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	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. During the demonstration period, Louisiana seeks to achieve the following: • 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 March, Louisiana received feedback on the revised monitoring protocol that submitted in DY2 Q4. Further revisions to the monitoring protocol based on this feedback will occur in DY3 Q2.

Submission of the data workbook is pending approval of the monitoring protocol; therefore, the DY3 Q1 Monitoring Report does not include a completed Part A, the SUD Metrics Workbook, and any corresponding metric trends analysis. Louisiana will provide retrospective metrics data for previous quarters upon monitoring protocol approval.

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			
☐ 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.			
☒ 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:
   ☐ i) The target population(s) of the demonstration
   ☐ ii) The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration			

☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1			
☒ The state has no metrics trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
2.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☒ 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) ☒ 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	i.) The state continues to take measures that will increase access to Medication Assisted Treatment. Although language is incorporated within all behavioral health provider contracts, the Louisiana Medicaid Provider Manual and the State Plan Amendment to provide MAT onsite or initiate a referral to such services, when indicated, this new concept contradicts the historical notion of abstinence based models, which creates resistance and stigma. OBH continues to implement workforce development initiatives to provide training and education of the evidence and efficacy of MAT for persons with Opioid Use Disorder (OUD). Louisiana continues to implement the Extension for Community Health Outcomes (ECHO) Project, which is a virtual online professional development series for educators, University Fellow Programs, physicians, clinicians, BH providers and private practitioners. This opportunity allows clinicians to analyze de-identified, real time cases that explore approaches, methods and strategies to offering MAT. OBH is currently in the planning stages of offering a stigma reduction series of trainings across the state. In addition, OBH continues to offer outreach mobile teams throughout the state. These teams consist of a Licensed Mental Health Professional (LMHP), Nurse and a Peer Support Specialist. These teams have created strategic outreach and awareness initiatives that are specific to their respective Region. These initiatives are geared to provide education on MAT, Narcan distribution and Screening, Brief Intervention and Referral to MAT specialty treatment services. However, as of March 2020, due to COVID, these programs were temporarily suspended due to the Governor's stay at home order. ii) Effective January 20, 2020, the Medicaid added coverage of Methadone as an authorized medication for OUD treatment provided in OTPs.	i.) 7/1/2019 – 9/30/2019 ii) 04/01/2019 – 06/30/2019	ii) numbers, 2, 3, 4, 6, 12, and 15

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 1			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2			
☐ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 2.			
3.2.2 Implementation Update			

Compared to the demonstration design and operational details, the state expects to make the following changes to:
  ☒ i) Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria
 	
  ☐ 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
	i) To address expansion efforts for MAT services, OBH implemented the specialized Hub and Spoke Model and currently have 35 Spokes and 10 Hubs, with a goal of operating a target of 50 Spokes by 9/2020. Selected providers complete a comprehensive assessment and the Treatment Needs Questionnaire (TNQ) Form, which guides proper patient placement for MAT services. The intent of the TNQ form is to guide practitioners in determining whether the patient should be receiving treatment at an Office Based Opioid Treatment facility (OBOT) or receive more intensive services at an Opioid Treatment Program (OTP).
	
	In addition, some of Louisiana's MCOs are providing trainings on MAT and offering participants the ability to become a certified buprenorphine prescriber during the course.		

