

SECTION M – EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

M.1 Describe your system for tracking each member's screening, diagnosis, and treatment including, at a minimum, the components of the system, the key features of each component, the use of technology, and the data sources for populating the system.

Supporting EPSDT Today in Louisiana through an Enterprise MIS

Louisiana Healthcare Connections (LHCC) uses an enterprise Management Information System (MIS) maintained by our parent company, Centene Corporation (Centene), with over 30 years' experience in information technology specifically for Medicaid requirements. Our MIS provides full support for early periodic screening, diagnosis, and treatment (EPSDT), and other child health services, including the unique needs of children in Foster Care. Our MIS supports medical and basic behavioral health processing with HIPAA compliant interoperability to exchange clinical and pharmacy data with our affiliate US Script, Inc.® [our Pharmacy Benefits Manager (PBM)], our providers (including medical labs), DHH and DHH's Fiscal Intermediary, and other key stakeholders. Our MIS enables us to electronically collect, integrate, and process all the requisite data needed for provider and DHH reporting and for the Centers for Medicare and Medicaid Services (CMS) 416 reports. Our MIS also enables us to identify, through systematic predictive modeling, any gaps in EPSDT services for our members, and together with our providers ensure that all children and youth receive their EPSDT care per DHH and CMS periodicity schedules.

We have reviewed and will comply with Sections 6.4.3, 6.6, 6.7.2, 6.24.1.2, 8.1.18, 8.5.4.2, 12.11.4.3, 12.12.2.24, 15.6.2.11; as well Appendices O and HH, and we either currently meet these requirements per our existing Bayou Health contract, or can meet new requirements through table-driven configuration of our MIS (no software development needed). We also have examined the BAYOU HEALTH Medicaid Managed Care Organizations System Companion Guide Version 1.0 (MCO Companion Guide), and the LAMMIS Batch Pharmacy Companion Guide (both documents dated February 2015). LHCC and Centene either currently support, or in the case of new requirements contained in the MCO Companion Guide, *can and will* support, all requirements through straightforward configuration of our MIS.

Tracking EPSDT from Need Identification through Service Delivery and Reporting. Our systems and processes for EPSDT tracking include a complementary combination of:

- ***Integrated System Components*** – These components collect and integrate member, claims, pharmacy, lab tests, assessments, and other data (including information we receive over the phone).
- ***High Performance Data Warehousing and Predictive Analytics through Centelligence™*** – To systematically and efficiently process the data collected above, and identify and alert all constituents involved in the child's care of the need for EPSDT services. Centelligence™ is our award winning data integration and analytics platform (see discussion below).
- ***Tracking Diagnoses*** – Through the information capabilities above, we can identify members with specific diagnoses and track via claims and other data to determine if the member is receiving appropriate services for those diagnoses, and contact providers if there are gaps.
- ***Tracking Follow-up Treatment*** – With EPSDT codes that we require in claims submissions, we can monitor if children are subsequently receiving the services they need, including services that were identified from early screening.
- ***Monitoring Provider Performance and Tracking Education and Outreach*** – Once we have identified EPSDT service needs, we systematically contact PCPs and other providers, and members or their caregivers, to ensure that services are delivered. We also use Centelligence™ information to monitor

provider compliance with EPSDT requirements, and provide information to providers on their EPSDT performance. We contact and follow up with providers whose compliance is below DHH and LHCC standards.

- **Innovative Tools To Promote Engagement** – We continue to invest in new information technology applications to engage members or their caregivers in their health, including new tools delivered on increasingly prevalent mobile devices and tablets.

LHCC System Components Drive EPSDT Periodicity Compliance

Each of the core system components in our integrated MIS plays a role in our EPSDT activities today, from capturing and tracking information; to encounter data and DHH and CMS reporting; to alerting our providers, members (and/or caregivers), and our own Customer Service and Case Management/Medical Management/Quality Improvement staff to take action on any identified gaps in EPSDT services.

Please see **Table M.1-A** below for a summary description of the role each of our integrated system components plays in ensuring our members receive EPDST care per DHH and CMS requirements. For more information on other aspects of these system components, please see Section W.1.

Table M.1-A: How LHCC System Components Support EPSDT Administration

Integrated System Component	General Function	How Component Supports EPSDT Tracking and Reporting
AMISYS Advance (AMISYS)	Medical and Behavioral Health Claims and Encounter Processing	AMISYS captures all detail service line claims data, including rendering provider, member identifiers, date of service, type of service (e.g. EPSDT), and all subsequent claim adjustment history. AMISYS electronically sends all processed claims data to the Centelligence™ Enterprise Data Warehouse (EDW—see below) for reporting and predictive analytic care gap (including EPSDT care gap) identification, to support LHCC follow up interventions with providers.
TruCare	Case and Utilization Management. TruCare is our member-centric health management platform for collaborative care coordination and case, behavioral health, disease, and utilization management.	TruCare supplies referral and authorization data, as well as Care Plan, clinical member contact, and other data to our Centelligence™ informatics system (see below) to aid in care gap identification and EPSDT reporting. In addition, our Case Management staff can administer health risk screenings and health risk assessments (HRAs) over the phone with providers, members, or caregivers (e.g. parents). If an unmet need for EPSDT services is identified either by a screening or by other means (e.g. provider discussing a child’s case with an LHCC Case Manager over the phone), our staff can indicate a need for EPSDT services in TruCare and it will flow to our Centelligence™, Member Relationship Management (MRM—see below) and Provider and Member Portal systems to alert all stakeholders involved in the child’s care.
Member Relationship Management (MRM)	Member data management and service support. MRM receives, validates, integrates, manages, transmits, and reports on all levels of member demographic and administrative data; and (through its <i>Customer Relationship Management (CRM)</i> capability)	MRM plays three key roles in our EPSDT program: 1) LHCC’s tracking of EPSDT screening and services begins with the member enrollment file from DHH’s enrollment broker. MRM processes the enrollment files, identifies key linkages for the member (e.g. to a parent who may also be a member), identifies and processes retro-eligibility, and identifies the appropriate EPSDT age cohort (for use by our EPSDT periodicity schedule logic per DHH requirements). Beginning in 1Q 2015, we also will systematically validate each member’s

