisiana had the sixth highest mortality rate in the nation due to heart disease and the ninth highest mortality rate for strokes

An analysis of our claim data demonstrates that cardiovascular-related diagnoses make up three of the top ten conditions for our inpatient members. We also learned that cardiovascular conditions are one of the top ten diagnoses for member outpatient services.

Through monitoring results of our member satisfaction survey, we identified an opportunity to improve satisfaction and outcomes for members managed through our cardiovascular DM programs. Recognizing some of the member concerns, we implemented several interventions and changes to deliver increased member satisfaction, and decreased inpatient and non-emergent ED visits.

Because our data shows that cardiovascular conditions continue to rise, we also concentrated on and focused our interventions on increased member and provider education, as well as dedicating additional resources to support and case manage members requiring this level of attention.

## Interventions

### *Member Outreach*

Amerigroup conducts educational outreach through automated telephone calls using interactive voice response technology for members with chronic conditions, such as cardiovascular disease. Calls are used to provide education and further assess a member's understanding of the importance of certain aspects of care. The call provides Amerigroup with specific feedback from the member, which drives additional interventions. During calendar year 2013, Amerigroup and our affiliate health plans performed more than

16,000 interventions, of which 9,250 were telephone calls, for members enrolled in the our cardiovascular DM program. This included outbound telephone calls, educational mailings, and HRAs.

### Chronic Care/Disease Management

***The coordination of care and services provided to members who have experienced a critical event or have a diagnosis such as cardiovascular disease may require extensive use of resources and these members may need help navigating the system to achieve appropriate delivery of care and services***. Members with cardiovascular disease identified for our national Disease Management Centralized Care Unit (DMCCU) services receive a Disease Management Program enrollment letter. The enrollment letter includes a description of how members become eligible to participate in the Chronic Care/Disease Management Program. Members who are clinically assessed receive an introduction letter, along with a My Health Solutions Plan, within one week following completion of the initial Health Risk Assessment. The My Health Solutions Plan is an individualized plan of care that lists health issues the member would like to address. This plan of care can change as the member's needs change.

Members also receive follow-up letters with individualized feedback according to the stratification guidelines. DMCCU case managers involve members in their own treatment plan by offering member-centered education. Case managers assess ambivalence to and readiness for individual change with regard to goal-setting and treatment plan adherence, and are able to coordinate multi-disciplinary support services to facilitate the attainment of member goals. The DMCCU elicits member feedback regarding program effectiveness and usefulness of information for continuous quality improvement and to enhance operational efficacy.

While it is understood that ultimately members are responsible for their own health, wellness, self-monitoring, and medical testing, member empowerment strategies are used to provide members with the information and clarity that they need to develop and reach their goals. Case managers help the member:

- Define the problem and assess member readiness for change and barriers to achieving goals
- Identify both short- and long-term goals
- Evaluate his or her own efforts and identify additional knowledge needs, barriers, or deficits

### *American Heart Association*

Amerigroup will be a 2015 Platinum sponsor of the "Go Red for Women" campaign. Our Administrator/Chief Executive Officer (CEO), Sonya Nelson, is a strong supporter of the American Heart Association's "Go Red for Women" campaign and she has been invited to be a part of the Executive Leadership Team for the Capital Area Heart Walk in March 2015.

The "Go Red for Women" campaign encourages awareness of the issue of women and heart disease and drives action to save more lives. The movement harnesses the energy, passion, and power women have to band together and collectively wipe out heart disease. It challenges them to know their risk for heart disease and take action to reduce their personal risk. It also provides tools supporting the need to lead a heart-healthy life.

## Outcomes

### Member Satisfaction

In our 2013 cardiovascular DM program Member Satisfaction Survey, Amerigroup members reported the following experience:

- 67.8 percent reported an improved ability to manage their condition independently
- 67.3 percent noted an improvement in their ability to do the things they wanted to do (activities of daily living)

- 80.9 percent noted an overall improvement in their health
- 88.2 percent reported an improved ability to communicate with their personal doctor.

Through our DM program, we also evaluate member satisfaction to assess impact on knowledge, education, and the ability to improve perceived health status. This assessment helps identify aspects of performance that do not meet member expectations and guides us to initiate actions to improve performance. Scoring is based on a scale of 1 to 5, with 5 being the highest rating provided by a member.

In 2013, members surveyed in our Amerigroup cardiovascular DM program reported a 4.8 in overall program satisfaction and the highest rating 5.0 for DM case manager responsiveness, courtesy, and friendliness.

### *Decreased Emergency Department Visits and Inpatient Admissions*

As a result of our increased DM focus on members with cardiovascular disease, during the 2013 reporting period members experienced a decrease in ED visits and a decrease in the number of inpatient hospitalizations. Specifically, members with a diagnosis of congestive heart failure (CHF) had an 8.2 percent reduction in ED visits and an 18.0 percent reduction in inpatient admissions. For members with a diagnosis of hypertension, reports show 19.3 percent reduction in ED visits and 9.4 percent reduction in inpatient admissions.

REAL STORIES

**ENGAGING MEMBERS IN THEIR HEALTH CARE**

**Richard was overwhelmed by anxiety and depression related to atrial fibrillation, malignant hypertension, angina, obesity, and a history of cardiac procedures, including a pacemaker and stents. When his case manager called him after a recent ED visit, she discovered that he had not been keeping his PCP and cardiac appointments and was almost out of medication. She met with Richard in person to educate him on the importance of medication adherence, monitoring his blood pressure, and following a low-sodium and no caffeine diet. She also worked with him to schedule provider appointments. Today, Richard feels better now that he keeps his appointments, takes his medication as directed, and follows a healthy diet.**

## Reduction in Racial and Ethnic Health Care Disparities to Improve Health Status

Amerigroup firmly believes that it must recognize and thoroughly understand the role that culture and ethnicity play in the lives of its members to ensure that everyone receives equitable and effective health care services. According to the Louisiana DHH website, “Health inequities in our nation are well-documented, and the provision of culturally and linguistically appropriate services (CLAS) is the strategy to help eliminate health inequities. By tailoring services to an individual’s culture and language preference, health professionals can help bring about positive health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.”

Amerigroup developed a blueprint for our cultural competency program that reflects our support of and commitment to reducing racial and ethnic health care disparities to improve members' health status. This blueprint outlines a comprehensive, organized, and methodical approach to the strategic planning, development, implementation, and evaluation of cultural competency. It serves as a guide in the on-going developmental process of a multicultural, competent service delivery system. The plan is descriptive, organized around objectives and strategies, and designed to provide a measurable approach to ensuring the cultural competence of Amerigroup as an organization.

Amerigroup has adopted all 15 National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) as a guide to make sure that all members entering the health care system receive equitable and effective treatment. While only Standards 4, 5, 6, and 7 are currently federally required for recipients of federal funds, Amerigroup has also adopted the other 11 standards that are identified as guidelines and recommendations because we understand that they provide a more comprehensive and effective approach to eliminating health disparities.

***Principal Standard***
1) Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

***Governance, Leadership and Workforce***
2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an on-going basis.

***Communication and Language Assistance***
5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

***Engagement, Continuous Improvement and Accountability***
9) Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10) Conduct on-going assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13) Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14) Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Amerigroup believes cultural competence affects every aspect of care and service throughout the corporation, its health plans, and provider network. From the broadest of operational perspectives, the strategic plan provides senior management the direction for corporate, health plan, and network processes, policies, and procedures, clinical as well as administrative, to ensure their cultural relevance.

The plan also provides for the structured training of management, staff, and providers in a common framework of cultural competency to assist in the integration of the knowledge, attitudes, and skills reflective of a culturally competent organization. Therefore, the identified cultural competency objectives and strategies address the total organization and network, with the primary focus of improving health status by reducing racial and ethnic health care disparities.

Minority and low-income groups continue to be less likely to have a regular source of health care when compared to the general population, despite efforts over the past decade to remedy the situation. This and other health disparities persist across race, ethnicity, income level, and education, according to the final review of Healthy People 2010 (Torres 2011).

In alignment with both the Institute of Medicine and the AMA, Amerigroup supports the following efforts to address health care disparities for our Louisiana Medicaid members:

- Improving access to care
- Strengthening the stability of patient-provider relationships
- Assessing the demographics of the network to ensure representation of health care workers in relation to the population
- Promoting the consistency and equity of care through the use of evidence-based practice guidelines
- Supporting the use of interpreter services
- Implementing patient education programs to increase patients' knowledge of how to access care and participate in treatment decisions
- Collecting data on health care access and utilization by race and ethnicity
- Conducting research to identify resources of racial and ethnic disparities

## Data Analysis

Table U.3-4 provides the percentage of racial make-up for our current Amerigroup Louisiana Medicaid membership.

*Table U.3-4: 2013 Amerigroup Louisiana's Member Racial Composition*

| 2013 Amerigroup Louisiana's Member Racial Composition | |
|---|---|
| **Race** | **Percent** |
| Black | 55.3% |
| White (Non-Hispanic) | 35.5% |
| Hispanic | 2.9% |
| Asian or Pacific Islander | 0.8% |
| American Indian or Alaskan Native | 0.4% |
| Native Hawaiian | 0.1% |

Based on data collected during enrollment, the Amerigroup member linguistic composition for 2013 is mainly composed of the following:

- English - 97.43 percent
- Spanish - 2.16 percent
- Vietnamese - 0.20 percent

Amerigroup offers member language assistance via Voiance – TDD – language line. From January 1, 2013, to December 31, 2013, the following calls were addressed via the language line:

- Total calls: 435
- Total call time: 3,234 minutes
- Average call time: 7.43 minutes

Member literature is available in English, Spanish, and Vietnamese for our Louisiana Medicaid members, as determined by Louisiana DHH. Amerigroup also has available the translation line for members who lack proficiency in any of those three languages. Information from our translation line indicates that Spanish is the most frequently requested language.

Table U.3-5 provides a list of each of the languages we assisted members with during calendar year 2013.

*Table U.3-5: 2013 Amerigroup Louisiana's Member Languages Requested in 2013*

| January 2013 through December 2013 Member Languages Requested | |
|---|---|
| **Language** | **Number Requested** |
| Spanish | 392 |
| Vietnamese | 26 |
| Arabic | 7 |
| Bengali | 6 |
| Mandarin | 3 |
| Haitian | 1 |
| Creole | 1 |

Through our claims evaluation and research, we found that the rates of high blood pressure and non-compliance with immunizations in the African American population are considerably high. Also that the

percentage of women not receiving a PAP test (screening for cervical cancer) in the past three years was the highest in the Hispanic population.