☐ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 2			
☐ The state has no implementation update to report for this reporting topic.			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3			
☐ The state has no trends to report for this reporting topic.			
☒ The state is not reporting metrics related to Milestone 3.			
4.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards ☐ ii) State review process for residential treatment providers' compliance with qualifications standards ☐ iii) Availability of medication assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 3			
☒ The state has no implementation update to report for this reporting topic.			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4			
☒ The state has no trends to report for this reporting topic.			
5.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: 　☐ Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care			
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Milestone 4			
☒ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5			
☒ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
6.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD ☐ ii) Expansion of coverage for and access to naloxone			
☒ The state has no implementation update to report for this reporting topic.			
☒ The state expects to make other program changes that may affect metrics related to Milestone 5	The State has suspended performance improvement projects and other quality initiatives in response to COVID-19. As a result, performance on these measures may decrease given the demands on the healthcare system.		
☐ 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			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6			
☒ 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: ☐ Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state expects to make other program changes that may affect metrics related to Milestone 6			
☒ 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			
☒ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its Health IT metrics	For measure S1, PMP utilization by physicians, we observed a roughly 5% increase in the number of inquiries made to the AWARxE™ system by physicians when compared to the previous quarter. This aligns with our target for this measure to increase utilization of this system. No other notable changes were observed.		*S1: PMP utilization by physicians*
☐ The state has no trends to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
8.2.2 Implementation Update			
Compared to the demonstration design and operational details, the state expects to make the following changes to: ☐ i) How health IT is being used to slow down the rate of growth of individuals identified with SUD ☐ ii) How health IT is being used to treat effectively individuals identified with SUD ☐ iii) How health IT is being used to effectively monitor "recovery" supports and services for individuals identified with SUD ☐ 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 ☐ v) Other aspects of the state's health IT implementation milestones ☐ vi) The timeline for achieving health IT implementation milestones ☐ vii) Planned activities to increase use and functionality of the state's prescription drug monitoring program	A general update on the Health IT Plan and data for DY3 (Q1) is included in Attachments A1-DY3 (Q1)-HIT and A2-DY3 (Q1)- HIT. Additionally, the attached 1115 SUD Workbook-HIT Measures DY3 (Q1) includes data for HIT metrics. 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. LDH has renamed metric Q1.a to Q1, and Q1.b to S1.		
☒ The state has no implementation update to report for this reporting topic.			
☐ The state expects to make other program changes that may affect metrics related to Health IT			
☒ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
9.2 Other SUD-Related Metrics			
9.2.1 Metric Trends			
☐ The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics			
☒ The state has no trends to report for this reporting topic.			
9.2.2 Implementation Update			
☐ The state expects to make other program changes that may affect metrics related to other SUD-related metrics			
☒ The state has no implementation update to report for this reporting topic.			
10.2 Budget Neutrality			
10.2.1 Current status and analysis			
☒ 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 DY3Q1". The State continues to report higher actual eligible member months when compared to the projected member months. This discrepancy is largely 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 member month counts as approximately three quarters of member months across reporting periods were members of the Expansion group.		
10.2.2 Implementation Update			
☒ The state expects to make other program changes that may affect budget neutrality	The State has not converted to using the Budget Neutrality Template received by CMS due to inaccuracies reported on the CMS 64 Schedule C report. We are working with the fiscal department to correct the expenditures reported in the 3/31/2020 CMS 64 Report that will be finalized in May 2020.		

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state has no implementation update to report for this reporting topic.			
11.1 SUD-Related Demonstration Operations and Policy			
11.1.1 Considerations			
☐ 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.			
☒ 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: ☐ i) How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service) ☐ ii) Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes) ☒ iii) Partners involved in service delivery	iii) In DY3 Q1, OBH and the Medicaid office continued to work with the MCOs and the ten Opioid Treatment Programs (OTPs) in Louisiana to prepare for the January 20, 2020, effective date for Methadone coverage. The OTPs are now able to provide Medicaid services for the first time.	iii) 10/01/2019 – 12/31/2019	
☐ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ 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			
☒ The state has no implementation update to report for this reporting topic.			
☒ The state is working on other initiatives related to SUD or OUD	OBH is working to expand access to MAT via multiple grant awards, targeting expansion of evidence based treatment for persons with opioid use disorder (OUD). The state is implementing a Hub and Spoke model. This model is utilizing Louisiana's current ten opioid treatment programs (OTPs) as the "Hub" and mobilizing Drug Addiction Treatment Act (DATA) Waived Physicians as the "Spokes." Louisiana is one of six states participating in the Shatterproof Quality Measurement System pilot program. The Shatterproof pilot complements the SUD demonstration via use of claims based measures, improving consumer awareness of SUD services and providing the opportunity for consumer feedback on SUD providers.		
☐ The state has no implementation update to report for this reporting topic.			
☒ The initiatives described above are related to the SUD or OUD demonstration (States should note similarities and differences from the SUD demonstration)	The Shatterproof initiative works with all addition treatment facilities, not only those providing Medicaid services.		
☐ The state has no implementation update to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
12. SUD Demonstration Evaluation Update			
12.1. Narrative Information			
☒ 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.	A summary of DY3 Q1 evaluation activities is included in the attachment, provided by Tulane University. [PDF] Adobe Acrobat Document		
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☒ 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 meets regularly with our independent evaluators of Tulane University to identify, clarify and fulfill information requests on deliverables. This work is ongoing. LDH anticipates expected timelines to be met at this time.		
☐ The state has no SUD demonstration evaluation update to report for this reporting topic.			
☒ List anticipated evaluation-related deliverables related to this demonstration and their due dates.	Interim Evaluation Report, Dec 31, 2021 Summative Evaluation Report, June 30, 2024		
☐ 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			
☐ The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol			
☒ The state has no updates on general requirements to report for this reporting topic.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
☐ The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes			
☒ The state has no updates on general requirements to report for this reporting topic.			
Compared to the demonstration design and operational details, the state expects to make the following changes to: 　☐ i) The schedule for completing and submitting monitoring reports 　☐ ii) The content or completeness of submitted reports and/or future reports			
☒ The state has no updates on general requirements to report for this reporting topic.			
☐ The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation			
☒ The state has no updates on general requirements to report for this reporting topic.			
13.1.2 Post-Award Public Forum			
☐ 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.			
☒ 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.			

