



SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Department of Health Policy and Management

February 2020

### **1115 Waiver (SUD) Evaluation Annual Report (DY2)**

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

### **PROJECT ACTIVITIES**

#### **January 2019 – June 2019**

Feedback on the draft evaluation plan was received from CMS in December 2018. The Tulane project team had various internal working meetings and worked on edits to the original plan. The work included creating a five-year budget and timeline with deliverables for inclusion in the revised evaluation plan. A phone meeting was held with the Louisiana Department of Health (LDH) team on 01/31/19. The Tulane project team had additional internal working meetings to incorporate feedback received on the call. The first revised plan was sent to LDH on 02/08/19 and then sent to CMS by LDH by their deadline. On 03/27/19, LDH received additional feedback from CMS on three minor items. These items were addressed by the Tulane project team, and a final version of the SUD plan was submitted to LDH on 04/22/19 with the corrections requested on 03/27/19. The final draft was submitted to LDH on 05/17/19 and LDH submitted the plan to CMS shortly thereafter.

#### **July 2019 – September 2019**

In July, while waiting on final approval of the evaluation plan from CMS, Tulane and LDH worked to develop a budget tied to the State fiscal year (vs demonstration years); developed a new proposal including a budget for STC 23 work; and started the contracting process for a multi-year agreement to match the evaluation design timing.

Final approval of the evaluation plan was received by LDH on 08/09/19 from CMS. Based on the approval of the evaluation plan, Tulane determined that a monthly meeting was now needed to ensure internal project coordination. The Tulane team held an internal meeting on 08/12/19, and given the recent approval by CMS, the 09/30/19 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 from the original implementation timeline, and if any of the implementation

plan or timing had changed. This information was needed to clarify pre-/post-implementation periods for the data analyses. A decision was also made to request quarterly meetings with LDH to ensure consistent project coordination with the first meeting scheduled for mid-September. Tulane continued its monthly internal meetings on 09/09/19 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
- OPH Vital Records 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 with LDH on 09/11/19 were identified:

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

The team also discussed and concluded that given the data needs from LDH, the 09/30/19 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 09/11/19 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:
  - o Exact demonstration years
  - o Timeline of secondary driver initiation (pre/post)
- Quarterly Report Needs:
  - o Copies of past quarterly reports submitted to CMS
  - o Guidance on what should be included in Tulane reports
- Data Needs for each type of analysis:
  - o Residential/In-patient Billing Provider List (Care Coordination)
  - o Current list of IMDs (Care Coordination)
  - o Louisiana OPH Vital Records (Quantitative Report)
  - o MCO Monitoring Reports (Quantitative Report)
  - o Monitoring Protocol (Quantitative Report)
- Document Needs:
  - o Signed Letter of Support for provider interviews (IRB Application)
  - o Review of Qualitative Interview Guide
  - o Update Data Sharing Agreement to expand scope
- STC 23 Assessment:

- LDH to confirm expectations with CMS

As of 09/30/19, the following items were received from LDH:

- 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 quarterly and annual Tulane reports and an internal calendar for reports

### **October-December 2019**

The October Tulane internal meeting was held on 10/28/19. Each lead researcher shared what data sets or elements were still needed to begin the analyses. The following preliminary list was compiled:

- LDH quarterly reports that have been submitted to CMS
- Louisiana OPH Vital Records
- MCO Monitoring Reports
- Revised Monitoring Protocol

In addition, the goals for the quarterly meeting with LDH on 10/28/19 were identified:

- Timeline of receiving the data needed (above)
- Confirm framework of the STC 23 Midpoint Assessment

Tulane continued to work with LDH to get the multi-year evaluation contract in place.

The second quarterly meeting with LDH and Tulane was held on 10/28/19, following the Tulane internal meeting. The needs and goals defined in the internal meeting were discussed with the LDH team. As a result of the meeting, the following action items were identified by Tulane and documented as follows:

- Quarterly Report Needs:
  - LDH will provide copies of past quarterly reports to Tulane on 10/28/19
- Data Needs for each type of analyses:
  - Louisiana OPH Vital Records (Quantitative Report)
  - MCO Monitoring Reports (Quantitative Report)
  - Monitoring Protocol (Quantitative Report)
- STC 23 Assessment
  - LDH to confirm expectations with CMS on 10/30/19

The November Tulane internal meeting was held on 11/11/19. Each lead researcher shared what data sets or elements were still needed to begin the analyses. The following preliminary list was compiled:

- Hub and Spoke clarification
- Louisiana OPH Vital Records

- MCO Monitoring Reports
- Revised Monitoring Protocol

In addition, follow-up items were identified:

- Linkage of Louisiana OPH Vital Records to the Medicaid claims data
- Timeline of receiving the MCO Monitoring Reports
- Confirm that the revised monitoring protocol will be the final version
- Confirm framework of the STC 23 Midpoint Assessment at next meeting with LDH

