

## 1115 SUD Health IT Plan – Quarter 4 Update

As of March 31, 2019, 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 is contracting with an independent consulting firm to identify best practices in HIE assessment. We anticipate the final report will be completed in late June 2019. The capabilities assessment should begin before the end of September 2019.**
2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy.  
**The Board of Pharmacy was working with the Office of Public Health to submit a grant proposal to integrate the PDMP into every EHR in the state. The Board of Pharmacy is awaiting for OPH to share the results of the grant proposal. The enactment of the SUPPORT ACT has resulted in several internal conversations with plans to involve the Board of Pharmacy in CYQ1 of 2019.**
3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes.  
**No update at this time.**
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes.  
**No update at this time. Last available minutes from 11.14.18:**  
[http://www.pharmacy.la.gov/assets/docs/Minutes/BdMtgMin\\_2018-1114.pdf](http://www.pharmacy.la.gov/assets/docs/Minutes/BdMtgMin_2018-1114.pdf)
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.  
**Meetings will be requested as necessary.**
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.  
**No update at this time.**
7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.  
**No update at this time. The development of this RFP has not 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.  
The Medicaid Managed Care Organization RFP was released February 25, 2019. The anticipated date for the new MCO contracts to be operational is 1/1/2020.
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.  
No updates at this time.
11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.  
No updates at this time.
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-Q4 1115 SUD HIT. This file contains updated data through December 2018.

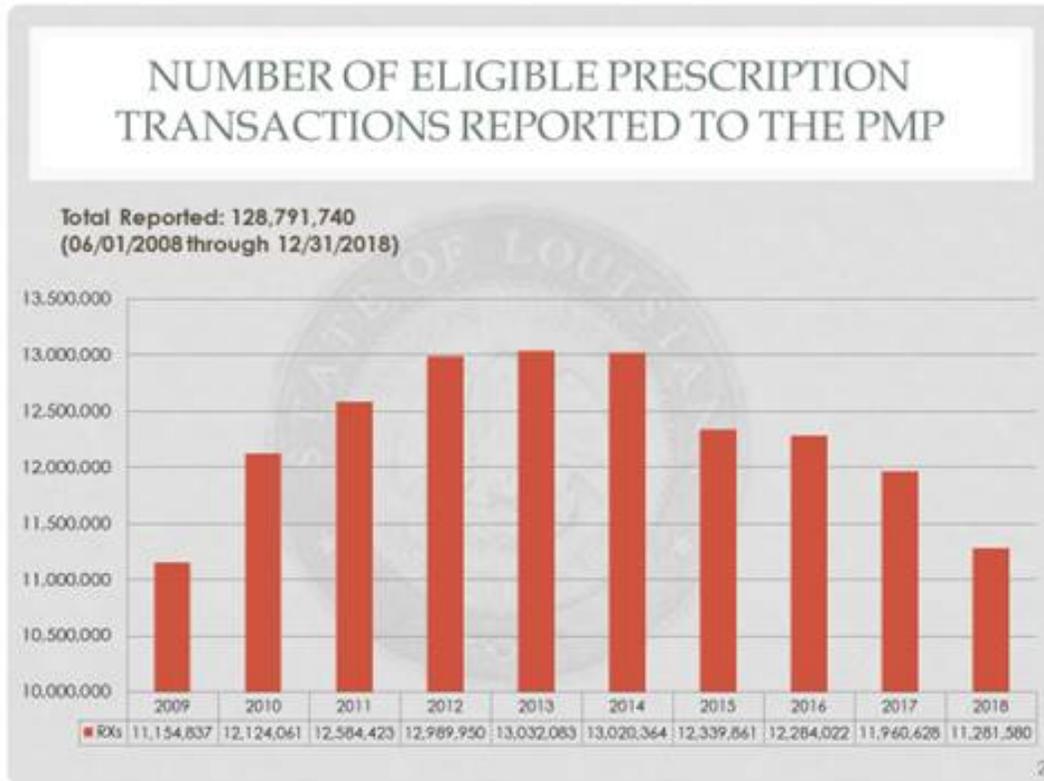
13. Pg 10 – PMP data measures:

a. User statistics by provider type

**PMP User Stats for 2018Q3 (10/01/2018 - 12/31/2018)**

PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 12/31/2018)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 12/31/2018)	Number of PMP Requests by Providers through <u>AWARxE™</u> During 2018Q4
Physician (MD, DO)	13,000	8,505	357,078
Nurse Practitioner (APRN)	3,226	2,473	79,753
Dentist (DDS)	2,225	1,509	5,133
Physician Assistant (PA)	880	624	19,766
Optometrist (OD)	360	148	11
Podiatrist (DPM)	161	209	247
Medical Psychologist (MP)	89	83	5,259
Medical Intern/Resident	1,076	937	1,882
Prescriber's Delegate	NA	2,127	195,273
Pharmacist (PST)	9,069	4,156	297,752
Pharmacist's Delegate	NA	812	34,072
Totals	30,086	21,583	996,226

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: The RFP was release February 25, 2019 with a proposal due date of April 29, 2019.
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  
We have a draft report that has not been approved by Medicaid leadership or been sent to the MCOs. (Side note: I am still trying to confirm whether this is necessary

given the report I receive daily from LaEDIE that includes a listing of all ADT feeds from the previous day.)

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 Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).

#### Extra Board of Pharmacy Information:

The PMP AWARxE system is available to Healthcare Providers throughout the state. AWARxE is an online system that provides medication safety information and helps raise awareness of the dangers of abusing and misusing medications. The system also assists in pharmacy reporting and offers accessibility to data from different states. Number of requests per month is available if needed.

The Ochsner Health System, Lafayette General, Wal-Mart, Kroger and several physicians throughout the state have connected to the PMP Gateway, which allows access to PDMP data via the EHR or pharmacy management systems. Number of requests per month is available if needed.

<b>State</b>	Louisiana
<b>Demonstration Name</b>	Healthy Louisiana Substance Use Disorder 1115 Demonstration
<b>Approval Date</b>	February 1, 2018
<b>Approval Period</b>	February 1, 2018 – December 31, 2022
<b>SUD (or if broader demonstration, then SUD Related) Demonstration Goals and Objectives</b>	<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"> <li>• Increase enrollee access to and utilization of appropriate OUD/SUD treatment services based on the ASAM Criteria;</li> <li>• Decreased use of medically inappropriate and avoidable high-cost emergency department and hospital services by enrollees with OUD/SUD;</li> <li>• Increased initiation of follow-up after discharge from emergency department for alcohol or other drug dependence; and</li> <li>• Reduced readmission rates for OUD/SUD treatment.</li> </ul>

## **2. Executive Summary**

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. The first year of the demonstration waiver was focused on action steps identified in the Implementation Plan and on the development of the initial deliverables required by the STCs including: Monitoring Protocol, budget neutrality, Health IT Plan, and Draft Evaluation Design. One key deliverable that has necessitated a great deal of time and effort in DY1 was the Monitoring Protocol and performance metrics. As of the submission date of the DY1 Annual Report, an approved Monitoring Protocol is still pending. CMS advised Louisiana that submission of the data workbook is pending approval of the monitoring protocol. Therefore, the DY1 Annual Report does not include Part A, the SUD Metrics Workbook, and any corresponding metric trends analysis is pending.

**3. Narrative Information on Implementation, by Reporting Topic**

Prompts	Demonstration year (DY) and quarter first reported	Related metric (if any)	Summary
<b>1.2 Assessment of Need and Qualification for SUD Services</b>			
<b>1.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>1.2.2 Implementation Update</b>			
Compared to the demonstration design details outlined in the STCs and implementation plan, have there been any changes or does the state expect to make any changes to: A) the target population(s) of the demonstration? B) the clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration?			
Are there any other anticipated program changes that may impact metrics related to assessment of			