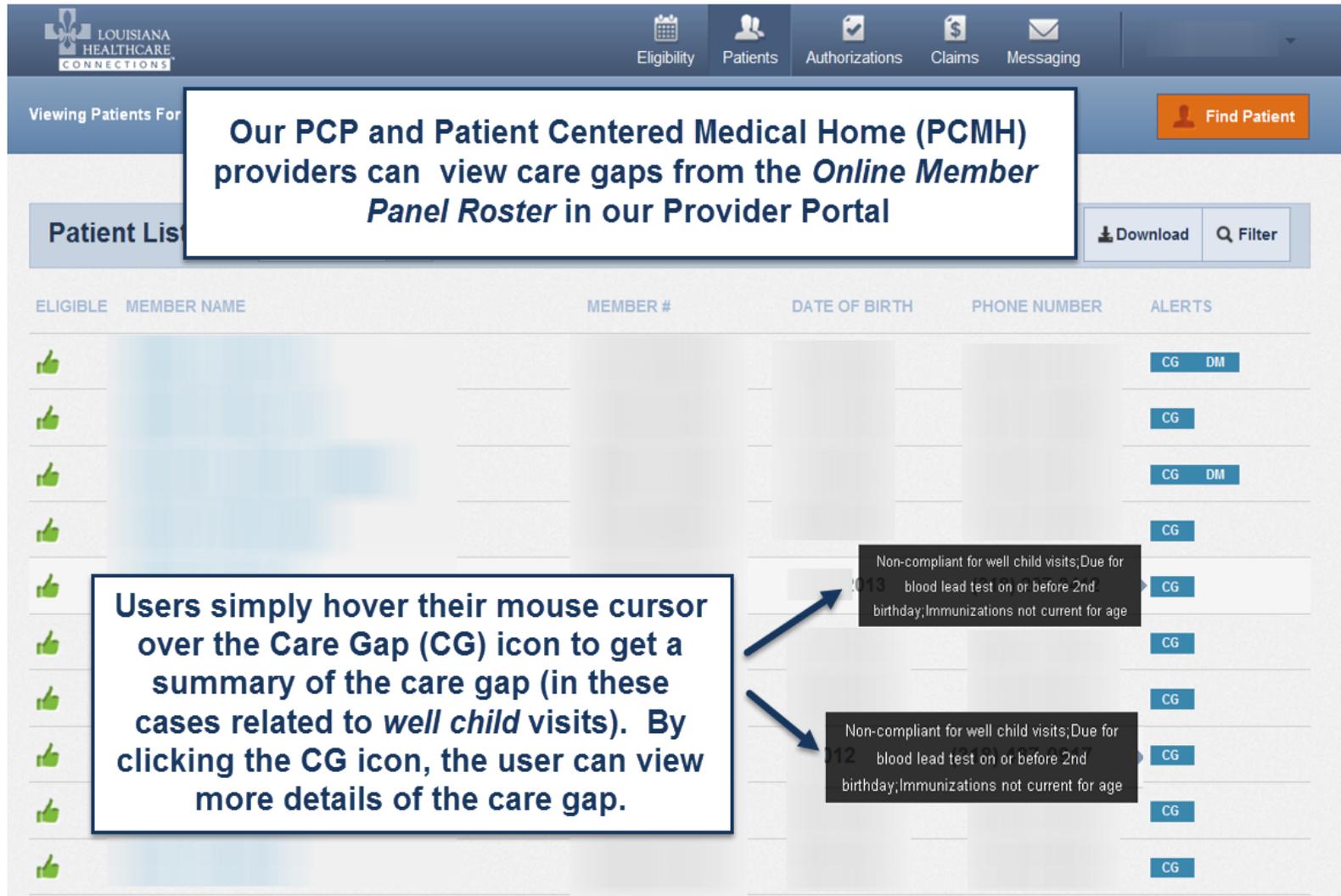
Integrated System Component	General Function	How Component Supports EPSDT Tracking and Reporting
	<p>integrates all service inquiries we receive, and our responses to members and/or their providers. The CRM component of MRM is also used by our Customer Service Representatives (CSRs) to respond to member and provider calls, emails, letters, or faxes.</p>	<p>address in real time via the SmartyStreets US Postal Service CASS (Coding Accuracy Support System) certified validation service. We also will validate each member’s identity using the LexisNexis nationwide data management service (e.g. to systematically tie together alternate names the member may have or had in the past, and to identify the member’s most recent address).</p> <p>2) If our Centelligence™ analytics platform determines an EPSDT care gap through predictive modeling analytics (see below), and/or if an EPSDT care gap is captured by a TruCare user (see above), the care gap will be posted prominently in CRM (the service component of MRM) for the CSR whenever s/he accesses the member’s record (e.g. while taking a call). Please see Figure M.1-B: Care Gaps Display below this table for an actual screen snapshot. Our CSRs document in CRM when they have reviewed care gaps with members, providers, or caregivers.</p> <p>3) LHCC’s EPSDT Coordinator (Coordinator) and our HEDIS Call Center use MRM’s Proactive Outreach Manager (POM) predictive auto-dialer for automation-assisted outbound calls to providers to proactively notify them of the need for EPSDT services for their assigned LHCC children and youth.</p> <p>Beginning in 2015, our CSRs will also have the ability to securely fax information on members scheduled for EPSDT visits to those providers who use HIPAA compliant fax machines. LHCC’s HEDIS Call Center focuses specifically on ensuring LHCC members are receiving primary care per HEDIS measures and that children and youth are receiving EPSDT services.</p>
<p>Provider Portal</p>	<p>Secure, web-based set of integrated administrative and clinical functions for LHCC providers, including authorized out-of-network (OON) providers.</p>	<p>LHCC providers can instantly see EPSDT and other care gaps in three complementary ways on our Provider Portal:</p> <p>1) When checking eligibility, the provider can easily view any EPSDT care gaps in the member’s summary eligibility record displayed on the screen.</p> <p>2) When viewing the summary “<i>face sheet</i>” in our online Centelligence™ Health Record (CHR), which is incorporated seamlessly in our Provider Portal. CHR incorporates all the medical, behavioral health, pharmacy, lab test, assessment, care gap, and other clinical data and documents we have on members, presented in a well-organized, tabbed “health record” interface (please see Sections W.1 and W.6 for more information on CHR).</p> <p>3) For PCPs and Patient Centered Medical Home (PCMH) providers, EPSDT care gaps (along with all care gaps) are presented in our Online Member Panel Roster, which lists summary demographic, special needs, major disease states, Emergency Department utilization indicators, and care gaps for all LHCC members assigned to that provider. Please see Figure M.1-C: Online Member Panel Roster Care Gaps below this table for an actual screen snapshot.</p>
<p>Member Portal</p>	<p>Secure, web-based Portal for member’s self-service functionality (e.g. change PCPs, order ID cards), and for member</p>	<p>Members over the age of 18 (in compliance with Federal and State laws) and eligible for EPSDT services can access their own health information and care gaps, including EPSDT care gaps, through the My Health section of our Member Portal. We present care gaps on</p>