The gathering of required information from LDH was stalled when LDH experienced a ransom ware attack on 11/18/19. Tulane and LDH reviewed all the outstanding data elements and determined which would be delayed by the ransom ware attack and/or other barriers: Below is a summary of findings:

- Quantitative Analyses:
  - o Finalized Monitoring Protocol (pending CMS approval)
  - o LA OPH Vital Records (delayed by ransom ware attack)
  - o MCO Monitoring Reports (delayed by ransom ware attack)
- Cost Analyses Report:
  - o SUD administrative costs from LDH (requested on 12/2/19)
- Care Coordination:
  - o IRB letter of support from LDH
  - o Quantitative results to inform interview guide (delayed)

The December Tulane internal meeting was held on 12/09/19. Each lead researcher shared what data sets or elements were still needed to begin the analyses. The following preliminary list was compiled:

- Louisiana OPH Vital Records
- MCO Monitoring Reports (delayed by ransom ware attack)
- CMS approved Monitoring Protocol (considered final as of this meeting)
- SUD Administrative Costs (delayed by ransom ware attack)

In addition, follow-up items were identified:

- Louisiana OPH Vital Records
  - o Feedback from David Leingang on linkage of Vital Records to Medicaid data; potential to use laptop supplied by LDH to more easily access the data
- MCO Monitoring Reports
  - o Expected by early January per Ford Baker (delayed by ransom ware attacks)
- SUD Administrative Costs
  - o Brian Bennett and Keith Durham are working to pull this information together

As of 12/31/19, the following items have not been received from LDH (items received as of 3/13/20 are noted below with relevant dates):

- SUD Administrative Costs (2019 annual data received 1/17/20; January 2020 monthly data received 2/18/20)
- MCO Monitoring Reports (received 3/10/20)

### **Status of analysis by topic – December 31, 2019**

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

- Monitoring protocol and workbook considered final
- OPH Vital Records data with linkage to Medicaid claims data. Analysis is pending clarification of:
  - o How to handle the change in measures from year to year

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

- Results needed from quantitative analysis report
- Monthly data expected from the state for the administrative costs piece (monthly expenses will be received on the 3rd Monday of every month starting 2/18/20)

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

- Completed pre-intervention surveys
- Requires quantitative results to inform interview guide
- Tulane will send qualitative interview guide to LDH to review

## **DELIVERABLE STATUS**

### **Evaluation Plan:**

Tulane submitted its final version of the SUD plan to LDH on 04/22/19 for the corrections requested on 03/27/19. A second round of edits resulted in a final draft being submitted to LDH on 05/17/19 and subsequently submitted to CMS. The final approval for the Evaluation plan was received from CMS on 08/09/19. The evaluation plan was invoiced as scheduled for payment in DY2.

**Quarterly and Annual Reports:** Quarterly reports have been submitted on deadline and have summarized the evaluation feedback process with LDH and CMS. With the approval of the evaluation plan in August, the quarterly reports changed focus to begin the process of securing the most current data to begin the analyses. Quarterly reports for DY2 Q1 and DY2 Q2 have been invoiced to date as the contract starting 07/01/19 has not been finalized. The DY Q3 report was submitted to LDH but has not been invoiced pending the contract completion.

**Data reports:** The first data deliverables were due on 09/30/19, but due to the August approval date of the final evaluation plan and the need for the most current versions of the documents

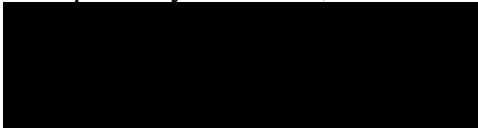
requested, the target date for the analyses will be early Spring 2020. The contract is still pending so no invoices have been submitted to date for the data analyses.

STC 23: Work began on this element in January and an interim draft report is due to LDH by 06/30/20 with a final report due in November 2020.

## **USE OF FUNDS**

Funds have been used for this project to cover faculty and staff time to develop the initial SUD evaluation plan, define the work timetables once the evaluation plan was approved; coordinate activity with within Tulane and with LDH, and to develop reports and associated deliverables.

Respectfully submitted,



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## 1115 SUD Health IT Plan – DY2 Annual Report Update

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 still ongoing. Due to a change in leadership, the anticipated assessment start date is on hold.**
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. **Currently, there is no update for this process.**
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes. **Currently, there is no update for this process**
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. **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: Re-procure 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.  
**We have experienced a change in leadership. Currently there is no change for this process.**
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-DY2 Annual Report HIT. This file contains updated data through December 2019.**