Prompt	State response	Measurement period first reported (MM/DD/YYYY - MM/DD/YYYY)	Related metric (if any)
14.1 Notable State Achievements and/or Innovations			
14.1 Narrative Information			
☐ 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.			
☒ 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 – DY3 (Q1) 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)
    c.
    See attachment A2-DY3 (Q1) HIT report. This file contains updated data through April 2020.
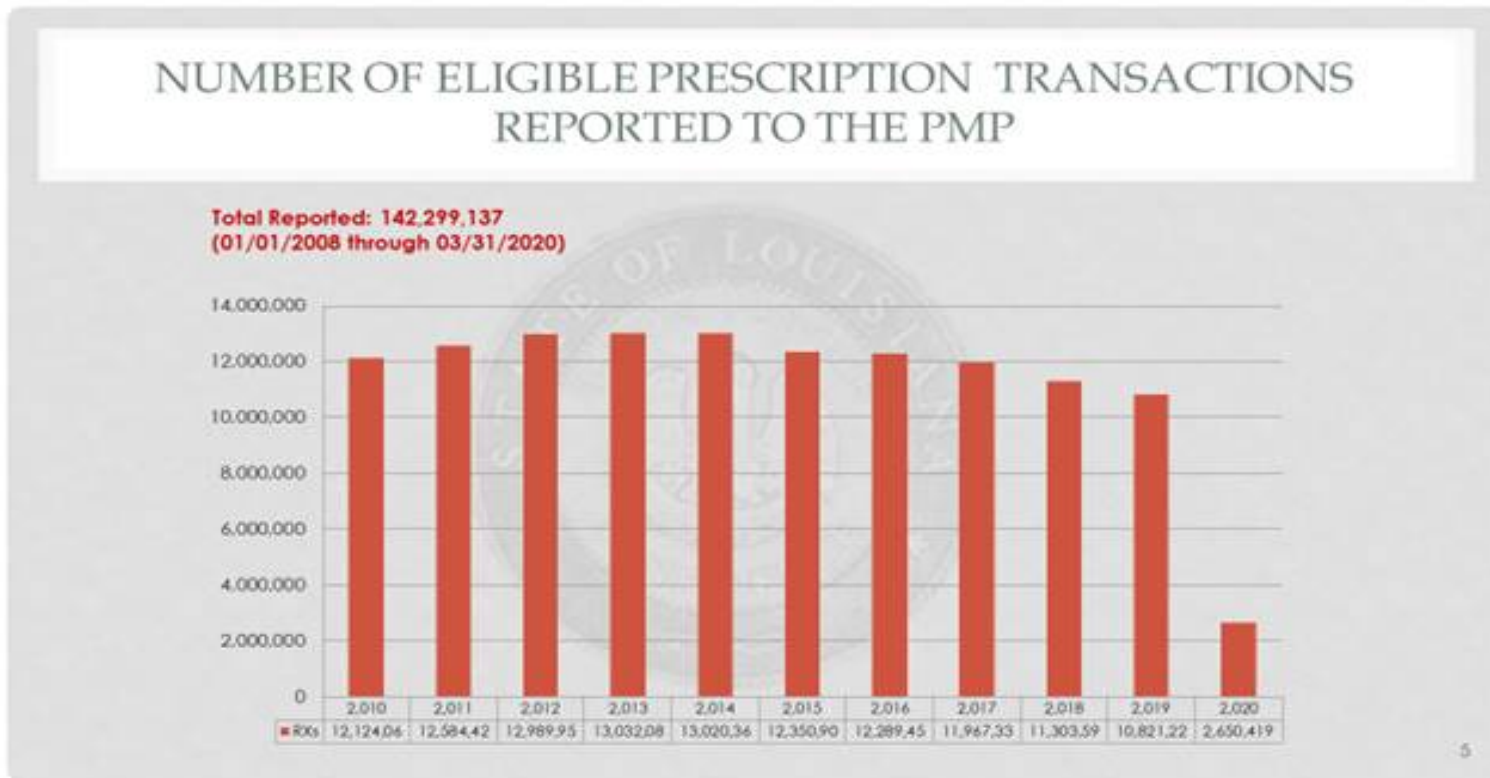
13. Pg 10 – PMP data measures
    a. User statistics by provider type

