

1. Title Page for the State’s SUD Demonstration or SUD Components of Broader Demonstration

State	Louisiana
Demonstration name	Healthy Louisiana Substance Use Disorder 1115 Demonstration
Approval date for demonstration	February 1, 2018
Approval period for SUD	February 1, 2018 – December 31, 2022
SUD (or if broader demonstration, then SUD - related) demonstration goals and objectives	<p>The goal of this demonstration is for Louisiana to maintain critical access to opioid use disorder (OUD) and other substance use disorder (SUD) services and continue delivery system improvements for these services to provide more coordinated and comprehensive OUD/SUD treatment for Medicaid beneficiaries. This demonstration will provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD). It will also build on the state’s existing efforts to improve models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines.</p> <p>During the demonstration period, Louisiana seeks to achieve the following:</p> <ul style="list-style-type: none"> • Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria; • Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD; • Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; and • Reduced readmission rates for OUD/SUD treatment.

2. Executive Summary

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. Louisiana completed action items identified in the approved Implementation Plan Protocol within the indicated timelines. Related to milestone 3, education of the benefits of Medication Assisted Treatment (MAT) is an ongoing initiative.

In DY2 Q3, CMS issued updated tools and instructions for the monitoring protocol and monitoring reports. An updated monitoring workbook was also provided to align with the 1115 SUD Demonstrations Technical Specifications Manual (Version 2). Submission of the Louisiana's revised monitoring protocol will be reflected in DY2 Q4.

On Monday, November 18, 2019, the state of Louisiana encountered a ransomware attack on Louisiana government servers. State websites, email, and data systems were unavailable as the state took emergency protective measures, including shutting down server traffic, to neutralize the attack. Due to these ongoing shutdowns, Louisiana received a one week extension from CMS for submission of the DY2 Q3 quarterly monitoring report.

As indicated in the updated monitoring protocol, Louisiana anticipated inclusion of the grievances and appeals metrics for this quarter. However, data for these metrics is currently unavailable due to network issues, and the monitoring workbook will be updated as soon as the data is available.

3. Narrative Information on Implementation, by Milestone and Reporting Topic

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
1.2 Assessment of Need and Qualification for SUD Services			
1.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) The target population(s) of the demonstration <input type="checkbox"/> ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)			
2.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			

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2.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> i) Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management) <input checked="" type="checkbox"/> ii) SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs 	<p>i) OBH has partnered with Families Helping Families to provide education at the community level to heighten awareness on OUD and effective treatment approaches. In addition, OBH partnered with OPH to participate in their statewide Hep C Symposium to discuss stigma related to OUD and how to access evidenced based services.</p> <p>ii) Effective January 20, 2020, the Medicaid Program will add coverage of Methadone as an authorized medication for OUD treatment provided in OTPs.</p>	<p>i) 07/01/2019 – 09/30/2019</p> <p>ii) 04/01/2019 – 06/30/2019</p>	<p>i) n/a</p> <p>ii) numbers 2, 3, 4, 6, 12, and 15</p>
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 1			
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			
3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)			
3.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			

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3.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria <input type="checkbox"/> ii) Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 2			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 2.			
4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)			
4.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
<input type="checkbox"/> The state has no trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			

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4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards <input type="checkbox"/> ii) State review process for residential treatment providers' compliance with qualifications standards <input type="checkbox"/> iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 3			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting metrics related to Milestone 3.			
5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)			
5.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 4			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)			
6.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD <input type="checkbox"/> ii) Expansion of coverage for and access to naloxone			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 5			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)			
7.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
7.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Milestone 6			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
8.2 SUD Health Information Technology (Health IT)			
8.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			