Recognizing the diversity of the Louisiana population cultural competency is a key component of our continuous quality improvement efforts. The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the delivery of health care services to our Louisiana members. The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care.

## Interventions

### Performance Improvement

Amerigroup consistently looks for on-going identification of opportunities to improve the operation of the Cultural Competency program or to improve health outcomes through new responses to cultural and linguistic needs of members. One of our strategies is to recruit and retain a culturally diverse and culturally competent workforce that is representative of the demographic characteristics of the service area. This gives our associates a greater understanding of members' cultural norms, languages, and folk beliefs, which enables them to work with members on treatment options resulting in more positive health outcomes.

#### *Member Identification*

Amerigroup identifies members that face cultural or linguistic barriers and seeks appropriate alternative communication methods when needed, providing members with the best opportunity for successful outcomes.

### Educational Material and Resources

Amerigroup maintains and consistently uses culturally sensitive and appropriate educational materials based on members' race, ethnicity, and primary language spoken. Resources are available to meet and support language and communication barriers that confront members to better support favorable outcomes.

#### *Provider and Employee Education*

Amerigroup trains providers to care for and recognize the culturally diverse needs of the population to improve their health status. Amerigroup Louisiana employees and any other staff coming in contact with members are educated and trained to value and respect the diverse cultural and linguistic differences within Amerigroup Louisiana and the populations we serve.

### Member Outreach

Amerigroup's Health Promotions department arranges various clinic days and frequently attends community and school events that include all racial and ethnic groups to address health disparities within Louisiana. The topics discussed include controlling high blood pressure, the importance of screening for cervical cancer, and receiving the appropriate immunizations. Other topics include diabetes, hypertension, women's health, childhood obesity, immunizations and periodic screenings, most of which affect all social, economic, racial, and cultural backgrounds.

## Outcomes

Through our recruiting strategies, outreach, education, and training efforts described above, Amerigroup is experiencing success with reducing racial and ethnic health care disparities and supporting improved outcomes for our members. As of May 2014, our Amerigroup staffing consists of 1 percent of employees that are Hispanic, 43 percent African American, 2 percent Asian and 4 percent non-specified. In addition

to our Cultural Competency training, this diversity enables our associates to educate each other on cultural differences which can positively impact our members.

Our member and provider outreach and case management has positively influenced our HEDIS measure results. We see an increase in the percentage of members receiving cervical cancer screening and timely immunizations. Through these programs, we educate and encourage members and their families to keep all doctor's appointments, provide appropriate diet counseling to assist members with control of their high blood pressure, and have the *Nurse HelpLine* available 24/7, further assisting members with any concerns. Amerigroup will continue to focus on identifying ways to reduce racial and ethnic health care disparities to improve members' health status and positively support optimum outcomes.

REAL STORIES

### COORDINATING CARE FOR OUR FAMILIES

**Born with multiple conditions, including a heart defect and cleft palate, Mary and Andre's baby's prognosis was dire. However, Amerigroup specialists worked with the family and were able to repair the cardiac defect. While their baby was recovering in the NICU, staff discovered that Mary spoke fluent Spanish and Andre, who is bilingual, had been interpreting for Mary.**

**An Amerigroup Spanish-speaking nurse case manager was assigned to more fully support the family prior to, during, and after their baby's transition home, and to aid in communication. Together, everyone worked to schedule all follow-up health care appointments, arrange support from a home health agency, and obtain needed supplies for tube feedings. The case manager also kept in close touch with the parents following their baby's discharge to confirm that all of the family's needs were being met. Later, the cleft palate was repaired, and now Mary and Andre are celebrating their baby's first birthday and their many accomplishments as a family.**

## Hospital Readmissions and Avoidable Hospitalizations

Amerigroup recognizes that hospital readmissions are costly and represent a quality issue for our Louisiana membership; therefore we have strategically focused on our total number of 30-day readmissions. ***The first 24 to 72 hours post-discharge represent the highest risk time frame for readmissions and any delay in engagement is a missed opportunity, especially during the transition from acute care to the home.*** The goal of our stabilization approach is to reduce overall 30-day readmission rates and to realize an improvement in the quality of transition of care between inpatient settings and home.

## Data Analysis

For this program, Amerigroup seeks to target members with a Readmission Score (RAS) greater than 20. The RAS is the likelihood of a readmission in the next 30 days. With scores between zero and 100, the RAS is used to prioritize members on the Daily Census. For example, a RAS of 40 means that the member is 40 percent more likely to be re-admitted within the next 30 days than a member with a RAS of 0. This predictive modeling score is recalculated daily based on the most recent information for the admission, using demographic, clinical, and current admission data to determine the member's likelihood of readmission.

## Interventions

Contact between the Nurse case manager and patient/caregiver is made either prior to discharge or within 72 hours post-discharge to begin the transition management program. The following discussion points are reviewed with the patient or caregiver during the 30 days after discharge:

- **Precipitating Factors:** Situations or conditions that led to an admission
- **Medication management:** New prescriptions ordered post-discharge and medication reconciliation
- **Primary Care Alignment:** Ensuring appointments are made and having discussions regarding the importance of coordination through the member's primary care physician
- **Disease-specific education**

## Outcomes

The stabilization model fulfills the opportunities for coordination of discharge care and augments the existing UM and nurse case management activities. Since implementation in November 2012, the program demonstrated better than expected results, avoiding more than 600 expected readmissions.

Amerigroup's success with reduction in hospital readmissions and avoidable hospitalizations continues into calendar year 2014 with a focus on the following additional objectives:

- Aligning with inpatient medical management nurses and nurse case managers to identify improved member discharge information
- Using Member 360°℠ data to drive further program improvements
- Nurse case managers forward-facing field visits in hospitals, provider offices, and member homes, when required
- Continuing to promote this program through on-going provider relations, health promotions, and community outreach
- Employing a strategic focus toward pediatric readmissions
- Continuing involvement in discharge planning and Utilization Management grand rounds

REAL STORIES

### ENHANCE OUTCOMES FOR CHILDREN WITH SPECIALIZED NEEDS

**After a recent increase in ED visits and a hospitalization, a Pediatric Case Manager (case manager) reached out to Michael's parents. During the assessment, our case manager discovered Michael—a four-year-old with congenital anomalies and severe developmental disabilities—had a history of seizures, and his parents were concerned about his current medication. Michael's parents worked with the case manager, prescribing physician, and pharmacy to reconcile Michael's medications and provide information on correct dosing and proper administration. The case manager also verified scheduled refills to make sure there was no gap in Michael's medication. Led by Michael's parents, the team resolved all issues, and Michael has not had any further ED visits or hospitalizations related to his seizure disorder.**

## Reduction in Incidence of Sexually Transmitted Infections

The incidence of sexually transmitted infections (STIs) is a critical issue for both the nation and the Louisiana community. Chlamydia is a common, asymptomatic sexually transmitted infection caused by the bacterium *Chlamydia trachomatis* that can infect both men and women. It can cause serious and permanent damage to women's reproductive organs, including pelvic inflammatory disease (PID), tubal factor infertility, ectopic pregnancy, and chronic pelvic pain.

In 2013, the national average of cases reported for chlamydia was 457.6 cases per 100,000 people. According to the CDC, more than 1.4 million cases of chlamydia were reported in 2011, the highest number of cases ever reported to the CDC for any disease.

### Data Analysis

In 2013, Louisiana reported 697.4 new cases of chlamydia per 100,000 people, compared to 513.7 per 100,000 people, reported in 2010. Both are well above the national average of 457.6 cases per 100,000 people; placing Louisiana 48$^{th}$ out of the 50 states for reported cases of chlamydia. Because we continue to see a rise in STIs, we increased our focus, dedicated resources, and implemented the following interventions to bring additional awareness and education to members on appropriate steps for prevention.

### Interventions

#### *Member incentives*

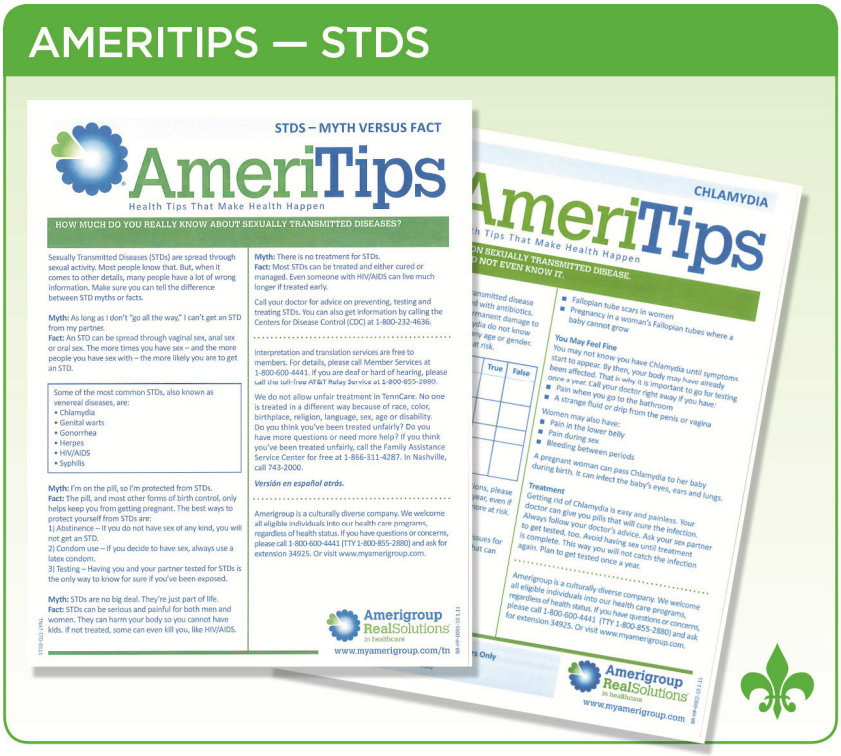
Due to the significant prevalence of this condition, Amerigroup began focusing on improving outcomes, including offering a member incentive. Members 16 years and older may enroll in the program and are eligible for one $10 incentive per year when they are screened for an STI, including HIV, chlamydia, syphilis, hepatitis C, or gonorrhea.