<p>need and qualification for SUD services? If so, please describe these changes.</p>			
<p><input checked="" type="checkbox"/> The state has no implementation update to report for this reporting topic.</p>			
<p><b>2.2 Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b></p>			
<p><b>2.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>2.2.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:  a. 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</p>			

<p>supervised withdrawal management)?</p> <p>b. 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>			
<p>Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.</p>			
<p>Action Steps</p>			<p>In DY1, Louisiana reviewed the various Medicaid authority documents to reflect current services array and requirements. This included a correction of the behavioral health provider manual to remove 3.7WM adolescent (which was not a change in service but a correction to the manual).</p>
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b></p>			
<p><b>3.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.</p>			
<p><input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.</p>			

<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure: <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>	DY1Q1		<p>a. In DY1, the state updated the Behavioral Health Medicaid Provider Manual to align outpatient and residential levels of care with the ASAM terminology and criteria. These updates were published in DY1Q4.</p>
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the</p>			

state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards?	DY1Q1		<p>c. In DY1, the state incorporated language within contracts and/or agreements that require providers to offer onsite MAT services or provide linkage and referral to MAT services offsite. This included provisions in the managed care Request for Proposals, to be published in DY2.</p> <p>The state conducted several trainings and outreach activities to disseminate information and educate MCOs, providers, and stakeholders on the 1115 deliverables and milestones, including access to MAT. This included presentations on MAT for pregnant women, the impact of the opioid epidemic, evidence-based treatment, and the impact of Louisiana's 1115 Waiver on residential providers.</p> <p>In DY1Q4, the state published a Notice of Intent to promulgate rules related to the 1115 Waiver and requirements on residential treatment facilities related to access to MAT. The final rule is expected to be published in DY2 Q1.</p>

c. Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site?			
Are there any other anticipated program changes that may impact metrics related to the use of nationally recognized SUD-specific program standards to set provider qualifications for residential treatment facilities (if the state is reporting such metrics)? If so, please describe these changes.			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>5.2 Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>5.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan,			In DY1, the state sent notice to the MCOs that Network Development Plans shall include specific details associated with developing networks for increased capacity to residential

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have there been any changes or does the state expect to make any changes to planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care?			levels of SUD treatment. The network adequacy report template was also updated, and MCO reporting expected to begin in DY2.
Are there any other anticipated program changes that may impact metrics related to provider capacity at critical levels of care, including for medication assisted treatment (MAT) for OUD? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>6.2 Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>6.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details			

<p>outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?</li> <li>b. Expansion of coverage for and access to naloxone?</li> </ul>			
<p>Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.2.1 Metric Trends</b>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>7.2.2 Implementation Update</b>			

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			Updated Q4 data is included in Attachment A1-Q4.  Proposed health IT metrics addressing the three key health IT questions were included in LA's draft monitoring protocol. Louisiana will begin reporting these metrics in the next report submitted following approval of the Monitoring Protocol.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>11.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details			

<p>outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. 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?</li> <li>e. Other aspects of the state’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT implementation milestones?</li> <li>g. Planned activities to increase use and functionality of the</li> </ul>			
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state’s prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			
<b>10.2.1 Current status and analysis</b>			

<p>Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.</p>	<p>DY1Q4</p>		<p>Budget neutrality for DY1 is reported in the attached document entitled “Budget Neutrality Workbook DY1Q4.</p> <p>The actual member months (MMs) are much higher than the SUD 1115 Waiver Budget Neutrality (BN) projections, which appears to be the result of higher expansion participation in the waiver than Louisiana experienced in the first six months of expansion rollout. The BN projections limited us to using only the first six months of Expansion experience, but now LA is experiencing the program after full ramp-up. Further analysis of data supports this as a driver of the increased MM counts as more than three quarters (76.6%) of MMs reported during DY1 were members of the expansion group. The state will continue to monitor these caseload trends moving forward.</p>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>10.2.2 Implementation Update</b></p>			
<p>Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>11.1 SUD-Related Demonstration Operations and Policy</b></p>			
<p><b>11.1.1 Considerations</b></p>			
<p>Highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any</p>			