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8.2.2 Implementation Update			
<p>Compared to the demonstration design and operational details, the state expects to make the following changes to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> i) How health IT is being used to slow down the rate of growth of individuals identified with SUD <input type="checkbox"/> ii) How health IT is being used to treat effectively individuals identified with SUD <input type="checkbox"/> iii) How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD <input type="checkbox"/> iv) Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels <input type="checkbox"/> v) Other aspects of the state’s health IT implementation milestones <input type="checkbox"/> vi) The timeline for achieving health IT implementation milestones <input type="checkbox"/> vii) Planned activities to increase use and functionality of the state’s prescription drug monitoring program 	<p>A general update on the Health IT Plan and data for DY2Q3 is included in Attachments A1-DY2-Q3 and A2-DY2-Q3. Additionally, the attached 1115 SUD Metrics Workbook-HIT Measures – DY2 (Q3) includes data for HIT metrics.</p> <p>LDH has revised metric Q3 to state: Number of incarcerated individuals who are Medicaid eligible that are enrolled with a MCO prior to release. Due to the fact that the Department of Corrections (DOC) data system is unable to capture a total count (denominator) we will be reporting a simple count rather than a percentage.</p>		
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to Health IT			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
<input type="checkbox"/> The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
<input type="checkbox"/> If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	Updated budget neutrality data is included in the Attachment entitled “Budget Neutrality Workbook DY2Q3”. Please note that data was available for only the month of April, 2019. Data for May-June 2019 will be reported when available.		
10.2.2 Implementation Update			
<input type="checkbox"/> The state expects to make other program changes that may affect budget neutrality	LDH staff attended the CMS training on the new budget neutrality template. Due to the requirement of including data from the CMS 64 report in the new template, Medicaid met with staff from our Fiscal reporting section to discuss importing the CMS 64 report to the new budget neutrality template. We anticipate being able to import CMS 64 data into the new CMS template for our quarterly budget neutrality reporting in our next quarterly report in March 2020.		
<input type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
<input type="checkbox"/> States should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
11.1.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: <ul style="list-style-type: none"> <input type="checkbox"/> i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) <input type="checkbox"/> ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) <input type="checkbox"/> iii) Partners involved in service delivery 			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			

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<input type="checkbox"/> The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The state is working on other initiatives related to SUD or OUD			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
<input type="checkbox"/> The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)			
<input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.			
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
<input type="checkbox"/> Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	<p>Tulane compiled a preliminary list of data sets or elements needed to begin analyses. A meeting was held with LDH to discuss baselines, timelines, and the evaluation strategy. Data and documents requests were identified by Tulane, and information was provided by LDH.</p> <p>A summary of activity on the 1115 SUD evaluation project from July-September is included in the attachment “<i>SUD Evaluation Update Quarterly Report Yr2Q3</i>”.</p>	07/01/2019 – 09/30/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			

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<input type="checkbox"/> Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	LDH initiated quarterly conference calls with Tulane to discuss deliverables and provide information as requested on the Evaluation.	07/01/2019 – 09/30/2019	
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
<input type="checkbox"/> List anticipated evaluation-related deliverables related to this demonstration and their due dates.	Evaluation Design, May 25, 2019 Interim Evaluation Report, Dec 31, 2021 Summative Evaluation Report, June 30, 2024		
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic.			
13.1 Other Demonstration Reporting			
13.1.1 General Reporting Requirements			
<input type="checkbox"/> The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			

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Compared to the demonstration design and operational details, the state expects to make the following changes to: <input type="checkbox"/> i) The schedule for completing and submitting monitoring reports <input type="checkbox"/> ii) The content or completeness of submitted reports and/or future reports			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
<input type="checkbox"/> The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
<input checked="" type="checkbox"/> The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
<input type="checkbox"/> If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.			
<input checked="" type="checkbox"/> No post-award public forum was held during this reporting period and this is not an annual report, so the state has no post-award public forum update to report for this topic.			

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14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
<input type="checkbox"/> Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

The IET-AD, FUA-AD, FUM-AD, and AAP measures (metrics #15, 17 (1), and 17 (2), and 32) are Healthcare Effectiveness Data and Information Set (“HEDIS®”) measures that are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA’s methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only “Uncertified, Unaudited HEDIS rates.”