Integrated System Component	General Function	How Component Supports EPSDT Tracking and Reporting
	engagement in their own health care through presentation of clinical information in consumer friendly, yet actionable format	<p>the Member Portal in a consumer-friendly, descriptive format, along with other clinical utilization information for the member.</p> <p>In addition, in 2015, we will offer members over 18 (who register to use our secure Member Portal) the option of receiving email notifications as soon as our Centelligence™ platform (see below) identifies care gaps. These e-mails will supply a link for the member to click, prompting the member to login to the Portal. Once logged in, the member will immediately go to their care gap information.</p>
Centelligence™ Enterprise Data Warehouse (EDW)	High performance data warehousing, reporting, predictive modeling, and analytics.	<p>Once processed claims and encounter data are fed into our EDW by AMISYS, Centelligence™ integrates that information, along with case management information from TruCare; member demographic data from our MRM system; and other data we receive electronically from external sources, including lab test results, pharmacy claims data (from US Script); health risk screening and assessment data from TruCare; and our secure Provider and Member Portals (see below).</p> <p>The Centelligence™ integrated predictive modeling component then applies analytics to this data to determine any care gaps for the member (including EPSDT gaps in care), and automatically “pushes” these online care gaps to TruCare (for our clinical staff), MRM for our Customer Service Representatives (CSRs), our secure Provider Portal for providers, and our Member Portal for members who are over the age of 18.</p> <p>Through its integrated reporting and online dashboard capability, powered by MicroStrategy, Centelligence™ also produces all EPSDT reports for DHH and CMS (including CMS-416 as required in Appendix HH of the RFP).</p>
Encounter Data Manager (EDM)	Designed specifically for Medicaid encounter processing, Encounter Data Manager (EDM) is our workflow-enabled encounter reporting system configured for all DHH encounter submission edits, rules, and timeframes.	EDM processes adjudicated claims and corresponding service line details (including all EPSDT adjudicated claims) from Centelligence™, and prepares all encounter data submissions to DHH’s Fiscal Intermediary and LAMMIS operator. We fully support DHH’s existing HIPAA 837 Companion Guides for encounter submission and HIPAA 835 Remittance Advice for DHH encounter processing results, including the storage and reporting of all data element values (e.g. claim type, provider type and specialty, service type) related to EPSDT encounter submissions.
US Script, Inc.®	LHCC’s Pharmacy Benefits Manager (PBM) affiliate	<p>Every 24 hours, US Script, Inc.® electronically sends processed pharmacy claims data to our Centelligence™ EDW for incorporation into reporting and care gap identification, including care gaps related to medication regimens that resulted from health issues identified from EPSDT services. These care gaps are then electronically transmitted from Centelligence™ to MRM, TruCare, and the Provider and Member Portals.</p> <p>Although medication utilization is not a direct EPSDT service, we use pharmacy data to help inform us of potential outreach or interventions we should take related to EPSDT or care for children in general. For example, if our EPSDT Coordinator sees that a member is using prenatal vitamins via our pharmacy data, one of our Health Check Coordinators (HCC) will contact the member to offer information on our StartSmart for Your Baby® Program (Start Smart), and the importance of EPSDT services after the birth of their child. Start Smart is our pregnancy management program.</p>



Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Figure M.1-C: Online Member Panel Roster Care Gaps



The screenshot shows the 'Patient List' interface in the Louisiana Healthcare Connections Provider Portal. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, a 'Viewing Patients For' section includes a 'Find Patient' button. A large callout box at the top center states: 'Our PCP and Patient Centered Medical Home (PCMH) providers can view care gaps from the Online Member Panel Roster in our Provider Portal'. Below the navigation, there are 'Download' and 'Filter' buttons. The main area is a table with columns: ELIGIBLE, MEMBER NAME, MEMBER #, DATE OF BIRTH, PHONE NUMBER, and ALERTS. The table contains several rows, each with a green thumbs-up icon in the 'ELIGIBLE' column and a 'CG' or 'CG DM' icon in the 'ALERTS' column. A callout box on the left explains: 'Users simply hover their mouse cursor over the Care Gap (CG) icon to get a summary of the care gap (in these cases related to well child visits). By clicking the CG icon, the user can view more details of the care gap.' Two arrows point from this callout to two rows in the table. The first row has a 'CG' icon, and a tooltip shows: 'Non-compliant for well child visits; Due for 10/13 blood lead test on or before 2nd birthday; Immunizations not current for age'. The second row also has a 'CG' icon, and a tooltip shows: 'Non-compliant for well child visits; Due for 12 blood lead test on or before 2nd birthday; Immunizations not current for age'.