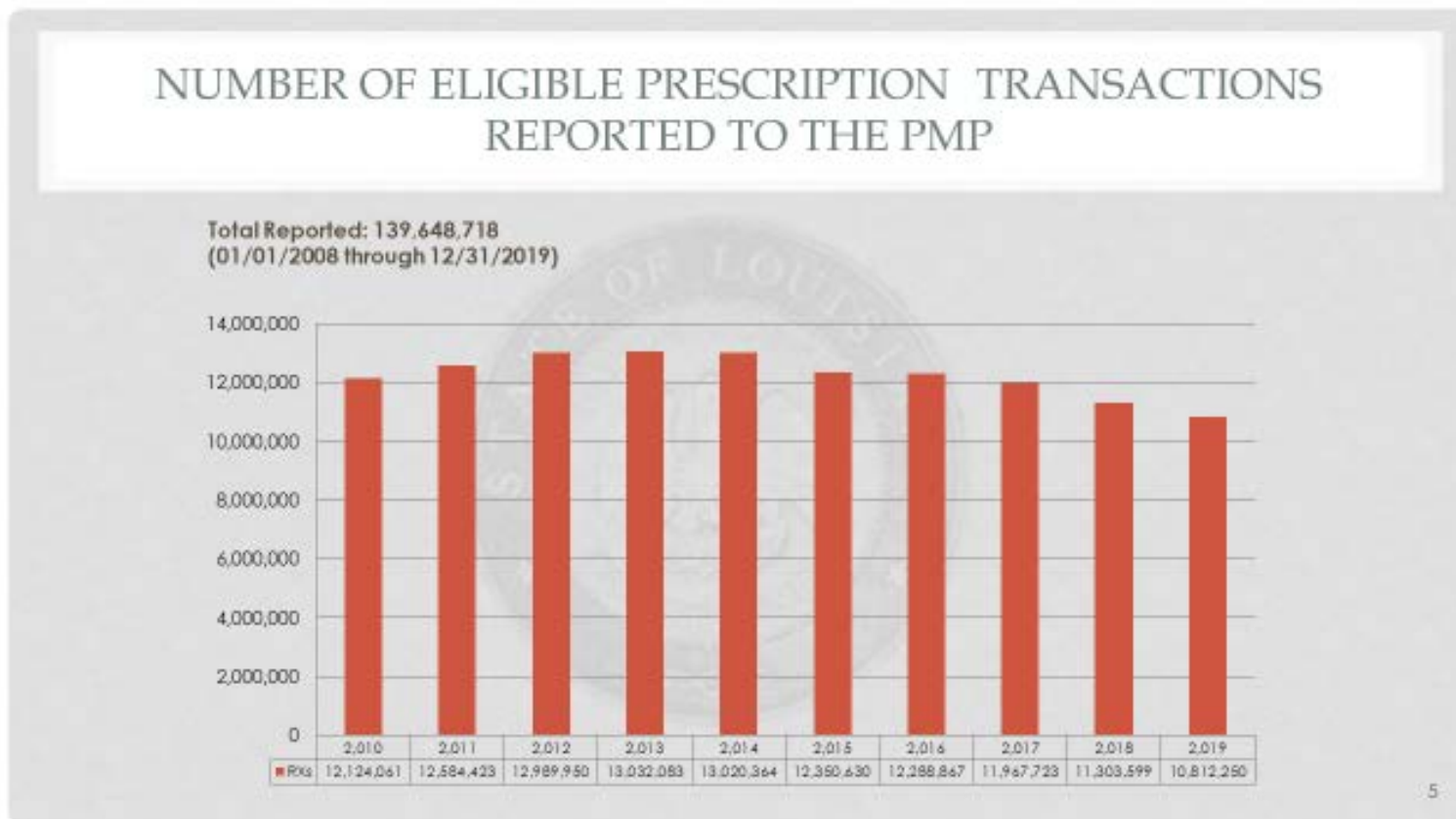
13. Pg 10 – PMP data measures  
 a. User statistics by provider type

<b>PMP User Stats for 2019Q4 (10/01/2019 – 12/31/2019)</b>				
<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers <u>Eligible</u> for PMP Access (as of 12/31/2019)</b>	<b>Number of Providers with PMP <u>Active</u> Access Privileges (as of 12/31/2019)</b>	<b>Number of PMP Requests by Providers through <u>AWARxE™</u> During 2019Q4</b>	<b>Number of PMP Requests by Providers through <u>GATEWAY™</u> During 2019Q4</b>
Physician (MD, DO)	<b>13,140</b>	<b>8,760</b>	<b>410,385</b>	<b>2,465,798</b>
Nurse Practitioner (APRN)	3,670	2,831	105,607	395,803
Dentist (DDS)	2,262	1,533	5,585	931
Physician Assistant (PA)	999	727	23,308	48,377
Optometrist (OD)	361	152	17	0
Podiatrist (DPM)	164	110	651	0
Medical Psychologist (MP)	91	80	5,418	0
Medical Intern/Resident	1,194	1,065	4,473	0
Prescriber's Delegate	NA	2,633	196,239	NA
Pharmacist (PST)	9,301	4,405	473,182	1,565,226
Pharmacist's Delegate	NA	1,021	47,088	NA
<b>Totals</b>	<b>31,182</b>	<b>23,317</b>	<b>1,271,953</b>	<b>4,476,135</b>

**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

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 protest.
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 (Q4) HIT Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xlsx).