Certain non-NCQA measures in the CMS 1115 Substance Use Disorder Demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

1115 SUD Health IT Plan – Quarter 3 Update

As of 2018, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report's submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

1. Pg 2 - The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration – or the assurance described above. **The State has consulted with an independent consulting firm to identify best practices in the HIE Assessment. Consultation is ongoing and we anticipate the capabilities assessment will begin in late January 2020.**
2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy. **The Office of Public Health was awarded a grant from the CDC that will allow the PDMP to become interoperable with several EHRs and pharmacy information systems across the state. Additionally, LDH was awarded funding in their SUPPORT Act IAPD, which will further assist with planning and preparation for implementing a PMP. We are still currently, working with the Department's Pharmacy staff to identify ways to increase interoperability with the PDMP.**
3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes. **We anticipate convening a group of stakeholders in the upcoming year to assist. Currently, there is no update for this process.**
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes. **No update at this time.**
5. Pg 5 – Process measure: Continue ad hoc meetings with CMS and ONC for IAPD guidance to enhance PMP connectivity in either HIE or EHR. **Several meetings between Medicaid, CMS and the Board of Pharmacy have been conducted and have resulted in a SUPPORT Act funding approval. We are working internally to identify new opportunities.**
6. Pg 5 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan proposal to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session. **This measure has not be completed due to various other projects. Currently, we anticipate reconvening in the upcoming year to plan activities and create a proposal. We remain in meetings regarding connectivity to the PMP.**

7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.
There is no update to this component at this time. The development of the RFP has not been started.
8. Pg 6 – Process measure: During procurement of pharmacy module, create reporting relationship and data feed into warehousing module.
No update at this time. The development of this RFP has not started.
9. Pg 8 – Process measure: Reprocure managed care contracts on timeline.
We have no further updates at this time as the MCO contracts remain under protest.
10. Pg 9 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.
The 2019 legislative session was a fiscal only session, and we were not able to introduce any PDMP related legislation.
11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.
No updates at this time. However, LDH's intent is to track internally as we move forward with the HIE Assessment and other PMP activities.
12. Pg 9/10 – Medicaid data measures
 - a. Opioid prescription utilization trend (recipients, drug name, amount, payments)
 - b. Opioid prescription utilization trend in naïve patients (recipients, drug name, amount, payments)See attachment A2-Q3 1115 SUD HIT. This file contains updated data through September 2019.

13. Pg 10 – PMP data measures
 a. User statistics by provider type

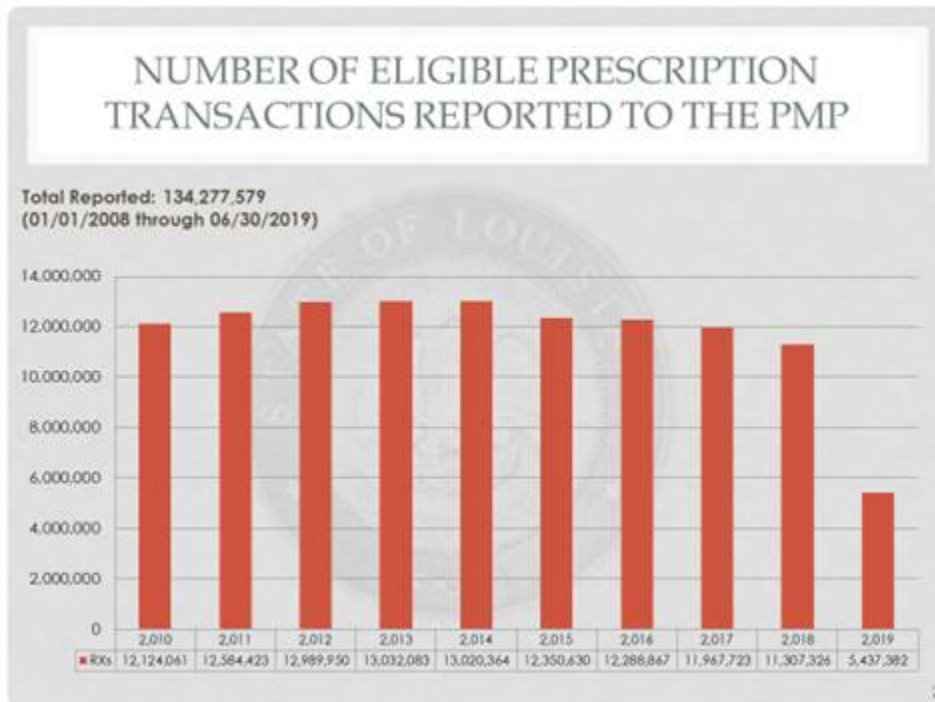
PMP User Stats for 2019Q3 (07/01/2019 - 09/30/2019)

PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 09/30/2019)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 09/30/2019)	Number of PMP Requests by Providers through <u>AWARxE™</u> During 2019Q3	Number of PMP Requests by Providers through <u>GATEWAY™</u> During 2019Q3
Physician (MD, DO)	13,125	8,878	424,703	2,343,919
Nurse Practitioner (APRN)	3,576	2,802	101,701	412,022
Dentist (DDS)	2,256	1,553	6,384	1,069
Physician Assistant (PA)	984	728	24,838	50,895
Optometrist (OD)	364	153	7	0
Podiatrist (DPM)	165	112	438	0
Medical Psychologist (MP)	89	83	6,059	0
Medical Intern/Resident	1,299	1,113	4,146	0
Prescriber's Delegate	NA	2,522	206,613	NA
Pharmacist (PST)	9,231	4,351	523,925	721,397
Pharmacist's Delegate	NA	990	50,325	NA
Totals	31,089	23,285	1,349,139	3,529,302

PMP User Stats for 2019Q2

PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 06/30/2019)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 06/30/2019)	Number of PMP Requests by Providers through <u>AWARxE</u> TM during 2019Q2	Number of PMP Requests by Providers through <u>GATEWAY</u> TM during 2019Q2
Physician (MD, DO)	13,149	8,767	401,705	2,023,067
Nurse Practitioner (APRN)	3,435	2,675	94,087	317,520
Dentist (DDS)	2,224	1,531	6,249	657
Physician Assistant (PA)	928	688	30,021	34,675
Optometrist (OD)	360	154	7	0
Podiatrist (DPM)	163	111	520	0
Medical Psychologist (MP)	91	83	5,469	0
Medical Intern/Resident	1,047	1,029	2,790	0
Prescriber's Delegate	NA	2,368	204,522	NA
Pharmacist (PST)	9,255	4,246	522,828	364,003
Pharmacist's Delegate	NA	926	41,913	NA
Totals	30,652	22,578	1,310,111	2,739,922

b. Eligible transactions reported to PMP



c. Prescriber and Pharmacists

No update at this time.

14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement
Progress: Currently the MCO procurements are in portest.
15. Pg 10 – Process measure: Decide which HIE technology will be utilized as an ADT feed.
Currently, ADT feeds are being handled by the Louisiana Emergency Department Information Exchange (LaEDIE) run by the Louisiana Health Care Quality Forum (LHCQF). There are several organizations within the state that are developing their own ADT feed system. This section will be updated when we receive more information.
16. Pg 10 – Process measure: Establish quarterly standing report for MCOs
No updates at this time.
17. Pg 10 – Data measure – How many ADT feeds are fed at different locations across the state by MCO and providers
Currently, there are 57 hospitals actively providing feeds to LaEDIE. The system provides a daily export to the five Healthy Louisiana MCOs based on their patient lists. The MCOs use this data to provide case management to their recipients.
18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to cancer/palliative care Rx baseline)
Report included in the attached A2-DY2 (Q3) HIT Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).



SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Department of Health Policy and Management

November 2019

1115 Waiver (SUD) Quarterly Evaluation Update Report (Yr2Q3)

This report includes a summary of activity on the 1115 Waiver (SUD) Evaluation project from July – September 2019.

Project Activities

July

Worked with Louisiana Department of Health (LDH) to develop a budget tied to the State fiscal year; developed a proposal including a budget for STC 23 work; started contracting process for a multi-year agreement.

August

Tulane continued its regular meetings with its research team and determined that a monthly meeting was now needed to ensure project coordination. At the August 12 meeting, given the recent approval by CMS, the 9/30/19 deadline for the data reports was discussed and each lead faculty was asked to identify what was still needed from LDH to be able to set up the data analyses. One item that was identified as critical was to confirm what LDH had completed to date and if any of the implementation plan has changed. This information will clarify pre-/post-implementation periods for the data analyses.