ELIGIBLE	MEMBER NAME	MEMBER #	DATE OF BIRTH	PHONE NUMBER	ALERTS
👍					CG DM
👍					CG
👍					CG DM
👍					CG
👍					CG
👍					CG
👍					CG
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Centelligence™: The Engine that Drives LHCC ESPDT Tracking

Our Centelligence™ data integration and informatics platform lies at the *heart* of our ESPDT tracking, management, and reporting capabilities. The Centelligence™ EDW, powered by Teradata's high performance relational database technology, acts as the central hub for service information that allows collection, integration, and reporting of clinical claim/encounter data; financial information; medical management information (referrals, authorizations, disease management); member information (current and historical eligibility and eligibility group, demographics, member outreach); and provider information (participation status, specialty, demographics). This data is refreshed nightly from internal systems (AMISYS, TruCare, etc.) and external sources as discussed above.

Centelligence™ can (and does) accept data from State Immunization Registries, and we will be happy to work with DHH and the Louisiana Office of Public Health (OPH) on any potential protocols that would enable MCOs to receive regular data extracts from the Louisiana Immunization Network for Kids Statewide (LINKS). For example, our Texas affiliate, Superior Health Plan (Superior), has supported a data interface with the Texas Department of State Health Services' IMMTRAC immunization registry for over five years. Although we access LINKS today, that access is via online method only. An immunization data extract would allow us to import and integrate immunization data on our members, and further expand the "overall health picture" we have on our child and youth members. This expanded view would further enhance our ability to identify needed ESPDT and other child health service needs.

Housing all information in EDW allows staff to generate standard and ad hoc reports from a single data repository, using our Centelligence™ suite of reporting systems to build and tabulate key performance indicators. It also provides drill-down capability to the individual provider or member level to track ESPDT screening, diagnosis, and treatment adherence to recommended periodicity schedules. We configure Centelligence™ reports and predictive modeling rules in support of DHH's ESPDT periodicity schedule.

Tracking ESPDT Performance. Using Centelligence™, LHCC monitors several metrics related to ESPDT including the CMS 416 Screening Ratio, tracking performance against our goal of 80% compliance. Centelligence™ also supplies clinical quality reporting software to expand the extent of provider profiling information and reports we produce. These provider profile reports, when combined with our TruCare platform, allow LHCC to deliver targeted, risk-adjusted clinical profiling information so providers can compare their performance to *relevant* peer groups in the providers' geographies (e.g. rural, urban). With Centelligence™, we are able to compute the CMS 416 participation ratio at the provider level to identify PCPs whose ESPDT screening rates for assigned members are below the 80% threshold.

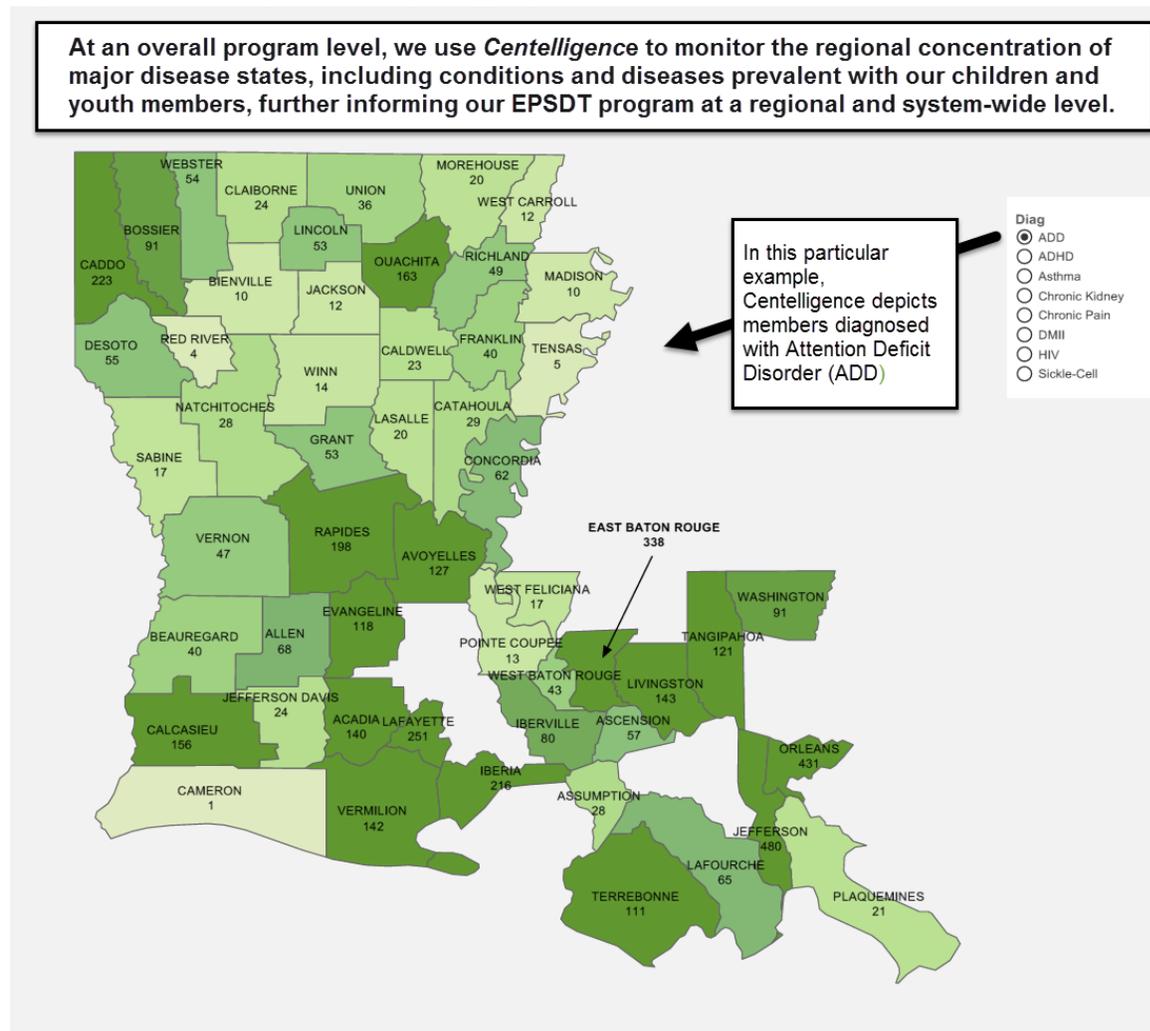
The HEDIS reporting capabilities of Centelligence™, powered by *Quality Spectrum Insight*® (QSI), support performance measurement and Quality Improvement (QI) reporting. QSI is an NCQA-Certified Software system that produces results for Healthcare Effectiveness Data and Information Set ("HEDIS®") measures; Pay for Performance ("P4P") measures; internally designed Quality Improvement ("QI") studies and performance improvement projects; and Provider Reporting studies. Although it is not an exact measure of ESPDT performance and compliance, we monitor HEDIS well child measures as a predictor of member utilization of ESPDT services.