PMP User Stats for 2020 Q1 (Covid-19)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 04/30/2020)	Number of Providers with PMP Active Access Privileges (as of 04/30/2020)	Number of PMP Requests by Providers through AWARxE™ During 2020Q1	Number of PMP Requests by Providers through GATEWAY™ During 2020Q1
Physician (MD, DO)	13,256	8,787	43,2010	2,909,780
Nurse Practitioner (APRN)	3,816	2,962	125,520	411,263
Dentist (DDS)	2,272	1,552	5,694	634
Physician Assistant (PA)	1,014	765	22,884	50,595
Optometrist (OD)	359	154	10	0
Podiatrist (DPM)	164	110	481	0
Medical Psychologist (MP)	93	86	6,613	0
Medical Intern/Resident	1,206	1,128	6,122	0
Prescriber's Delegate	NA	2,790	207,340	0
Pharmacist (PST)	9,098	4,411	529,249	1,685,883
Pharmacist's Delegate	NA	1,116	52,975	0
Totals	31,278	23,861	1,388,898	5,058,155

PMP User Stats for 2019Q4 (10/01/2019 – 12/31/2019)

PMP Role Title - Healthcare Provider	Number of Providers Eligible for PMP Access (as of 12/31/2019)	Number of Providers with PMP Active Access Privileges (as of 12/31/2019)	Number of PMP Requests by Providers through AWARxE™ During 2019Q4	Number of PMP Requests by Providers through GATEWAY™ During 2019Q4
Physician (MD, DO)	13,140	8,760	410,385	2,465,798
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
Totals	31,182	23,317	1,271,953	4,476,135

b. Eligible transactions reported to PMP

NUMBER OF ELIGIBLE PRESCRIPTION TRANSACTIONS REPORTED TO THE PMP

Total Reported: 142,299,137
(01/01/2008 through 03/31/2020)

	2,010	2,011	2,012	2,013	2,014	2,015	2,016	2,017	2,018	2,019	2,020
RXs	12,124,06	12,584,42	12,989,95	13,032,08	13,020,36	12,350,90	12,289,45	11,967,33	11,303,59	10,821,22	2,650,419

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 (Q1) HIT Excel spreadsheet (Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization.xslx).

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Department of Health Policy and Management

April 2020

1115 Waiver (SUD) Evaluation Quarterly Report (DY3, Q1)

Project Activities

During the period defined in this report, Tulane continued regular monthly meetings with its research team and quarterly meetings with LDH to ensure consistent project coordination. Tulane continued to work with LDH to finalize the multi-year evaluation contract.