## Strategies and education

We developed a strategy and continue to reach out to members and providers through the following:

- Educating providers on when to test for chlamydia/STIs and what test to use (that is, yearly check-ups, urine test)
- During medical record reviews, identifying physician offices having members diagnosed with chlamydia/STIs and offering educational materials to the office for appropriate member distribution
- QM nurses giving feedback to the providers, identifying areas of opportunities for medical record documentation to appropriately capture STI/chlamydia testing
- Health Promotions developed a call campaign targeting woman 21-24 years of age who appear on the Amerigroup non-compliant STI scheduled testing list
- Distributing and educating members using our AmeriTips flyers, "STIs-Myth versus Fact" and "Chlamydia"

*Figure U.3-11: AmeriTips flyers "STIs Myth versus Fact" and "Chlamydia"*

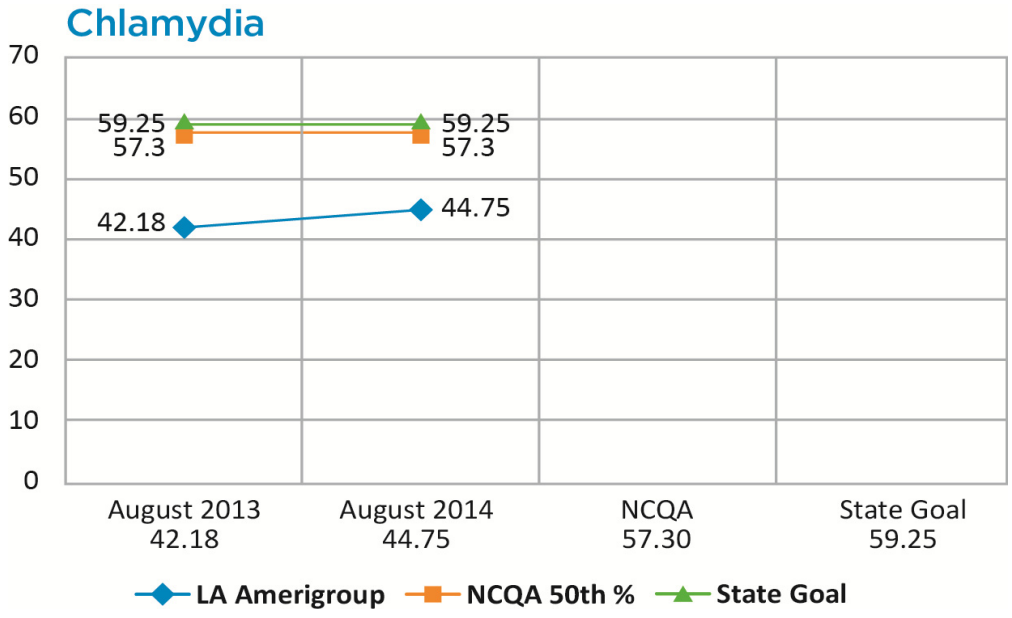



## Outcomes

From January 1, 2014, to date, Health Promotions reached out to more than 800 members with chlamydia, successfully educating them on the importance of appropriate follow-up and screening.

As a result of this increased focus and outreach, we have seen a positive increase year over year from one month, August 2013 to the month of August 2014, of 2.57 percent in screening for chlamydia. Figure U.3-12 shows the August 2013 and August 2014 percentage of Louisiana Amerigroup chlamydia testing completed, showing a positive upward trend as we continue our focus and strategy to reach the NCQA 50th percentile of 57.30 percent and ultimately the State goal of 59.25 percent.

*Figure U.3-12. Chlamydia Testing Results*



# U.4 Quality Assessment and Performance Improvement Program

***U.4 Submit a preliminary description of your Quality Assessment and Performance Improvement Program (QAPI), as described in Section 14.1 of the RFP. Such description should address the following. Proposers may submit information from another state Medicaid program showing proposed adaptations to be made for the Louisiana population.***

- ***Proposed membership of the QAPI Committee including roles and responsibilities***
- ***Proposed QAPI Work plan including a detailed descriptions of how the QAPI Committee will work with the MCO leadership to monitor quality improvement work, specifically:***
  - ***performance improvement projects;***
  - ***medical record audits;***
  - ***performance measures;***
  - ***Plan-Do-Study-Act cycles or continuous quality improvement activities;***
  - ***member and/or provider surveys; and***
  - ***activities that address health disparities identified through data collection.***
- ***Work the QAPI will undergo to improve the health care status of the Louisiana Medicaid population.***
- ***Rationale for selecting the particular programs including the identification of particular health care problems and issues identified within the Louisiana Medicaid population that each program will address and the underlying cause(s) of such problems and issues.***
- ***How the proposer will keep DHH informed of QAPI program actions, recommendations and outcomes on an ongoing and timely manner.***
- ***How the proposed QAPIs may include, but is not necessarily, limited to the following:***
  - ***New innovative programs and processes.***
  - ***Contracts and/or partnerships being established to enhance the delivery of health care such as contracts/partnerships with school districts and/or School Based Health Clinics or other non-traditional health care settings.***

## Quality Program Description, Philosophy, and Resources

Amerigroup's top priority is offering quality health care services and driving health outcome improvements for approximately 127,000 Louisiana Medicaid members. To achieve quality goals, Amerigroup embraces Quality Assessment and Performance Improvement (QAPI) as a workplace culture and philosophy, not simply a separate function within the health plan.

We will leverage our experience in Louisiana, and the 23 years' experience of our affiliates participating in state sponsored programs across the country to create a quality-driven, integrated delivery system, using local and community best practices and remain nimble in responding to changing market conditions. Our fully integrated medical and pharmacy programs are analyzed systematically to determine

continuity of care processes, over- and under-utilization indicators, and effectiveness of our outreach to our members and providers.

Our QAPI program uses data-driven and validated quality improvement analyses to implement and improve our member and provider quality outreach activities. Our individualized member-centric health risk assessments and care plans and care teams, integrated with our community-based "feet-on-the street" quality management, care management, and NCQA-accredited disease management programs, provide the basis for our outreach to our members to encourage their engagement.

**QAPI Overview – Amerigroup Louisiana's Culture of Quality**
Amerigroup's Culture of Quality is embedded in every aspect of our organization. Every employee is a quality advocate, and quality is the number one priority in every functional area of the organization. Our College of Quality provides a Quality 101 orientation for our employees as well as on-going training on continuous quality improvement structure. Our data-driven quality approaches have been measured, evaluated, and refined over the past 2 1/2 years. We continuously develop and implement innovative strategies that improve our members' outcomes and support our network providers. These strategies include new online and mobile tools and technology to enhance our ability to achieve the quality and financial goals of our state customers. Our Total Quality Improvement processes will guide the entire organization toward achieving the Department's goals.

**Approach to Total Quality Management (Plan DO)**
Amerigroup places quality as the top priority in our company. Our Plan DO philosophy is a management approach to long-term success through customer, member, and provider satisfaction. All of our employees participate in improving processes, services, and the culture in which we work. We implement a cross-functional approach that includes representation from local health plan operational areas to work with national leaders in their functional areas. Representatives from quality, utilization management (UM), care management, DM, behavioral health, pharmacy, credentialing, network, communication, technology, compliance, and our specialty organizations come together to solve problems and identify quality best practices.

**National and State-specific Quality Strategies**
Amerigroup's NCQA-compliant Medicaid QAPI Program is guided by 11 overarching strategies. These strategies span and focus all health plan functional areas on those activities that drive improved quality. Table U.4-1 provides our strategies, goals and approach for our QAPI Program.

*Table U.4-1: QAPI Program Strategies*

| Strategy | Goal | Approaches |
|---|---|---|
| Member-centric focus | Engage members to take charge of their health through targeted wellness, outreach, and incentive programs | • Develop population-targeted outreach<br>• Align incentives with quality metrics<br>• Support health promotion activities<br>• Offer wellness tools and education |
| Provider collaboration | Collaborate with our Medicaid network providers to propel achievement of our quality goals | • Implement varied outreach processes<br>• Provide materials on clinical guidelines<br>• Offer and align care gap closures with incentives |
| Network excellence | Facilitate access to a superior provider network through a rigorous credentialing process | • Develop and implement innovative payment models<br>• Ensure integrated delivery system processes |

| | | |
|---|---|---|
| | | • Perform credentialing based on quality requirements<br>• Comply with NCQA requirements |
| Member and provider satisfaction | Maximize member and provider satisfaction | • Commission third-party satisfaction surveys<br>• Evaluate performance against national benchmarks<br>• Encourage participation on quality committees |
| Patient safety | Promote the safety of health care services delivered to members | • Promote Culture of Quality of Care<br>• Monitor medication safety/pharmacy program oversight<br>• Evaluate and act on quality of care data |
| Accreditation recognition | Validate performance through external accreditation (NCQA) | • Seek and maintain NCQA accreditation for the Plan<br>• Continue DM program, NCQA accreditation with distinction for Performance Monitoring |
| Outcomes management | Authenticate our achievements through industry-leading quality measures | • Drive, collect, evaluate and report HEDIS<br>• Identify, perform, analyze, and report performance improvement projects<br>• Implement, collect, and report state-specific measures |
| Culture of Quality | Foster a workplace culture that is grounded in quality through training and alignment of employee objectives with QAPI goals | • Provide on-going employee quality training<br>• Provide executive and middle management role modeling of quality culture |
| Quality data analysis | Identify high-risk members, health disparities in communities, health care trends, targeted members for care management and coordination outreach | • Distribute Provider profiles for care gaps<br>• Ensure community-focused programs to mitigate health disparities<br>• Identify over- and under-utilization of services |
| Clinical research and development | Leverage credible clinical data, both internal and external, to inform QAPI initiatives | • Conduct targeted clinical studies<br>• Identify and disseminate best practices<br>• Identify and mitigate health disparities through data analysis of populations served |
| Provider | | • Enroll and manage expansion populations |

**National Committee for Quality Assurance (NCQA)**
The Amerigroup quality program is NCQA accredited and we offer members the support of eight disease management programs that have been NCQA accredited.