Compliance with the ESPDT Screening Periodicity Schedule. We use Centelligence™ to create routine reports to monitor our Screening Ratio in accordance with the CMS 416 methodology. We also are able to report our Screening Ratio at an overall health plan aggregate level, and drill down and produce Screening Ratio information at the provider level. This capability enables us to identify providers whose members are not receiving services, and follow up with these providers by phone and site visits.

Tracking Diagnoses

LHCC uses Centelligence™ to track diagnoses for our members and using the predictive analytics capability of Centelligence™, identify members who have special needs or other chronic conditions. Because the claims, eligibility, and provider data is updated regularly, we are able to identify exacerbations of existing conditions, or a new diagnosis that puts a member at risk or indicates the need for additional services. For instance, we are able to create a listing of all members who have a diagnosis of developmental delay and then identify, through claims history, whether the member appears to receive appropriate treatment. Another example would be a new diagnosis of asthma with no corresponding prescriptions for long-term controller medications. If we identify a member who does not appear to be receiving appropriate treatment, we will outreach to the member (or the designated caregiver) to complete a full health risk assessment and coordinate services as needed. We also use Centelligence™ to monitor our top diagnoses at aggregate levels as well as by age, gender, and geographic service area. Please see **Figure M.1-D: Example Summary Mapping** for an actual sample report showing the geographic distribution of a particular disease in our membership.

Figure M.1-D: Example Summary Mapping



Tracking Follow-Up Treatment

Providers may submit claims for EPSDT screenings in a HIPAA 837 Professional format by uploading the claim file in batch mode to LHCC’s secure Provider Portal; via submission through any of the popular claims clearinghouses in Louisiana; by directly entering the claim online through our Direct Data Entry capability in our Provider Portal; or on a paper CMS 1500 form (which we subsequently scan, index, and convert to HIPAA compliant data). In accordance with standard billing practices, LHCC requires our PCPs and PCMH providers to include one of the following referral codes in their electronic or paper claim or encounter for EPSDT services.

HIPAA Referral Code	Meaning
NU	Complete Normal. Indicator is used when there are no referrals made.
S2	Abnormal, Treatment Initiated. Indicator is used when a child is currently under treatment for referred diagnostic or corrective health problem.
ST	Abnormal, Recipient Referred. Indicator is used for referrals to another provider for diagnostic or corrective treatments, or the patient is scheduled for another appointment with check-up provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic check up (not including dental referrals).
AV	Patient Refused Referral. Indicator is used when the patient refused a referral.

The HIPAA referral codes above are loaded together with other claims data elements into EDW for reporting through Centelligence™. Using these referral codes, LHCC is able to track and monitor EPSDT screenings that were abnormal and that indicated a need for follow-up treatment. We generate monthly reports to identify those members who had abnormal screenings and were referred for additional assessment and care. Our LHCC EPSDT Coordinator uses this report to issue electronic tasks in the CRM component of MRM to our team of Health Check Coordinators (HCC) to outreach for those members who are not already enrolled in our Case Management Program. The HCCs contact the members to ensure members have access to needed services and the HCC assists with scheduling appointments or transportation, and the HCC is available to answer questions the member may have related to accessing EPSDT or other health services.

Tracking Education and Outreach

On a monthly basis, our Coordinator runs customized reports from Centelligence™ to identify members who are due, or past due, for EPSDT Screenings. Our HCC team contacts members and providers to schedule members for EPSDT screens by using our Proactive Outreach Manager (POM) predictive auto-dialing system. POM is an integrated component of MRM, allowing efficient and thorough support for all of our outbound call campaigns.

Targeted Member Education and Outreach. Using member contact information in MRM, LHCC pursues member contact through automated telephonic reminders, postcard mailings, and targeted telephonic outreach.

Audio Postcards. LHCC uses POM to deliver audio postcards to members 1-21 years old who have a birthday the following month. The POM message notifies the member that they should schedule a well visit, and gives the member the option to connect with a CSR to whom they can ask questions, and who can help them schedule the visit and arrange for transportation. If the POM call reaches an answering machine rather than a live voice, it will leave a voicemail for the member asking the member to contact their doctor to schedule the appointment, and providing LHCC's toll-free phone number in case the member has any questions or would like LHCC to provide assistance with scheduling the visit.

Targeted Outreach. LHCC's EPSDT Coordinator works with our HCCs to conduct telephonic outreach and the HCCs attempt to contact all members who are due, or past due, for EPSDT services. LHCC also uses the claims and member contact information, as well as the Enrollment Broker enrollment file, to identify all newly enrolled newborns. During our Welcome Calls, NurseWise (our 24/7 nurse line affiliated subcontractor) reminds parents of all members 0-15 months old to schedule their EPSDT visits.