<p>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.</p>			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.			
<b>11.1.2 Implementation Update</b>			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</li> <li>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</li> <li>c. Partners involved in service delivery?</li> </ul>			

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<p>Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?</p>			
<p>What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?</p>			<p>LDH has received several federal grants to respond to the opioid epidemic, including the State Opioid Response Grant awarded by SAMHSA. Louisiana is implementing the Hub and Spoke model to increase access to MAT, which will complement the action steps outlined in the implementation plan.</p>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>12.1 SUD Demonstration Evaluation Update</b></p>			
<p><b>12.1.1 Narrative Information</b></p>			
<p>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>			<p>In DY1, CMS provided a 90-day extension for the submission of the draft Evaluation Design, which was originally due on July 31, 2018. The state procured Tulane University to complete the waiver evaluation, including the Evaluation Design. A final draft of the evaluation design was submitted to CMS on October 29, 2018, and CMS feedback was received in Q4. Revisions to the Evaluation Design will be submitted in DY2 Q1.</p>
<p>Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected</p>			<p>In Q4, CMS provided feedback on Louisiana’s draft Evaluation Design. The feedback was reviewed, and coordinated efforts to address the feedback continued through the end of Q4.</p>

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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.			
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Evaluation Design, February 12, 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..			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			In DY1, Louisiana has requested guidance from CMS on the following: For monitoring reporting of the metrics, Louisiana is limited in the available data due to reporting deadlines of 60 days following the quarter and 90 days following the waiver year. LDH has a department-wide 90-day claim lag for consistent reporting. In the revised monitoring protocol, Louisiana plans to request a 120-day reporting period to include our normal 90-day claim lag and a 30-day period to query and analyze the data. LDH is requesting to further discuss the deliverable due dates with CMS, so that we are in compliance with the dates outlined in the STCs.  CMS has advised that several states have reported on this issue, and that universal response and guidance will be provided.
Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the			

state expect to formally request any changes to: a. The schedule for completing and submitting monitoring reports? b. The content or completeness of submitted reports? Future reports?			
Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
<b>13.1.2 Post Award Public Forum</b>			
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.	DY1Q2	STC 35	Louisiana is in compliance with STC 35 pertaining to 42 CFR 431.420(c) Post Award Forum requirements to post (within six months of the demonstration’s implementation) an announcement of the 1115 SUD Demonstration Waiver. The Public Forum Notice was posted on the Office of Behavioral Health (OBH) <a href="#">website</a> at least 30 calendar days in advance of the Public Forum.  The forum was held on June 28, 2018 following the Department’s monthly rulemaking hearing. Ten people representing the Medicaid and the Office of Behavioral Health attended the Public Forum. No members of the public attended the forum and no public comments were received outside of the forum (e.g. mail, e-mail, etc.).
<i>[Add rows as needed]</i>			
<input type="checkbox"/> There was not a post-award public forum 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 reporting topic.			
<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
DY1 Annual Report – February 1 – December 31, 2018  
Submitted on April 1, 2019

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<p>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.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.</p>			