## QAPI Program Scope

Amerigroup's comprehensive QAPI Program objectively monitors and systematically evaluates the care and service provided to members. The scope and content of our program will reflect the cultural,

demographic, and epidemiological needs of our members in Louisiana. The program will encompass the full spectrum of quality processes related to the clinical services provided to our members; our provider network functions and services; the Department and the External Quality Review Organization (EQRO) requirements; and regulations of other associated state and federal government entities. Our program will integrate the key functional quality areas, including Customer Service, UM, DM, Care Management, Health Promotion, Provider Services/Network Management, Credentialing, and Complaints and Appeals.

Initially and then annually, the local, Louisiana-based Quality Management (QM) Department will develop or update the following integrated program documents that guide the quality operations for the health plan.

We capture relevant processes within appropriate individual policies and procedures, and identify quality improvement initiatives annually and throughout the year. The QAPI Work Plan captures all of the health plan's improvement initiatives, interventions, and monitoring of Quality Management, Case Management, DM, and UM activities. Periodically and annually, the QAPI Programs are evaluated and analyzed for effectiveness with process changes completed to improve any identified opportunities. These analyses are captured in the QAPI Program Annual Evaluation report. The Quality Management Committee and the Quality Improvement Committee (QIC) review the period reports and provide improvement recommendations to the QAPI Program.

**Fully Integrated QAPI Functions**
Our QAPI program integrates all functional areas in the decisions that affect the quality and safety of care and services provided to our members. The program reviews the entire scope of care for all demographic groups, races, ethnicities, special needs populations, care settings, and types of services. Our Louisiana QAPI organizational infrastructure will provide effective monitoring, reporting, and analysis to act on opportunities to improve clinical care and services.

We will collaborate with the Louisiana DHH Department and the EQRO, along with other associated State and federal government entities that provide quality monitoring of our services and operations. We will collaborate with the EQRO regarding on-going performance improvement projects performed.

**Functional Areas Fully Integrated in the QAPI Program**
We follow NCQA quality, UM, and compliance standards for all NCQA components and domains. Our DM program, Case Management and Health Promotion Programs, UM, Member Services, Grievances and Appeals, Provider Credentialing, and Provider Services are integrated into our QAPI activities to facilitate the delivery of the most appropriate, medically necessary care to members in the most cost-effective, least-restrictive setting, while supporting member safety. Our culturally competent programs are integrated and easily adapted to the needs of diverse populations, whether those needs involve psychosocial factors, co-morbid conditions, or cultural/linguistic preferences.

To address these priority health concerns, our QAPI team will identify, outreach, assess, and provide disease or condition management services through our DM, Case Management, Maternal- Child Health programs, and our Health Promotions programs.

We will implement our proven outreach, care coordination, services navigation, and delivery system processes and models that encourage collaboration with providers and activate member engagement with the following:

- Reduce inappropriate use of services, such as avoidable Emergency Department visits
- Improve care coordination, especially for individuals with chronic and complex conditions and special needs
- Promote wellness and healthy lifestyles
- Drive cost-conscious care

By continually directing our resources and employees toward achieving clearly delineated quality goals, Amerigroup ultimately improves the quality of life for those members we serve while delivering value to our State customers.

## Governing Body

The Health Plan Board of Directors (Board) has responsibility for organizational governance and in this capacity is the governing body of the Quality Management Program. The Board has designated our national Quality Improvement Committee (QIC) to oversee the Quality Management Program and activities. The QIC is directly accountable to the Board. The Board annually approves the Quality Management Program, Work Plan, and QM Program Evaluation.

**QM Committee for Development, Implementation, and Oversight**
Consistent with our approach of ensuring local accountability and consideration of regional practices within Louisiana, the health plan's Quality Management Committee (QMC) will be responsible for developing, implementing, and overseeing the QAPI. The QMC will be led by the Chief Medical Officer of the health plan and include key health plan leaders from the departments of Quality Management, Provider Services, and other health plan Medicaid medical and behavioral health medical directors. The health plan's QMC reports to our national Quality Improvement Committee, and Louisiana Board of Directors which has medical directors representing a variety of disciplines.

To promote a clinical focus that aligns with the community, our Medical Advisory Committee (Provider Advisory Committee (PAC)) will include representation from a diverse range of Louisiana Network Providers, including those with specialized knowledge and experience with individuals with special health care needs. This provides a mechanism and forum for multi-disciplinary participation in the QAPI Program and integrates quality improvement in care and service throughout the Louisiana health plan.

The Louisiana QMC will establish strategic direction and monitor and support implementation of the QM program. It will oversee processes and structure to meet compliance requirements for accreditation, oversight of delegated services, and grievance and appeals procedures. Recommendations following analysis of the Consumer Assessment of Health Care Providers and Systems survey (CAHPS®) and Provider Satisfaction Surveys from the committee will drive performance and program adjustments for our health plan. Oversight of quality management activities and compliance related to the Louisiana DHH's requirements, along with federal and accreditation standards, is a key responsibility for the Quality Management Committee, with oversight by the QIC and Louisiana Board of Directors.

Other QMC responsibilities include the following:

- Review and approve the annual QM program description, work plan, and evaluation documents
- Monitor and evaluate provider and member services processes
- Monitor accessibility and availability of services with cultural assessment and health care disparities
- Measure compliance to medical and behavioral health practice guidelines as it relates to care provided in the PCP office.
- Analyze, review, and make recommendations regarding the planning, implementation, measurement, and outcomes of clinical/service quality improvement studies

**QM Committee Structure**
Amerigroup's QAPI program fosters local decision-making while benefitting from the knowledge and perspective of our national team. The health plan QM program complies with NCQA requirements. Louisiana's CEO is ultimately responsible for the QAPI and is fully accountable to the Louisiana Board

of Directors for our QAPI performance. The Chief Medical Officer maintains overall responsibility for the QAPI Program. The following committees compose the QAPI program oversight structure.

***National QIC*** reviews and approves the program description, work plan, and annual evaluation for the QAPI program, UM, and Credentialing, and reports and activities for Pharmacy, Case Management, DM, and Health Promotion. It reviews and approves reports for Grievances and Appeals, standardized reports (at least semi-annual) for progress against goals, and actions taken with focus on outcomes. The QIC analyzes and evaluates all QI activities and resources to meet goals of the program. Participants recommend policy decisions and institute actions as needed.

***Louisiana Quality Management Committee*** is accountable to the Louisiana Board of Directors and reports to the national QIC. The Louisiana Quality Management Committee oversees all quality operations within Louisiana. It reviews and approves the activities of the quality program, work plan, and evaluation, including clinical and non-clinical issues related to regulatory compliance; fraud, waste, and abuse; UM; disease-state management; case management; performance improvement projects; HEDIS; outcomes of audits; and accreditation status.

All quality improvement activities and recommendations are reported to this committee for assessment, development, implementation, and monitoring. Reports reviewed by the committee include results of assessments and monitoring activities, surveys such as CAHPS, Provider Satisfaction, HEDIS, complaints, appeals, actions taken, and areas identified as opportunities for improvement or that have demonstrated improvement. The committee reviews activities, provides feedback and recommendations, and follows up on outstanding items from previous meetings. All committees maintain minutes that reflect decisions, recommendations, and follow-up identified during each meeting.

***Louisiana Credentialing Committee*** oversees credentialing and recredentialing. This committee approves or denies participation and oversees credentialing relationships.

***Louisiana Medical Advisory Committee (Provider Advisory Committee)*** will comprise local providers who review requests and changes to national-approved clinical guidelines based on the local demographic and epidemiologic needs of members. The Medical Advisory Committee (PAC) uses on-going peer reviews to assess levels and quality of care provided and monitors practice patterns to identify appropriateness of care for improvement and risk prevention activities.

***Louisiana Member Health Education Advisory Committee (Member Advocacy Group)*** will provide guidance to members through education, cultural and outreach activities, and member materials. It includes plan member outreach employees and the QAPI Leader as well as members, advocates from the community, health community educators, and participating providers who provide feedback to the health plan. This committee acts as the voice of the member.

**The above is a high-level review of the plan's committee structure. Please refer to Attachment U.4-1 for more details.**

**QM Committee Evaluation and Recommendations**

The health plan will conduct an annual evaluation of the QAPI QM, UM, DM, and case management programs in comparison to program objectives and activities, and submit the results to the Medical Advisory Committee (PAC), Quality Management Committee, national QIC and the Louisiana Board of Directors. Results and recommendations become the basis for each subsequent year's QM work plan activities. Unrealized goals and objectives may also be carried over to the plan for that year. Amerigroup Louisiana employees across all functional areas implement the quality committees' recommendations for changes in processes and programs, system enhancements, and proactive approaches to improve health and service outcomes of our members. These changes or enhancements, as well as the on-going sources of quality data and information, continue to be analyzed for on-going improvements through our feedback process.

## Resources, Staffing, and Qualifications

Building on Amerigroup's experience with similar programs in other states, our Louisiana health plan's QM Program will guide the entire organization toward achievement of the Department's goals. Through the experience of Amerigroup's affiliate Medicaid health plans that serve low-income populations, we bring an unparalleled understanding of the unique challenges and opportunities to achieving sustained quality improvement for Medicaid and Children's Health Insurance Program (CHIP) recipients.

Delivering on our commitment to quality requires orchestration of resources, both local and national, to gather and analyze the data that drive our QM efforts. Amerigroup's QM Program will have the organizational infrastructure necessary to provide effective monitoring, reporting, and analysis, and to act on opportunities to improve clinical care and services. Our description includes a summary of the employees who support our QAPI program, as well as the data and analytical supports that are so vital to identifying QAPI opportunities and measuring the impact of QAPI interventions.

**Louisiana QAPI Staffing Resources and Qualifications**

Table U.4-2 provides the Amerigroup Louisiana individuals that will lead the QAPI team and their roles and qualification.