Targeted Provider Outreach and Education. We also use the data delivered from Centelligence™ and our core systems to enable our PCPs to effectively serve their EPSDT eligible members. On a monthly basis, LHCC provides our PCPs with a report (PCP EPSDT Report) that includes all of their assigned members who are due for an EPSDT visit the following month, as well as members who are past due for services. Beginning in 2015, we will be deploying the PCP EPSDT Report on our Provider Portal.

Provider Quality and Cost Reports. Powered by Centelligence™, our PCP Profile Reports, developed expressly for our PCP and PCMH providers and providers committed to pursuing NCQA PCMH Recognition or JCAHO PCMH Certification, deliver monthly risk-adjusted, practice-level clinical quality and reporting information. This information includes peer quality and cost utilization comparative information, including HEDIS information related to EPSDT. Our Centelligence™ reporting system produces the information for these reports using clinical data (medical, behavioral, pharmacy claims, and other data) housed in EDW. During 2015, we will put our Provider Quality and Cost PCP Profile Reports online so that Providers can access them on our secure Provider Portal. These reports are a highly effective tool that compares individual provider practices to normative data so that providers can improve their practice patterns, processes, and quality of care in alignment with evidence-based clinical practice guidelines and DHH goals.

We also provide scorecards at the group level for group practices. Performance reporting increases provider awareness of performance, identifies opportunities for improvement, and facilitates plan-provider collaboration in the development of clinical improvement initiatives. We accompany the scorecards with lists of panel members in need of recommended services and their contact information.

Medical Record Reviews. As part of Quality Assessment and Performance Improvement (QAPI) Program, LHCC's Quality Improvement (QI) Department conducts ambulatory medical record documentation audits, which, in addition to general documentation requirements, includes assessment of the provider's documentation of EPSDT services, including screening components, diagnosis, and treatment for any abnormal findings. The findings from these audits are scored and tracked by the QI Department. For providers with low performance, less than 80% compliance, LHCC QI staff conduct education with the provider and the office staff, and conduct a reassessment every six months until the provider receives a passing score. Our QI staff develop and conduct broader education campaigns if trends are identified across a large group of providers.

Innovative EPSDT Support

In 2015, we will deliver several online innovations to enhance provider, member, and caregiver (e.g. parent) engagement through the use of new online tools. Two of the innovations particularly relevant to children's health include:

Online EPSDT Status Report for Providers. During the 4th Quarter of 2014, we are implementing an online version of our EPSDT Status Report for our PCPs providers, and available to our PCP providers via our secure web-based Provider Portal. The EPSDT Status Report is essentially an EPSDT patient registry and lists in sortable fashion all the actionable information that PCPs need to ensure LHCC members assigned to that PCP are on target for EPSDT services. The Report lists which member has had no EPSDT screenings (e.g. new members), which member is due for EPSDT services, etc.

Online PCP Profile Reports. During the 1st Quarter of 2015, we are also introducing on our Provider Portal, our comprehensive set of PCP and OBGYN Profile Reports, integrated sets of online information products to report on HEDIS measure performance, allowing our PCPs to quickly assess their summary status relative to DHH required HEDIS measures. Please see Section H.4 for more information.

M.2 Describe your approach to member education and outreach regarding EPSDT including the use of the tracking system described in M.1 of this part and any innovative/nontraditional mechanisms. Include:

- *How you will conduct member education and outreach regarding EPSDT including any innovative/nontraditional methods that go beyond the standard methods*
- *How you will work with members to improve compliance with the periodicity schedule, including how you will motivate parents/members and what steps you will take to identify and reach out to members (or their parents) who have missed screening appointments (highlighting any innovative/non-traditional approaches); and*
- *How you will design and monitor your education and outreach program to ensure compliance with the RFP.*

Approach to Member Education and Outreach for EPSDT

Culturally Competent, Proven Strategies. LHCC's comprehensive approach to education and outreach is grounded in proven strategies for member engagement, and our commitment to the success of Bayou Health and wellbeing of our members. Our staff, approximately 90 percent of whom are from Louisiana, engage members/guardians, providers and community-based organizations as partners in reaching EPSDT, immunization and additional maternal/child wellness goals. Using culturally relevant targeted outreach, we also help members and their parents/guardians access comprehensive EPSDT and well-child services that adhere to evidence-based clinical practice guidelines, the DHH periodicity schedule, and Advisory Committee on Immunization Practices (ACIP) guidelines.

Using Centelligence™ for Tracking and Support. LHCC uses our Centelligence™ suite of data informatics and reporting solutions, described in Section M1, to track and monitor EPSDT services utilization to coordinate outreach efforts across all LHCC functional departments. From the moment members enroll in LHCC, we identify and monitor those in need of EPSDT services and outreach to them using multiple methods and points of contact (described below) to *proactively* support preventive and maternal and child wellness care. By cross-referencing and integrating multiple sources of data and information, as previously noted, we can also identify members' PCPs or specialty providers (eg, OB/GYN), barriers to compliance, behavioral health needs, and much more. This empowers LHCC staff to work as a team to target outreach to individual members who need more support to complete EPSDT appointments, and to assist them with arranging transportation, making appointments, arranging interpreter services, etc. In addition, we use Centelligence™ data to target broader initiatives, such as screening events, to those members *and communities* most at risk for missing EPSDT screenings, and/or for a particular health issue.

Supporting Community Wellness. We work with community organizations and providers to outreach to and educate members and their communities about maternal and child wellness and EPSDT services, and to support compliance. For example, we support provider efforts to meet periodicity requirements by providing Online Care Gap Alerts that flag members due or past due for EPSDT screenings or immunizations, and enable providers to generate panel-level care gap reports to support targeted outreach

efforts to those members. We work with local health centers to provide regular education through our award-winning Start Smart for Your Baby® (Start Smart) Program (described below), also collaborating with regional WIC and Head Start representatives and other entities to promote regular well-child visits and educate new parents about infant care and community resources.