### Monthly Review of the Impact of the Short-Acting Opioid 7-Day Quantity Limit Policy (Opioid-Naïve Recipients)

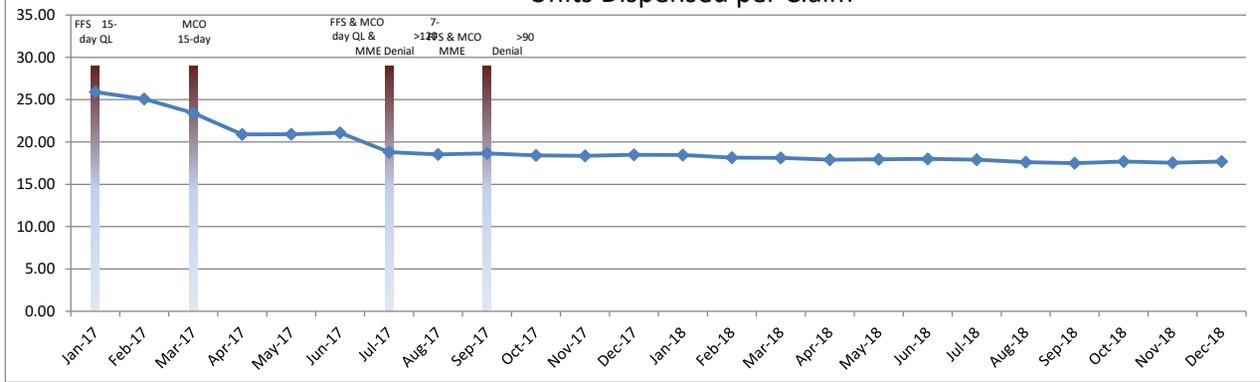
#### Notes:

- 1 The 7-day quantity limit for solid oral dosage forms of short-acting opioids became effective for recipients enrolled in either a Healthy Louisiana MCO plan or Fee for Service on July 10, 2017. This policy applied only to claims/encounters for recipients who were considered opioid-naïve. If the 90-day period prior to an opioid claim/encounter did not include any other opioid claim/encounter, recipients were considered opioid-naïve. When establishing the look back period, day 1 was the date of service of the claim/encounter. Monthly review is performed after the data from MARS Data Warehouse (MDW) is updated to include the previous month.
- 2 This review included paid and adjusted claims/encounters for the short-acting opioids that are included in the 7-day quantity limit policy with dates of service in the previous 24-month period. (January 1, 2017 through December 31, 2018)
- 3 For any particular recipient, this analysis included only those claims/encounters for further evaluation where no previous short-acting or long-acting opioid claim/encounter was identified in the 90-day period before the claim/encounter was submitted.
- 4 Recipients diagnosed with cancer and/or in palliative care at any point in the 24-month review period or in the previous 12 months (January 1, 2016 through December 31, 2018) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 5 Since this review includes only opioid naïve recipients who have not had another opioid prescription in the previous 90 days, the claim count and the unduplicated recipient counts by month are the same.
- 6 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 7 Reported payment amounts do not include any potential rebate.

**Utilization of Solid Oral Dosage Forms of Short-Acting Opioids in Opioid Naïve Recipients**

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
Jan-17	24,488	24,488	\$189,415	634,092	170,527	25.89	6.96
Feb-17	21,819	21,819	\$164,284	547,056	146,101	25.07	6.70
Mar-17	25,317	25,317	\$179,278	592,906	159,584	23.42	6.30
Apr-17	22,288	22,288	\$146,385	465,590	126,247	20.89	5.66
May-17	23,181	23,181	\$151,962	484,838	131,942	20.92	5.69
Jun-17	23,376	23,376	\$156,268	493,118	133,366	21.10	5.71
Jul-17	21,338	21,338	\$141,403	401,312	106,212	18.81	4.98
Aug-17	22,464	22,464	\$162,481	416,364	106,653	18.53	4.75
Sep-17	21,957	21,957	\$128,300	409,829	107,624	18.67	4.90
Oct-17	22,520	22,520	\$127,682	414,704	108,450	18.41	4.82
Nov-17	20,818	20,818	\$115,527	382,113	99,795	18.35	4.79
Dec-17	19,420	19,420	\$106,731	358,906	93,966	18.48	4.84
Jan-18	21,665	21,665	\$122,988	399,758	104,961	18.45	4.84
Feb-18	19,805	19,805	\$105,549	359,491	93,030	18.15	4.70
Mar-18	21,459	21,459	\$110,892	389,214	100,677	18.14	4.69
Apr-18	21,580	21,580	\$113,006	386,348	100,710	17.90	4.67
May-18	21,598	21,598	\$116,409	388,032	100,950	17.97	4.67
Jun-18	21,061	21,061	\$112,821	378,995	99,078	18.00	4.70
Jul-18	21,467	21,467	\$122,669	384,336	101,050	17.90	4.71
Aug-18	22,677	22,677	\$138,526	399,621	104,868	17.62	4.62
Sep-18	19,979	19,979	\$116,706	349,548	92,229	17.50	4.62
Oct-18	21,187	21,187	\$125,639	374,597	98,367	17.68	4.64
Nov-18	19,284	19,284	\$114,070	338,528	89,374	17.55	4.63
Dec-18	15,569	15,569	\$93,210	275,624	72,835	17.70	4.68