*Table U.4-2: Skilled and Qualified QAPI Team in Louisiana*

| Qualifications | |
|---|---|
| **Chief Medical Officer** | |
| • Provides overall direction and support to the QAPI program<br>• Recruits local Network Providers to participate in the plan Medical Advisory Committee (PAC)<br>• Actively participates with the clinical leaders of the Commonwealth at regulatory meetings, collaborating and participating on clinical quality programs developed by the LA DHH, providing input and recommendations | • Must be certified in a recognized medical specialty as recognized by the American Board of Medical Specialist (ABMS); must have an active license without restriction issued by the State Board of Licensure<br>• Masters in Public Health, MBA or MA preferred; continuing education to remain current in medical and management areas; any equivalent combination of education and experience |
| **Behavioral Health Medical Director** | |
| • Establishes the strategy for improving the safety and quality of behavioral health care services<br>• Identifies areas for coordination between physical and behavioral health care<br>• Participates in the analyses of outcomes of care and services, and collaborates in the development of interventions based upon identified opportunities on quality committees | • Must be a psychiatrist with board certification by the American Board of Psychiatrists and Neurologists.; must have an active license without restriction issued by the State Board of Licensure or the State Louisiana<br>• Five years of clinical experience in the practice of behavioral health medicine, two of which have been in medical and/or health administration; three to five years of management and/or clinical experience in a managed care environment |

| Qualifications | |
|---|---|
| **Director of Quality Management (Quality Coordinator)** | |
| • Responsible for oversight of the clinical quality management operations<br>• Oversees daily activities of the QM Program, such as establishing indicators for monitoring, ensuring compliance with regulatory and accrediting organizations and integrating utilization information and quality issues by the UM team into the QM process<br>• Responsible for driving clinical quality program performance such as HEDIS and PIPs | • Bachelor Degree required; Master's preferred in Nursing, Public Health, or Public Administration<br>• Minimum of 10 years' experience in quality management, quality improvement, risk management and/or utilization review in managed care setting and five years of leadership/management experience<br>• Previous NCQA and other national accredited organizations accreditation and HEDIS reporting experience required. |

Louisiana health plan employees within the QM Department will have knowledge and expertise in the concepts and processes of quality improvement and will facilitate quality across all organizational departments. As part of their responsibilities, employees will monitor and oversee activities to meet established timeframes of the QM Work Plan; conduct outreach to meet and exceed the goals of the PIPs; facilitate the review of reports related to HEDIS, grievances and appeals; assess effectiveness of member outreach; and identify barriers to meeting goals and pursuing new opportunities.

Staff in each functional quality or health plan area such as UM, Case Management, DM, Provider Services, and Health Promotion support the QM Program by delivering regular updates on relevant measures incorporated into the Annual QM Work Plan and carrying out QM-related responsibilities. Throughout the year, our QM employees will collect and submit required data and monitor and participate in the process to improve quality outcomes for Louisiana Medicaid.

**QM Analytic Resources**

Louisiana employs data analysts to support health plan performance improvement activities and improve quality. Our HEDIS Data Management and Maintenance team oversees the HEDIS data processes to verify that our quality metrics accurately reflect our performance. Our corporate team will provide extensive analytical support to the Louisiana health plan including the following:

- HEDIS Data Management. Provides expertise in data mining, data mapping, extraction, and reporting; reviews and analyzes all HEDIS data, tracking performance, interpreting trends, and meeting with health plan QM employees weekly to strategize on improvement opportunities
- Data Validation and Disaggregation. Validates 100 percent of data and ensures accuracy and data efficiency and disaggregates data for evaluation of health disparities
- Performance Outcomes. Synthesizes data that links QM interventions (such as member and provider outreach) with data improvements, enabling us to home in on those interventions that have the greatest impact on results
- Predictive Modeling. Analyzes claims and other data to identify risk factors, gaps in care, stratification of intervention levels required to positively affect care outcomes, and utilization of preventive services

## Quality Data Collection and Analysis—System Resources

Access to credible data promotes the integrity of our QM Program. Enabled through reliable data, the health plan can better identify opportunities for performance improvement (both clinical and non-clinical) and assess the impact of our interventions. Amerigroup's strong data and analytical capabilities will enable us to more effectively collaborate with the Department to deliver sustainable quality improvements.

**Quality Data Analysis**
Amerigroup's information systems collect and integrate health information to support quality activities. Data is maintained in standardized systems and databases in a confidential, accurate, timely, and comprehensive manner. External data is received according to structured processes and time frames, and both internal and external data are verified by rigorous quality checks for integrity. These data sources and performance measures form the foundation of our analysis of our health plan quality operations.

**Core Operations System**
Our core operations system is the system of record for all data, including provider, member (including enrollment and eligibility), claims, and authorization. All updates to this information are performed through the user interface or through application-specific data loads, such as enrollment files received from State partners. All other Amerigroup applications interface the core operations system map to its data structures to enable consistency in naming, formatting, and validation and drive data quality and reliability.

**Care Management System**
CareCompass is our single-platform, clinical care management solution that integrates seamlessly with our core operations system. This system gathers and organizes information from sources such as claims and authorizations, pharmacy data, and lab data to enable proactive identification and management of member health and to facilitate communications between all participants of the member's care team.

**Provider Data Verification**
Our core operations system is the system of record for our provider data, including demographic data, provider type, specialty codes, payment information, provider contract status, license number, credentialing information and status, affiliations, and PCP panel capacity. We use an integrated workflow and imaging application to support the provider intake and information management process and to ensure accuracy and completeness of the data. Provider files are pulled in a random selection for review of the data entered into the database as a means of verifying the accuracy and timeliness of data entered for all provider and credentialing data elements.

**Data Warehouse**
Amerigroup's Medicaid data warehouse is an integrated repository fed directly from the core operations system to ensure data quality, control, and consistency. The data warehouse maximizes our capacity for data analytics and affords us the flexibility to produce targeted reporting to support our State customers, business processes, providers, and members.

Supplemental Applications: Our Management Information System includes additional integrated applications that support the overall functionality of Medicaid and Medicare operations, including provider profiling, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), HEDIS, member ID cards, PCP assignment. Dashboards/business intelligence analytical reporting and other supplemental applications maximize functionality, efficiency, security, and data analytics.

***HEDIS Management Information System:*** Our single-platform HEDIS Management Information System provides the structure to support Amerigroup's team of data experts who apply rigorous quality

control tools to validate HEDIS, HEDIS-like, and health plan data used to measure outcomes for our quality activities.

Amerigroup's data warehouse is an integrated repository fed directly from the core operations system to ensure data quality, control, and consistency. The data warehouse maximizes our capacity for data collection and analytics and offers the flexibility to produce targeted reporting to support our state customers, business processes, providers and members.

## Provider Participation

**Provider Participation in the Quality Process**

Amerigroup is committed to assuring that our QM program incorporates local practicing physicians and other clinicians in the development of our quality goals and processes, incorporating industry best practices coupled with local variation as appropriate. We work with our providers in the development of reports to address our member needs.

- Our providers will be supplied with information about their performance relative to quality metrics that compares their performance to that of their peers, as well as monthly gaps in care reports based on HEDIS measures. Our local, on-site provider representatives and Quality Management nurses review these with our providers.
- The provider Quality Incentive Program is directly tied to individual and other approved performance measures. Provider performance relative to achieving quality targets (HEDIS scores) as well as efficiency (cost) targets.

**Provider Participation on Quality Committees**

Complementing these initiatives, Amerigroup also seeks to engage providers through participation in our QM committees as a means to cultivate positive and productive relationships and achieve sustainable results. There is active physician participation (primary care and specialists, including behavioral health and specialists skilled at working with members with special health care needs) through the Louisiana Quality Management and Medical Advisory Committees (PAC). Providers are included in the planning, design, implementation, and review of our QM program.

**Partnering with Providers on Quality**

The roles of Louisiana health plan committees with network practitioners are the following:

- Assess levels and quality of care provided to members and recommend, evaluate, and monitor minimum standards of care for members
- Provide applicable advice and input to the national committee with oversight over the development and updating of clinical practice guidelines; identify opportunities to improve services and clinical performance by establishing, reviewing, and updating clinical practice guidelines based on review of demographic and epidemiologic information to target high-volume, high-cost, high-risk, problem-prone conditions
- Conduct a peer review process that provides a systematic approach for monitoring of quality and appropriateness of care
- Conduct a systematic process for Network maintenance through the credentialing/re-credentialing process
- Give advice to the health plan administration in any aspect of the health plan policy or operation affecting network providers or members
- Provide oversight of the peer review process
- Provide guidance and feedback regarding technology assessment

**Provider Satisfaction Surveys**
Complementing provider participation on QAPI committees, we actively seek provider feedback through annual provider satisfaction surveys. Providers reported the highest levels of satisfaction with our technology (electronic claims submission and payment, online eligibility, and claims look-up tools).

In addition to sharing with the local provider services team, each of our health plans reports the survey results to its Quality Management Committee. In collaborative workgroups and committees, each health plan thoroughly analyzes survey results to improve service to the provider network, promote provider retention, and support network development.

## QM Program Education to Providers and Members

The scope and content of the QM program reflects the demographic and cultural needs of the population served. Members and providers have opportunities to make recommendations for areas of improvement. Amerigroup Louisiana informs members and practitioners, at a minimum, on an annual basis concerning information about the QAPI Management Program through various methods of communication.

**QM Program Education for Providers**
To support our providers' use of QM-identified processes that result in the delivery of appropriate care, we support our providers through several processes. Providers receive information through health plan orientation, newsletters, bulletins, performance reports, provider relations representatives' on-site visits, provider manuals, and our provider website. We also publish updates on QM activities in the provider newsletter. Our quality management nurses also provide provider education on HEDIS, PIPs, CAHPS, and other State-specific initiatives. Our QM nurses also conduct Medical Record Reviews for document requirements (EPSDT, Advance Directives, COC activities, Behavioral Health and Specialist referrals).

Clinical Practice Guidelines are disseminated to providers and are available for providers on our website or we will send them to the provider on request. Each month, we identify members in targeted practices that have care opportunities.

**Access to Right Care at the Right Time in the Right Place**
Amerigroup fosters member-centric delivery of care. We believe that members are at the center of their health care decisions. For members to make informed decisions, we promote shared decision-making among our employees with our members and among our providers and members.

Educational materials in our members' prevalent languages, a high percentage of providers with different language abilities, and translation services ensure that our members receive information in a way that they can best understand and use it.

## Quality Assurance and Performance Improvement Work Plans

An integral component of our QAPI program is the annual Medicaid QAPI Work Plan, which represents our road map for the upcoming year and is built based on detailed analysis of provider and member data. The QAPI Work Plan is the vehicle through which we monitor, evaluate, and take effective action to identify and address all program improvements, including those related to quality of care. Our QAPI Work Plan is the tool that guides our QAPI team in measuring our success in achieving the targeted improvement goal.