A decision was made to request quarterly meetings with LDH to ensure consistent project coordination.

September

The September Tulane internal meeting was held on September 9 and each lead researcher shared what data sets or elements were still needed to begin the analyses. The following preliminary list was compiled:

- MCO monitoring reports
- Vital statistics data (mortality data),
- HOPE council data
- List of residential in-patient providers needed for qualitative work

In addition, the goals for the kick-off standing quarterly meeting on 9/11/2019 with LDH were identified:

- Ask about the timing of getting the data needed (above)
- Address continued access to claims data once Medicaid evaluation work completed
- Understand the contracting process and timing

The team also discussed and concluded that given the data needs from LDH, the 9/30/2019 report deadline for the first set of analyses will need to be extended depending on when LDH can produce the data needed.

The first quarterly meeting with LDH and Tulane was held on September 11, 2019 in Baton Rouge. The meeting was scheduled to talk about baselines, timelines, and Tulane's evaluation strategy going forward. As a result of the meeting, the following data requests identified by Tulane were documented as follows:

LDH Implementation Plan:

- Exact demonstration years
- Timeline of secondary driver initiation (pre/post)

Quarterly Report Needs:

- Copies of past quarterly reports submitted to CMS
- Guidance on what should be included in Tulane reports

Data Needs for each type of analyses:

- Residential/In-patient Billing Provider List (Care Coordination)
- Current list of IMDs (Care Coordination)
- Louisiana OPH Vital Records (Quantitative Report)
- MCO Monitoring Reports (Quantitative Report)
- Monitoring Protocol (Quantitative Report)

Document Needs:

- Signed Letter of Support for provider interviews (IRB Application)
- Review of Qualitative Interview Guide
- Update Data Sharing Agreement to expand scope

STC 23 Assessment

- LDH to confirm expectations with CMS

As of September 30, 2019, the following items have been received from LDH (other items received as of 12/3/19 are noted below with relevant dates):

- 1115 Substance Use Disorder Demonstrations: Technical Specifications for Monitoring Metrics (Version 2); 1115 SUD Monitoring Tools
- Table with Demonstration Years
- Guidance on what should be included in Tulane reports
- Update Data Sharing Agreement to expand scope (approved 10/10/19)
- Timeline of secondary driver initiation (pre/post) (received 10/28/19)
- Residential/In-patient Billing Provider List (received 10/28/19)
- Current list of IMDs (received 10/28/19)
- Signed Letter of Support for provider interviews (IRB Application) (received 11/18/19)

Status of analysis by topic – September 30, 2019

Quantitative Analyses (Lead Researcher: Dr. Kevin Callison):

- MCO monitoring reports and monitoring protocol needed to clarify outcome measures;
- OPH vital records data (mortality data) needed with linkage to Medicaid claims data
- Secondary Driver supporting information (received 10/28/19)

Cost Analyses Report (Lead researcher: Dr. Charles Stoecker):

- Results needed from quantitative analysis report
- Data needed from the state for the administrative costs piece

Care Coordination (Lead researcher: Dr. Janna Wisniewski):

- Letter of support for provider interviews and IRB endorsement (received 11/18/19)
- Needs list of residential in-patient providers (received 10/28/19)
- Needs current list of IMDs (Institution for Mental Disease) (received 10/28/19)
- Tulane will send qualitative questions to LDH to review

Deliverable Status

Quarterly reports continue to be submitted on deadline. The first data deliverable was due on 9/30/2019 but due to the recent approval date of the final evaluation plan and the need for the most current versions of the documents requested, the target date for the analyses will be early Spring 2020. The contract is still pending so no invoices have been submitted to date.

Use of Funds

Funds have been used for this project to cover faculty time to define the work timetables once the evaluation plan was approved, identify current data needs, coordinate activity with LDH, and to develop reports.

Respectfully submitted,

A solid black rectangular box redacting the signature of the sender.

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