Solid Oral Dosage Forms of Short-Acting Opioids for Opioid-Naïve: Average Units Dispensed per Claim





## Monthly Review of Antianxiety Benzodiazepine Utilization

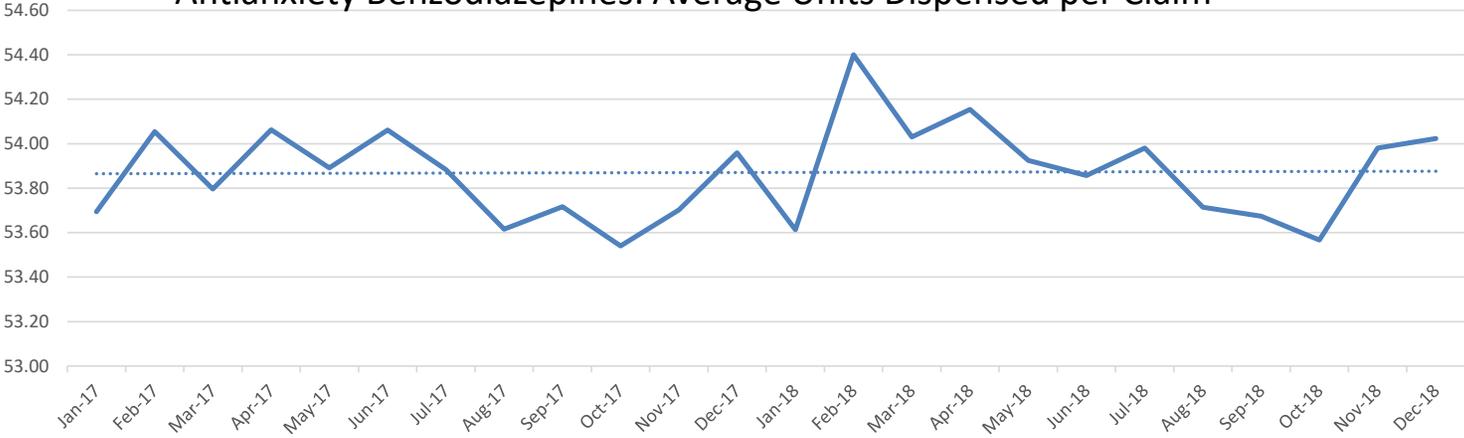
### Notes:

- 1 Monthly review of benzodiazepine use for anxiety is performed after the MARS Data Warehouse (MDW) is updated to include data from the previous month.
- 2 This review identified paid and adjusted claims/encounters in the MDW for benzodiazepines with dates of service in the previous 24-month period. (January 1, 2017 through December 31, 2018)
- 3 For clonazepam, clorazepate and diazepam, claims/encounters for recipients diagnosed with seizure disorder at any point in the 24-month review period or in the previous 12 months (January 1, 2016 through December 31, 2018) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 4 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 5 Reported payment amounts do not include any potential rebate.