Amerigroup develops the Louisiana QM Work Plan on an annual basis. The work plan includes the following:

- Objectives for the year and program scope
- Activities planned for the year, including quality and safety of clinical care and quality of service
- Performance measurement, including benchmarks and goals
- PIPs baselines and interventions
- Time frame within which each activity will be achieved
- Person(s) responsible for each activity, including department collaboration and coordination
- Monitoring previously identified issues
- Planned evaluation of the QAPI program and Work Plan
- Schedule for reporting to the governing body (or designee)
- Schedule for evaluation of delegated services

The Work Plan is a dynamic document and is updated as needed to reflect changes in processes, priorities, and/or activities. The QMC, QIC, and the Louisiana Board of Directors review and approve the QAPI Work Plan, with final approval coming from the Board of Directors.

The QM Work Plan list the measures, (HEDIS, PIPs, and State-required measures), the previous year's performance and Quality Compass benchmark, if applicable, and the current year's target measure, listing the interventions for each aspect. The work plan also reflects quality targets for the health plan's care management programs, including case management and DM, such as top conditions, member satisfaction, and member engagement rates.

Leveraging both local and national health plan experience and the best practices across our Medicaid business that currently support approximately one million of our members, our Medicaid QM Work Plan reflects a full scope of quality metrics. Examples of metrics include those specific to our Case Management and DM programs, HEDIS measures, and those important to the Department, such as diabetes, asthma, coronary artery disease, mental health, avoidable ED services, and members with special health needs. We will focus on outreach, patient safety, preventive services, closure in gaps in care, and provider engagement and profiling. We will encourage the use of clinical practice guidelines; high-risk prenatal, and chronic and complex condition management processes. We will also focus on member assessment, care planning, and engagement in their self-management, and we will assist with care navigation.

For all measures, we will persistently ensure that we are evaluating results as they compare to local and national benchmarks including consideration for the population being served. This description of our Quality Program and Work Plan is a high level narrative of the plan's Quality initiatives and activities. For further detail please refer to Attachments U.4-1 and U.4-2 for the QAPI Program Description, Committee Structure, Reporting Activities and Quality Management Work Plan.

For ease of review, we include Table U.4-3 which references each component description and applicable location in our QAPI program document. Attachment U.4-2, QAPI work plan is also provided for your reference.

*Table U.4-3: QAPI Program Components*

| QAPI Description | QAPI Plan Reference |
|---|---|
| QAPI Committee | Attachment U.4-1; Page 10, 30 & 31 of 52 |
| QAPI roles and responsibilities | Attachment U.4-1; page 30 of 52 |
| QAPI work plan | Attachment U.4-2: QAPI work plan |
| Performance improvement projects | Attachment U.4-1 Pages 10-14 of 52 |
| Medical record audits | Attachment U.4-1 Pages 4-9, 11 and 23 of 52 |
| Performance measures | Attachment U.4-1 Pages 20-24 and 46-48 of 52Attachment U.4-2 QAPI work plan |
| Plan Do Study Act cycles or CQI activities | Attachment U.4-1 Page 4 of 52 |
| Member and/or provider surveys | Attachment U.4-1 Page 8-9, 18 and 47 of 52 |
| Activities addressing health disparities through data collection | Attachment U.4-1 Page 11-12 of 52 |
| Improving Louisiana Medicaid population health care status | Attachment U.4-1 Page 3 of 52 |
| Rationale for program selection with identification of problems and issues | Attachment U.4-1 Page 13-18 of 52 |
| Keeping DHH informed | Attachment U.4-1 Page 4-5 of 52 |
| New innovative programs and processes | Attachment U.4-1 Page 13 of 52 |
| Establishing contracts and partnerships to enhance delivery of health care | Attachment U.4-1 Page 8-9 of 52 |

# U.5 Developing Performance Improvement Projects

***U.5 Describe the process that will be utilized to develop the performance improvement projects (PIPs) identified in Appendix DD of the RFP. Include a preliminary plan for at least one (1) required PIP including the following:***

- ***The study question;***
- ***The study population;***
- ***The quantifiable measures to be used;***
- ***Baseline methodology;***
- ***Data sources;***
- ***Data collection methodology and plan;***
- ***Data collection plan and cycle;***

Amerigroup has cultivated extensive experience in implementing and managing Performance Improvement Projects (PIPs) specific to the Medicaid and Children's Health Insurance Programs. Each of our health plans routinely identifies improvement opportunities, either based on our health plan's assessment of performance data or as directed by our State customers as a part of a strategic initiative. The programs we will implement in Louisiana represent the best practices across our affiliates operating Medicaid business across the country. The outcomes reported from these programs are based on our Medicaid affiliate health plans' experience in serving these members. During the current contract Amerigroup was required by the State to have two PIPs. Amerigroup initiated three PIPs.

Building on our experience, Amerigroup will develop PIPs that incorporate best practices adopted from our Louisiana experience and efforts in similar markets with analogous populations. Our approach in Louisiana is founded on high-quality analytics from our national quality management (QM) team that, based on our past performance, supports the health plan by quantifying the member and provider interventions that have the greatest impact. We will continue to refine our PIP strategies to ensure that they deliver the best results in the most cost-effective manner. As an important partner to the Louisiana DHH, Amerigroup welcomes the opportunity to implement the selection of performance measures and PIP topics as identified in Appendix DD.

## QAPI Process

**Strong Quality Oversight of Performance Improvement Project Activities**

The Amerigroup Quality Management Committee (QMC) will have oversight of all potential quality improvement initiatives, including review, approval, and oversight of the strategic direction and progress of PIPs on an on-going basis. In addition, all proposed PIPs (along with all required reporting) will be submitted to the Louisiana DHH for review and approval. Our QMC will monitor all clinical and non-clinical quality improvement activities and will report updates to the Quality Improvement Committee (QIC). To guide identification and development of PIP opportunities, Amerigroup's Director of Quality Management monitors clinical care and service delivery by continually reviewing specific QAPI program indicators, including the following:

- HEDIS measures generated annually, audited by a third party, and compared to findings from previous years and to national and State value-based performance goals
- Consumer Assessment of Health Plans Survey (CAHPS) assessment results developed annually

- Annual provider satisfaction survey results
- Aging, resolution, and trends related to appeals and complaints
- Ad hoc clinical care, service, and utilization management reports
- Quarterly disease management and case management reports of chronic conditions, summarizing participation rates and outcomes
- Quarterly health promotion reports that track member contacts, distribution of member materials, and member education classes
- National customer care organization telephone performance reports

**Performance Improvement Project Identification, Selection, and Development**
The health plan will initiate PIPs to address deficiencies that affect groups of providers and members who require restructuring of current operational processes. As part of this assessment, our QAPI team, working in collaboration with other functional departments, evaluates the significance to our health plan:

- Prevalence of the issue
- Effect on members (such as effect on health outcomes, health risks, and health disparities)
- Interest of members, providers, and the DHH regarding care or services to be addressed

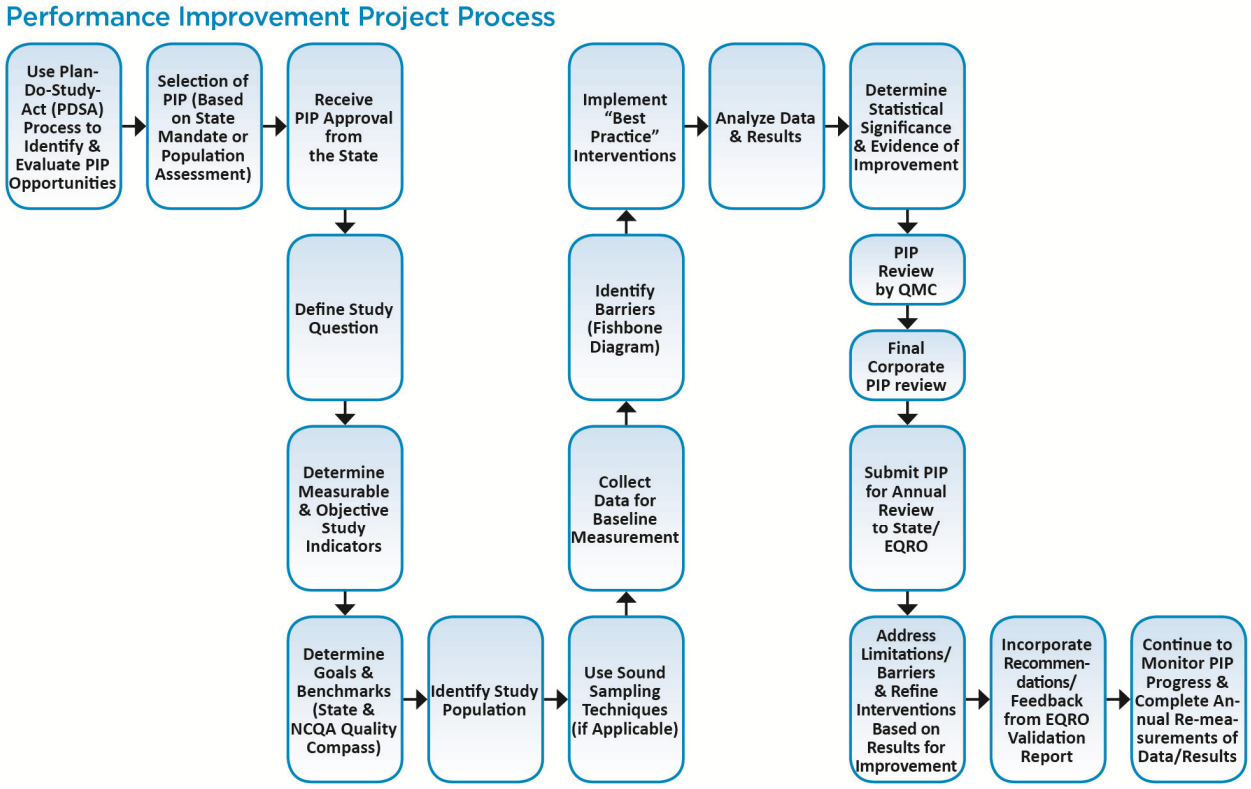
Upon identification of a PIP opportunity, the Market Quality Management Coordinator creates a multi-departmental team with representation from affected functional areas to participate in the project.