We understand the critical importance of preventive health services and early detection and treatment of identified health issues for all children—not just our members. Many of our innovative outreach efforts, such as our awareness programs for teens, emphasize the importance of regular EPSDT and other critical screenings and wellness behaviors. As members of the communities we serve, we are deeply committed to continually monitoring, evaluating and improving our educational outreach and related processes to better impact our members and communities. We will continue to maintain and implement written procedures to comply with all State and federal EPSDT and immunization requirements, including, but not limited to, those noted in the RFP, as well as comply with all requirements regarding member materials and access to care for members with disabilities or communication vulnerabilities.

Conducting Member Education and Outreach

LHCC’s outreach staff educates our members about the importance of EPSDT services upon enrollment and throughout their membership in LHCC. We use written, telephonic, in-person and innovative outreach modes (text messaging, social media, etc.) to ensure that we reach as many members as possible to inform them about the importance of child wellness screenings. We educate pregnant members during and after pregnancy to promote timely and ongoing access to EPSDT services for their newborn.

Initial Outreach. New member orientation includes our Welcome Call and a Welcome Packet of printed materials. During the call, and within our literature, we repeatedly stress the importance of EPSDT and preventive services.

Welcome Packets. We educate our members about the importance of EPSDT services via our Welcome Packet materials, mailed within 10 business days of enrollment, and we continually work to improve our outreach materials to make them more effective. As part of our efforts to improve EPSDT HEDIS measures for babies (0-15 months), for example, we revised our Child Health Check Schedule to highlight that new members should complete a wellness exam with their PCPs within 90 days of enrollment. The table below highlights how our Welcome Packet materials emphasize the importance of EPSDT and wellness visits, as well as encourages members/guardians to take part in wellness care.

LHCC Welcome Packet: Educating Members about the Importance of EPSDT Services	
Well-Child Check Ups Brochure	“What is a Well Child/EPSDT Check-Up” explains the importance of EPSDT services for children and that the services are free; also provides the EPSDT schedule.
Welcome Letter and PCP Change Request Form	Welcome Letter includes information about how to select or change PCPs, and the form includes instructions to call Customer Service with questions, and/or for assistance in finding a PCP that suits member’s needs.
Child Health Check Schedule	“Should I Schedule a Health Check” provides a one-page EPSDT schedule on a sticker that members/guardians can post at home; also includes reminders about dental screenings and blood lead testing.
Member Handbook	Includes information about member’s responsibility to schedule, keep, and follow-up with PCP appointments, and assistance available through Customer Service; Wellness reminders and schedules; Non-Emergency Transportation assistance; and timely appointment requirements for providers. Beginning in 2015, we will include our

	Member Handbook in our “virtual Welcome Packet” on our website, as well as provide printed copies upon request.
Health Risk Screen (HRS) Form	Includes information about how the HRS will help get members the care they need.
CentAccount™ Brochure	Explains our CentAccount™ Member Rewards Program. Also describes our <i>Healthy Kids incentive</i> for EPSDT compliance and completing other child wellness services.
Benefits Summary Brochure	Our “Someone to Care” brochure explains benefits within the context of our “Healthy as a Way of Life” philosophy. Includes information about CentAccount™, our 24/7 nurse line, unlimited doctor visits, and MemberConnections™ (community health workers) Program—all of which support EPSDT education and compliance.

Welcome Calls. Within 14 business days of sending the Welcome Packet, we complete initial calls to new members to welcome them to LHCC and provide information about benefits, including EPSDT services. We repeat calls at different times and on different days, including evenings and Saturdays, to reach as many members as possible. During the calls, we help members complete the health risk screening and identify the need for EPSDT services and/or Case Management. In addition, we verify that members are satisfied with their PCP selection and assist them, as needed, to find a PCP that meets their needs, emphasizing the importance of the Patient Centered Medical Home (PCMH) model. We also identify and address barriers to accessing care (eg; transportation, language, etc). Staff will help members schedule appointments with their PCP and other providers and help coordinate the full range of required screenings, as needed.

Ongoing Outreach. LHCC staff work as a team to outreach to members regularly, with more direct, targeted outreach for those who need additional motivation or support to comply with EPSDT screening periodicity. This section describes our outreach beginning with the most general to the most targeted based on member need.

Member Newsletters. Our quarterly HealthConnect newsletter covers a variety of EPSDT topics. For example, our 2013 and 2014 summer issues featured articles emphasizing the importance of prenatal care and immunizations and health screenings for newborns.

Member Website and Portal. LHCC will continue to maintain our member website in English and Spanish to provide general information about our plan and include information about EPSDT and links to online versions of our member materials. We recently enhanced our website to create a member page specifically designed for new and expectant mothers that focuses on maternal wellness and screening for all children. It includes an EPSDT calendar, developmental milestones, and information about CentAccount™ rewards for completing maternal and well-child visits.

All online, electronic and printed materials provide LHCC’s toll-free number that connects to our Customer Service Department or our 24/7 nurse advice line.

Online Health Library. Available to members and the general public, LHCC’s Online Health Library (Health Library) features a searchable Krames Health Sheet database with more than 4000 topics explained in clear, simple language with pictures to help members with various levels of literacy understand important health information. Krames is URAC-accredited and uses a peer-review process and evidence-based clinical practice guidelines to develop their award-winning materials. Available in English and Spanish and other languages as needed, many of the health sheets provide information targeted to maternal wellness and EPSDT. For example, members can access well-child health check-up information for all EPSDT age groups. The information addresses school and social issues, nutrition and exercise tips, sleeping, safety and vaccinations.

Birthday Cards and Post Cards. We mail birthday card reminders to members/guardians the month before each child’s birthday, and postcards to members we could not reach by phone, or who are past-due for services. We urge them to contact us, as needed, for help scheduling appointments and arranging transportation, and remind them about incentive rewards for completing check-ups on time.