**Utilization of Benzodiazepines Used in the Treatment of Anxiety**

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
Jan-17	30,848	28,173	\$224,777	1,656,364	806,726	53.69	26.15
Feb-17	28,313	26,663	\$205,566	1,530,428	742,350	54.05	26.22
Mar-17	33,099	29,631	\$239,989	1,780,597	865,506	53.80	26.15
Apr-17	30,062	28,162	\$214,933	1,625,215	789,551	54.06	26.26
May-17	32,388	29,039	\$234,057	1,745,452	851,356	53.89	26.29
Jun-17	32,127	29,202	\$229,879	1,736,820	844,597	54.06	26.29
Jul-17	31,132	28,789	\$225,363	1,677,490	819,482	53.88	26.32
Aug-17	32,684	29,694	\$258,520	1,752,394	859,287	53.62	26.29
Sep-17	30,636	28,430	\$234,225	1,645,675	806,633	53.72	26.33
Oct-17	31,607	28,935	\$235,635	1,692,251	833,136	53.54	26.36
Nov-17	31,189	28,664	\$230,568	1,674,915	824,972	53.70	26.45
Dec-17	30,068	27,895	\$222,062	1,622,433	798,309	53.96	26.55
Jan-18	30,915	28,199	\$241,450	1,657,439	821,390	53.61	26.57
Feb-18	26,650	25,192	\$192,619	1,449,764	716,452	54.40	26.88
Mar-18	27,851	25,660	\$197,557	1,504,800	746,335	54.03	26.80
Apr-18	28,218	26,262	\$207,468	1,528,136	756,855	54.15	26.82
May-18	29,507	26,822	\$222,846	1,591,144	790,128	53.92	26.78
Jun-18	28,134	26,172	\$215,264	1,515,215	751,497	53.86	26.71
Jul-18	28,845	26,465	\$223,122	1,557,076	770,587	53.98	26.71
Aug-18	29,998	27,131	\$233,615	1,611,318	800,322	53.71	26.68
Sep-18	26,832	25,339	\$205,799	1,440,194	715,613	53.67	26.67
Oct-18	29,551	26,724	\$224,997	1,582,960	787,657	53.57	26.65
Nov-18	28,136	25,982	\$214,335	1,518,816	753,966	53.98	26.80
Dec-18	22,501	21,519	\$178,240	1,215,575	601,904	54.02	26.75

Antianxiety Benzodiazepines: Average Units Dispensed per Claim



**PROJECTION**

	BASE YEAR DY00	TREND RATE	DEMONSTRATION YEARS (DY)					Total
			DY1	DY2	DY3	DY4	DY5	
ELIGIBLE MEMBER MONTHS	5,866	N/A	9,116	9,436	9,766	10,108	10,461	
PMPM COST	\$620.53	5.1%	\$688.29	\$723.39	\$760.28	\$799.05	\$839.80	
TOTAL EXPENDITURE			\$6,274,780	\$6,825,585	\$7,424,741	\$8,076,479	\$8,785,456	\$37,387,041

**ACTUAL**

	BASE YEAR DY00	TREND RATE	DEMONSTRATION YEARS (DY)					Total
			DY1	DY2	DY3	DY4	DY5	
ELIGIBLE MEMBER MONTHS	5,866	N/A	21,403					
PMPM COST	\$620.53	5.1%	\$523.60					
TOTAL EXPENDITURE			\$11,206,616					

*\*Does not contain data for the final month of DY1 (12/18) due to 90 day claim lag. December data will be submitted with the next quarterly report*

DY1

<b>Month</b>	<b>Member Months</b>	<b>Total Payments</b>
201802	1,897	\$ 980,816.77
201803	2,101	\$ 1,096,885.33
201804	2,140	\$ 1,121,586.29
<b>Q1</b>	<b>6,138</b>	<b>\$ 3,199,288.39</b>
201805	2,169	\$ 1,135,344.63
201806	2,168	\$ 1,138,954.38
201807	2,255	\$ 1,163,561.76
<b>Q2</b>	<b>6,592</b>	<b>\$ 3,437,860.77</b>
201808	2,338	\$ 1,221,558.21
201809	2,188	\$ 1,150,809.89
201810	2,274	\$ 1,194,611.92
<b>Q3</b>	<b>6,800</b>	<b>\$ 3,566,980.02</b>
201811	1,873	\$ 1,002,486.59
201812	*	*
<b>Q4</b>	<b>*</b>	<b>*</b>

*\*Does not contain data for the final month of DY1 (12/18) due to 90 day claim lag. December data will be submitted with the next quarterly report*