**Implementation, Monitoring, and Interim Evaluation**
Amerigroup will implement a multifaceted analytic process to identify and evaluate new quality performance projects. Figure U.5-1 displays our Plan Do Study Act (PDSA) cycle. Amerigroup uses this PDSA cycle and embeds the use of other quality management tools within that cycle.

*Figure U.5-1: Amerigroup's PDSA Cycle*

This process includes a drill-down barrier analysis of an identified performance measure to determine barriers to achieving State goals, as well as interventions to promote care and services related to those goals. The team develops an action plan to bring our performance up to the desired goal using PDSA. The process includes developing a baseline measurement, identifying barriers, building appropriate interventions to address those barriers, gathering the resources needed to conduct interventions, and establishing specific targets, benchmarks, and timeframes. The team identifies the means for measuring the results of new or enhanced interventions, and the results of the data analysis are reported on a monthly or quarterly basis. Interim evaluations are performed to determine any identified barriers to success, and these results are presented to the QMC. We will refine interventions based on actual results and repeat the process until the desired results are achieved. The team then monitors results for sustained improvement. Figure U.5-2 illustrates our workflow as described above.

*Figure U.5-2 Performance Improvement Project Process*




## Preliminary Performance Improvement Project - Prematurity

We will implement each of the PIPs as specified in Appendix DD of the RFP, Performance Improvement Projects (PIPs). Below we include our comprehensive preliminary plan for Prematurity, using the approved DHH IPRO PIP template. The Prematurity PIP includes the following elements as required by DHH:

- *Study question* - Decrease premature birth rates (PTBR) through education and continuity and coordination of care. The aim is to decrease PTBR during the measurement period and target goal is to decrease PTBR by 15%, by the end of 2017.
- *Study population* - The total number of member live births which occurred prior to 37 weeks gestational age.
- *Quantifiable measures to be used* - PTBR based upon gestational age will be used as the indicator, with preterm births defined as those live births which occurred prior to 37 weeks gestation. PTBR is defined as the percentage of all reported live births which occurred prior to 37 weeks gestation.
- *Baseline methodology* - Preterm birth reporting is captured in the Newborn Assessment tool at the time of delivery notification. Information is received by the National Customer Care Center from the delivery facility via live call or fax, within 48 hours of the delivery. Several data elements are captured during the delivery notification process, including gestational age. This data element is manually entered into the Newborn Assessment database. Each month, the information is extracted from the database, summarized by plan, and reported in the monthly Maternal Child Services Dashboard report as the PTBR. In addition to reporting the average gestational age for members

delivering during the prior month, the metrics also include the gestational age capture rate, which reflects the percentage of deliveries for which gestational age is captured. Gestational age is a mandatory field that must be completed for all deliveries. Monthly reports alert staff when a corresponding gestational age is not recorded in the Newborn Assessment tool. These alerts require follow up and correction. Any Newborn Assessments for which gestational age was not captured are compiled in a report used to contact the facilities and capture the information. The Newborn Assessment qualifies as an approved methodology under the guidelines of the Joint Commission National Quality Measures.

- *Data sources* - The Operational Data Warehouse (ODW) is the single source for the data.
- *Data collection methodology and plan* - Data for the measure is collected using the software tool, SAS, to create extract files for analytical purposes.
- *Data collection plan and cycle* – See Table U.5-1

*Table U.5-1: Data Collection plan and cycle*

| Event | Timeframe |
|---|---|
| Baseline Measurement Period | February 2015 – December 2015 |
| Interim Measurement Period | Biannually |
| Submission of Interim Report (if applicable) | To be determined |
| Re-measurement Period | January 2016 |
| Intervention Implementation | 2015 |
| Analysis of Project Data | 2016 and on-going |
| Submission of final Report | To be determined |

## Additional Performance Improvement Projects

Amerigroup also plans to implement and submits the following attachments outlining each of our preliminary plans for the other three PIPs:

- Attachment U.5-1 Childhood Obesity PIP
- Attachment U.5-2 Attention Deficit and Hyperactivity Disorder (ADHD) PIP
- Attachment U.5-3 HIV PIP

# Bayou Health Plan Performance Improvement Project (PIP)

## Amerigroup Louisiana, Inc.

## Premature Births

## Project Proposal

**Submission to:**
LA Department of Health and Hospitals
IPRO

# Health Plan and Project Identifiers

Please complete all fields as accurately and as completely as possible.

**1. Name of Health Plan: Amerigroup Louisiana, Inc.**

**2. Select the Report Submission:** [If any change from initial submission, please complete section 7 below.]

X PIP Part I: Project Proposal Date submitted: ____/____/____
☐ PIP Part II: Interim Report Date submitted: ____/____/____
☐ PIP Part III: Final Report Date submitted: ____/____/____

**3. Contract Year: 2015**

**4. Principal Contact Person: Angela Olden**
[person responsible for completing this report]

**4a. Title: Director II Quality Management**

**4b. Phone:** (225) 819 - 4893 ext. 88871

**4c. Email Address: angela.olden@amerigroup.com**

**5. Title of Project: Premature Births**

**6. External Collaborators (if any): N/A**

**7. For Interim and Final Reports Only: If Applicable, Report All Changes from Initial Proposal Submission:** [Examples include: added a new survey, added new interventions, changed interventions, deviated from HEDIS® specifications, reduced sample sizes]

# 8. Attestation

The undersigned approve this PIP Project Proposal and assure their involvement in the PIP throughout the course of the project.

Amerigroup Louisiana, Inc.
Health Plan Name

Premature Births
Title of Project

Dr. Marcus Wallace
Chief Medical Officer (print, sign and date)

Angela Olden
Quality Director (print, sign and date)

N/A
IS Director (when applicable) (print, sign and date)

Sonya Nelson
CEO (print, sign and date)

# Project Topic

Provide a general description of the project topic that is clearly stated and relevant to the enrolled population.

## 1. Describe Project Topic

[Project topics should be based on the needs of the plan's member population (i.e., should reflect member needs, care and services and reflect high-volume or high-risk conditions/events) and should be supported by current research, clinical guidelines or standards. The Health Plan should provide a clear and detailed description of the selection and prioritization process used in topic selection.]

This Performance Improvement Project (PIP) addresses a leading cause of poor birth outcomes in Louisiana – preterm births. Prematurity has been designated as a Section 1 PIP focus for contract year 2015-2017, as described in the Louisiana Bayou Health Managed Care Organizations RFP Performance Improvement Projects Appendix DD.

## 2. Rationale for Topic Selection

[Explain why this activity is important to members or practitioners, *and* why there is an opportunity for improvement. Describe how the project or results will help practitioners, members, or plan processes. The rationale for the topic selected should be reasonable given Health Plan demographics, be based on objective supporting data (e.g., HEDIS®, Health Plan baseline data, member/provider surveys), and pertain to a sufficient number of members to yield interpretable findings. Support rationale with documentation from the literature, using citations].

Non-medically indicated inductions and Cesarean Section births occurring prior to 39 weeks of pregnancy commonly result in NICU admissions, serious disabilities, increased costs, and infant deaths. Louisiana's Birth Outcomes Initiative (BOI) was created with a mission "to improve the health of Louisiana's moms and babies by making positive impacts on women's health, infant health and hospital-based women and infant care." The 39 Week Initiative is one of the initiatives developed by the BOI, with a goal of ending non-medically indicated deliveries occurring prior to 39 weeks of pregnancy. Amerigroup Louisiana (AGP) shares the BOI goal of ensuring that our youngest population has the best possible start to life by increasing compliance with clinical care guidelines and quality metrics.

The Centers for Disease Control and Prevention (CDC) has stated that the leading cause of neurological disabilities in children is preterm birth, defined as those births which occur prior to 37 weeks of pregnancy. According to data released by the CDC in December 2013:

- Preterm births affect 1 of every 8 births, annually, in the U.S.;
- In 2005, preterm birth costs were greater than $26 billion for the U.S. health care system;
- In 2009, the combination of all preterm-related causes of infant death accounted for 35% of all infant deaths.

Various studies have demonstrated the need for Louisiana to improve the start of life for our children. For the year 2013, the following statistics have been released:

- America's Health Rankings listed Louisiana's national ranking for infant mortality as 48th;
- the Leapfrog Group listed Louisiana's average rate of early elective deliveries (defined as the percentage of non-medically indicated births, delivered by Cesarean Section or induction, between 37-39 weeks gestation), as 3.9% (as of January 31, 2014), while the national average for the same year was 4.6%.

The research and statistics to support this study project was reviewed by a focus group that included the Chief Medical Officer and representatives from the Medical Management and Quality Management departments. Collectively, the group felt it can be successful in decreasing preterm birth rates (PTBR) for our members.

### 3. Aim Statement

[State the question(s) that the project is designed to answer. Address what the project is trying to accomplish, including WHO (patient population), WHAT (the intent of the project), WHERE (pilot site and spread sites), and WHEN (timeline). Align the aim with the strategic goal of the organization. The project objectives should be clear and set the framework for data collection, analysis, and interpretation. Anticipated barriers and how they will be addressed may be considered. Examples of objectives include improving HEDIS rates, member satisfaction, access to care, and adherence to clinical guidelines. Specify a target or goal for improvement that is practical, achievable, unambiguous, and quantifiable. Benchmark data can be used for comparative purposes (e.g., HEDIS® rates, Healthy People 2010, published articles).]

***The purpose of this PIP is to decrease PTBR through education and ensuring continuity and coordination of care. Therefore, the aim is to decrease PTBR during the measurement period. The target goal is to decrease PTBR by 15%, by the end of 2017.*** For calendar year 2013, the plan's PTBR was 12.6%.

# Methodology

The methodology section describes how the data for the project are obtained.

### 1. Performance Indicators

[Indicators should be measurable, objective, clearly defined, and flow directly from the study aim. If using HEDIS®, specify reporting year used. If not using HEDIS®, or using a modified HEDIS® measure, clearly state how your indicators will be measured, including a description of the indicator numerator and denominator. Health Plan developed indicators should be evidence-based and refer to recognized clinical guidelines or expert consensus. Define the criteria used for selecting the eligible population, and describe any exclusion criteria. State whether the methodology for the remeasurement differs in any way from that used for the baseline assessment, include type of change, rationale for change, and any bias that could affect the results. When employing a quality improvement model, it is preferable to report an intermediate measure to evaluate performance and the further need for change. Process measures are the workings of the system (the parts/steps in the system) whereas outcome measures are the result (how the system is performing). Examples are the percentage of

patients with an LDL test in the past year, (process) and percentage of patients with LDL <100 (outcome).]