January

The January monthly internal meeting was held on January 27th. Each lead researcher shared what data sets or elements were still needed to complete the analyses. The following preliminary list was compiled:

- MCO Monitoring Reports
- SUD Administrative Costs

In addition, follow-up items were identified:

- Louisiana OPH Vital Records
    o Are numeric cause of death codes available and consistent across years
- Clarification on certain HEDIS Measures for a SUD diagnosis
    o Locate AOD procedures value set
    o How to handle changing HEDIS measure value sets from year to year

The team also discussed the status of pending reports:

- Annual Report
    o Anticipated submission by February 29th
    o Project staff are working on creating a template based on CMS guidance
- Results Reports
    o Anticipated submission by March 31st

The second quarterly meeting with LDH and Tulane was held on January 27th, 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:

- Data Needs for each type of analyses:

- Clarification on certain HEDIS Measures for a SUD diagnosis
  - Brian Hardy will search CMS technical assistance for the AOD procedures value set
  - Tulane proposed to use 2017 HEDIS measure value set throughout all demonstration years, LDH will investigate feasibility
- Louisiana OPH Vital Records
  - David Leingang will send clarification
- MCO Monitoring Reports
  - Expect to receive this by the end of February
- SUD Administrative Costs
  - LDH will start sending monthly administrative cost reports until further notice

The February Tulane internal meeting was held on February 10th. Each lead researcher shared what data sets or elements were still needed to complete the analyses. The following preliminary list was compiled:
- MCO Monitoring Reports
- SUD Administrative Costs

In addition, findings from last meeting's follow-up items were discussed and areas requiring further clarification were identified:
- Data Needs for each type of analyses:
  - Clarification on certain HEDIS Measures for a SUD diagnosis
    - AOD procedures value set should be disregarded as advised by LDH
    - Year specific HEDIS measure value set should be used as advised by LDH
  - Louisiana OPH Vital Records
    - Numeric codes are not available; analysis team will assign unique codes

The team also discussed status of pending reports:
- Annual Report
  - Anticipated submission of February 29th
  - Template is pending review from project PI
- Results Reports
  - Anticipated submission of March 31st

The March Tulane internal meeting was held on March 24th. Each lead researcher shared what data sets or elements were still needed to complete the analyses. The following preliminary list was compiled:
- Supplementary feedback may be needed from LDH to further define pre/post implementation periods

In addition, last meeting's follow-up items were discussed:
- Data Needs for each type of analyses:
  o MCO Monitoring Reports
    ▪ The DY2 Q3 reports were received on March 10th
    ▪ Analysis team will review and request clarification if needed

The team also discussed status of pending reports:
- Annual Report
  o Was submitted to LDH on March 18th
- Results Reports
  o Anticipated submission delayed until April 30th
- STC 23 Mid-Point Assessment
  o Interim Progress Report due June 30th
  o Team sub-group will meet to design the evaluation plan

As of March 31st, the following items have been received from LDH:
- Monthly Administrative Costs are being received on the third Monday of every month
- MCO Monitoring Reports, DY2 Q3 has been received

Status of analysis by topic – March 31, 2020
Quantitative Analyses (Lead Researcher: Dr. Kevin Callison)
- Review of MCO monitoring reports in process
- May need further clarification on Secondary Driver pre/post implementation periods
Cost Analyses Report (Lead researcher: Dr. Charles Stoecker):
- Results needed from quantitative analysis report
- Monthly administrative costs will be received on the 3rd Monday of every month
- Anticipated completion is one week after receiving quantitative results
Care Coordination (Lead researcher: Dr. Janna Wisniewski):
- Survey Results Report has been completed for both baseline and year 1
- Moving forward surveys will be administered by email rather than phone
- Requires quantitative results to inform interview guide
- Tulane will send qualitative interview guide to LDH to review

DELIVERABLE STATUS

Quarterly and Annual Reports: Quarterly reports have been submitted on deadline and have summarized the evaluation feedback process with LDH and CMS. The Annual report demonstration year two was submitted to LDH on March 18th, 2020.

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 April 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,
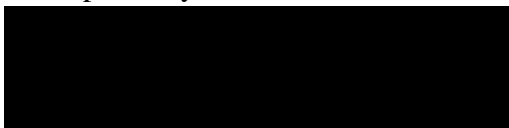
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