***Study indicator: For this PIP, PTBR based upon gestational age will be used as the indicator, with preterm births defined as those live births which occurred prior to 37 weeks gestation. PTBR is defined as the percentage of all reported live births which occurred prior to 37 weeks gestation.***

***The information for the preterm birth reporting process is captured in the Newborn Assessment tool at the time of delivery notification. Typically, information is received by the National Customer Care Center from the delivery facility via live call or fax, within 48 hours of the delivery. Several data elements are captured during the delivery notification process, including gestational age. This data element is manually entered into the Newborn Assessment database. Each month, the information is extracted from the database, summarized by plan, and reported in the monthly Maternal Child Services Dashboard report as the PTBR. In addition to reporting the average gestational age for members delivering during the prior month, the metrics also include the gestational age capture rate, which reflects the percentage of deliveries for which gestational age is captured. Gestational age is a mandatory field that must be completed for all deliveries. Health Plan associates receive a monthly AuthChex report, including alerts for all deliveries that do not have a corresponding gestational age recorded in the Newborn Assessment tool. These alerts require follow up and correction. Any Newborn Assessments for which gestational age was not captured are compiled in a report used to contact the facilities and capture the information. The Newborn Assessment qualifies as an approved methodology under the guidelines of the Joint Commission National Quality Measures.***

***a) Eligible population: Member live births for which gestational age at the time of delivery has been captured in the Newborn Assessment tool.***

***b) Numerator: The total number of member live births which occurred prior to 37 weeks gestational age.***

***c) Denominator: The total eligible population.***

d) **Baseline measurement period:** February 2015 – December 2015.

e) **Project goal:** Decrease the baseline results by 15%, by the end of 2017.

f) **Intermediate measure to evaluate performance:** AGP creates the intermediate PTBR rate monthly to monitor the performance.

g) **Additional change:** N/A for submission.

h) **Process measures (steps in the system):** N/A for submission.

i) **Outcome measures:** N/A for submission.

## 2. Procedures

[Describe the method of data collection, including who collects the data and the instruments used, as well as efforts to ensure validity and reliability. Clearly identify the sources of data, and specify if using administrative data, medical record data, hybrid methodology, and/or surveys. Describe any data collection tools that are employed. Report whether sampling is used. If so, describe the sampling method, and if stratification was used. Report the sample size and verify that it includes all relevant subsets of the population. Describe measures taken to ensure that members with special health care needs are not excluded. If a survey is used, detail the mode of survey (e.g., mail, phone), the number of cases to receive a survey, and follow-up attempts to increase response rates, if any (e.g., re-mailing of surveys). If using statistical testing, specify the procedures used for analysis.]

a) ***Method of data collection: Data for the measure is collected using the software tool, SAS, to create extract files for analytical purposes.***

b) ***Instruments used for data collection: The Operational Data Warehouse (ODW) is the single source for this data.***

c) **Data validity and reliability:** Data from the ODW is accessed based on unique member ID fields and dates of activity, per the reporting measurement period. Data merges are linked by unique identifiers (i.e., member IDs, and call IDs) to various tables within the ODW to ensure they are done correctly. Unique counts of members and calls are performed to ensure there is no duplicate counting. As they are created, each data subset is compared back to the master table, to ensure no records are lost. Tests for referential integrity are performed throughout the process. The methodology is identical for the baseline and remeasurement.

   Performance measure results go through a series of inspections and comparisons of prior periods to check for accuracy and consistency, and the results are shared with business and subject matter experts, monthly, for verification. Chief Medical Officer, National Medical Director, Corporate and Plan Performance Managers, COOs, and other designated health plan leads, review the results.

   The files for each reporting period are stored in separate locations, with the reporting period incorporated into the naming convention. They are archived by the Amerigroup Regulatory Reporting department. The Maternal Child Services department maintains a tool to track report titles, owners, reporting frequency, and due dates. The program code is saved with a naming convention reflecting the date and version. All historical versions are retained and archived in the appropriate location. The report logic is documented and posted in the detail file so that it may be run by any programmer, if necessary.

d) **Sample Size:** This is a population measure; therefore, no sampling is performed.

e) **Stratification:** N/A for submission**.**

f) **Survey:** N/A for submission**.**

g) **Statistical testing:** N/A for submission**.**

## 3. Project Timeline

[The timeline should include all important dates regarding the conduct of the study, including baseline measurement period, interventions, remeasurement period, analysis, final report. Complete the table below. For each event, provide a date or date range (start and end dates), as applicable.]

| *Event* | *Timeframe* |
|---|---|
| ***Baseline Measurement Period*** | ***February 2015 – December 2015*** |
| ***Interim Measurement Period*** | ***Biannually*** |
| ***Submission of Interim Report (if applicable)*** | ***To Be Determined*** |
| ***Re-measurement Period*** | ***January 2016*** |
| ***Intervention Implementation*** | ***2015*** |
| ***Analysis of Project Data*** | ***2016 and on-going*** |
| ***Submission of Final Report*** | ***To Be Determined*** |

# Interventions/Changes for Improvement

Interventions should be targeted to the study aim and should be reasonable and practical to implement considering plan population and resources.

## 1. Interventions Planned and Implemented

[Describe each intervention and the decision-making process leading to the selection of the intervention. Detail how the intervention is reasonably able to impact the enrolled population/improve health outcomes, and likely to induce a permanent change rather than a short-term or one-time effect. Interventions should be based on evidence of effectiveness. If the intervention is based on literature, include appropriate citations. Specify identified barriers to care that interventions are designed to impact. Describe whose performance the intervention is intended to affect (e.g., members, Health Plan clinical staff, providers, community). Provide the start and end dates of each discrete intervention. The interventions should be timed for optimal impact, ideally after baseline, allowing enough time to impact remeasurement. Given the time parameters of the project, an interval of at least 6 to 9 months is generally necessary to detect measurable impact of your interventions.]

Complete the sections in the table below, and add more rows as needed. For each intervention, provide date ranges (start and end dates) in the first column of the table. Interventions that began post-remeasurement should not be listed as interventions since they could not impact the rates. They should be highlighted in the Next Steps section.

| Intervention Timeframe | Description of intervention |
|---|---|
| | |
| | |
| | |

## 2. Barrier Analyses

[Barrier analysis should be conducted as part of the project design. Describe the barriers that your interventions are designed to overcome, e.g., lack of member or provider knowledge, lack of transportation, lack of standardized tools, lack of adequate discharge planning. Barrier analyses should include analyses of data, both quantitative and qualitative (such as focus groups or interviews) and published literature where appropriate. Barriers are distinguished from challenges you confronted in conducting the study. Those challenges should be described in the Limitations section.]

# Results

The results section should quantify project findings related to each study question and project indicators. **Do not** interpret the results in this section.

[Explain how the data were analyzed to address the objectives. Important results to include:

- Entire population size and number of cases in the project sample
- Number of cases excluded due to failure to meet criteria
- Rates for project indicators—numerator and denominator for baseline and remeasurement
- Performance targets
- Statistical tests and results (if applicable)
- Run/Control Charts
- How missing data and outliers were handled

Tables/graphs/bar charts are an effective means of displaying data in a concise way to the reader. Appendix A contains examples of tables as well as instructions on creating useful tables.

Tables should be accompanied by text that points out the most important results, simplifies the results, and highlights significant trends or relationships. Tables should be able to stand alone.

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

# Discussion

The discussion section is for explanation and interpretation of the results.

## 1. Discussion of Results

[Explain and interpret the results by reviewing the degree to which objectives and goals were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. Comment on "face validity," i.e., does the improvement in performance appear to be the result of the quality improvement interventions. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained.]

## 2. Limitations

[Address the limitations of your project design. Identify methodological factors that may jeopardize the internal or external validity of the findings. Describe any challenges or barriers identified in implementing the interventions and how they were addressed (e.g., difficulty locating Medicaid members, lack of resources, reasons for low survey response rates, insufficient number of providers in rural areas. Indicate if an intervention was planned but was not implemented or if the intervention was changed in any way, and why.]

# Next Steps

In this final section, discuss ideas for taking your project experience and findings to the next step.

## 1. Lessons Learned

[Describe what was learned from the project, what remains to be learned, what can be changed as a result of the project, and whether findings can be extrapolated to other members or systems.]

## 2. System-level Changes Made and/or Planned

[Describe how findings will be used, actions that will be taken to sustain improvement, and plans to spread successful interventions to other applicable processes in your organization.]

# Appendix A: Examples of Tables

Tables can include 95% confidence intervals corresponding to each of the proportions, goals and benchmarks (such as the statewide average), or other descriptive statistics such as average, median, range, and outliers, if appropriate.

You do not have to choose one of these tables: they are for reference purposes only. Create a table that is appropriate for your unique data, but follow the general guidelines:

- Table titles should always be understandable and stand-alone.
- Table column headings should include the number of members in each group.
- Each column should have a heading.
- Report statistical significance using asterisks or significance level in a column.

**Sample Table 1: Rate of [*Project Indicator*], Year 1-3**

| Year | Numerator | Denominator | % | 95% CI |
|---|---|---|---|---|
| Year 1 | | | | |
| Year 2 | | | | |
| Year 3 | | | | |

**Sample Table 2: Baseline and Remeasurement Rates for Each Project Indicator**

| Indicator | Baseline | | Remeasurement | | P value |
|---|---|---|---|---|---|
| | n | % | n | % | |
| Indicator 1 | | | | | |
| Indicator 2 | | | | | |
| Indicator 3 | | | | | |

**Sample Table 3: Baseline and Remeasurement Rates for Plan and Statewide Average**

| Indicator | Plan | | SWA | | P value |
|---|---|---|---|---|---|
| | n | % | n | % | |
| Baseline Year | | | | | |
| Remeasurement Year | | | | | |
| Difference | | | | | |

**Sample Table 4: Record Retrieval Information by Provider**

| | Records from Provider 1 | Records from Provider 2 | Total |
|---|---|---|---|
| Records Requested | | | |
| Records Received | | | |
| Records Not Received (but included in analysis) | | | |
| Records Excluded | | | |
| Total Usable Cases | | | |