Telephonic Outreach. LHCC’s EPSDT Health Check (HC) Coordinators contact Members due, or past due, for screenings to explain EPSDT benefits, why they are important, and assist members to address identified barriers to compliance. We also conduct follow up calls and claim reviews to verify completed appointments. During telephone contacts, Case Management and Customer Service staff remind members of due dates and help them schedule appointments and transportation. All staff can view Care Gap Alerts during members’ calls, so they can educate them about EPSDT benefits, assist if needed with scheduling and transportation, and refer all clinical questions to appropriate staff.

Educating Hard-to-Reach Members. Some of our members are more difficult to reach, or they face more barriers to compliance. In addition to telephonic and mail outreach, LHCC will use community outreach events and other point-of-service opportunities to educate members about EPSDT and help them access services. For example, we might reach members via a doctor’s office, pharmacy, mental health service center, or during a home health or physician home visit. LHCC’s partnerships and our Case Management staff and Member Connections™ Representatives (MCRs), LHCC’s locally hired community health workers, can leverage their relationships with providers and within the community to contact members. In addition, through our Connections Plus® Program, described in the following section, we provide pre-programmed cell phones to our high-risk members who lack reliable phone access, allowing us to communicate.

Innovative and Non-Traditional Outreach

MemberConnections™ Program (Connections). LHCC’s Connections Program allows us to provide a level of interaction with our members that other health plans cannot. MCRs are LHCC’s community health outreach workers hired from within the communities we serve. MCRs help LHCC ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of each region. MCRs receive comprehensive training and become an integral part of our Customer Service and Case Management teams, which benefits our members and increases our effectiveness. MCRs make home visits to high-risk members we cannot reach by phone, and will assist with member outreach, coordinate social services, and attend community functions to provide health education and outreach. Some examples of events organized by Connections staff include the following.

Baby Showers and Diaper Days. MCRs host quarterly Baby Showers, rotating the locations throughout LHCC’s service areas, for our pregnant and recently-delivered members. Partnering with community health centers and local health and human services organizations, we provide educational materials,

About Diaper Days for Dads

The fathers who attended our Baby Showers inspired our Diaper Days for Dads. Some of them expressed fears about not becoming good fathers and overcoming the stigma about African-American men being uninvolved with their children. A few of them mentioned growing up without their fathers. Though only two young men attended our first Diaper Days for Dads in Lake Charles, we partnered with Patrick Carter of NOLA Dads to host a second event in New Orleans. Ten men and one expectant mom attended. Participants learned about WIC services, the Affordable Care Act, fire safety, health issues (including child screenings) and parenting strategies. Mr. Carter asked LHCC’s MCRs to continue offering Diaper Days for Dads on a regular basis.

including our March of Dimes endorsed *Start Smart Pregnancy Book*. We also provide information about infant care, lead poisoning, child safety and the importance of scheduling well visits—explaining that the many appointments that newborns require help ensure healthy development and identify any health issues earlier, when intervention is generally more effective. We invite all new and expectant mothers by region and provide refreshments and DHH-approved baby gift items, such as sippy cups, bibs and baby books, as an incentive to participate.

When our Baby Showers are part of an event hosted by a local service organization, MCRs will set up a booth to provide educational materials and baby gifts. Our Start Smart Case Managers often attend the Baby Showers to provide in-person education and answer members' questions. We also urge newly delivered mothers and the infants' fathers to attend one of our Diaper Days, which focus on the postpartum needs of infants and their parents.

Similar to Baby Showers, Diaper Days are targeted to the families of newborns. We cover postpartum care, infant care, EPSDT services and issues related to being new parents. We host Diaper Days monthly, to engage new mothers and fathers and support them in being active in their baby's development and health and wellness care. We provide baby gifts and child wellness literature, as well as our *Dad: Little Word, Big Deal* book for new fathers. Based on a Diaper Days event we hosted in collaboration with Healthy Start in New Orleans, Family Services of Greater New Orleans' NOLA Dads program (provides support, mentoring and education) hosted with us a "Diaper Days for Dads," exclusively for young new fathers in the area in June, and invited us to host them regularly.

Healthfairs and Other Community Events. LHCC believes that active participation in the communities we serve leads to improved member relationships that positively impact our ability to improve member health and outcomes. Throughout the year, our MCRs participate in local community events. We encourage and support them to build on the relationships they have developed with organizations in their communities because they *live* in those communities.

Our MCRs have developed partnerships with numerous community services groups, schools and faith-based organizations in each region. For example, MCRs worked with La Raza's Louisiana Affiliate, Puentes New Orleans, and A Community Voice, an organization of community members representing families, women, children, workers and the elderly in low-income communities. Our MCRs participated in and helped them organize a health fair and coordinated with one of our Providers, EXCELth, to bring a mobile clinic to the La Raza community health fair. The mobile clinic enabled many participants to receive much-needed oral health screenings that are an important part of EPSDT screening. We also partnered with multiple organizations to provide EPSDT screenings to members and their communities in underserved areas in East Baton Rouge Parish. As part of our overall strategy to improve wellness, described more fully in the final sections below, we are working to increase partnerships to host events that provide opportunities for more comprehensive wellness screenings outside a doctor's office.

Collaborating with Pediatric Group of Acadiana (PGA), we organized a Spring into Wellness Fair for families in June (as well as one last year) to provide full EPSDT exams to participants. Prior to the event, HC Coordinators contacted members in the area who were due or past-due for screenings to help them make appointments for child well-checks on the day of the event. Though these communities face many barriers to accessing care (poverty, child care issues, long work hours, etc.) about half of the members we reached completed screenings, and PGA is committed to hosting additional events with us.

Our MCRs also partner with public elementary schools across the State monthly to read books about health and wellness to students in preschool and up to Grade 5, also completing an activity related to the book topic. For example, we read Scholastic's *Froggy Goes to the Doctor* book that addresses the anxiety some children have about doctor visits, and focuses on the importance of regular visits. MCRs ask questions about the stories and the student who correctly answers the most questions, receives a copy of the Scholastic Book. Students complete activities related to the focus topic, such as coloring pages from

the Scholastic series, fitness games, etc.; and they receive related items such as coloring books and colors, cookbooks, water bottles, etc. Our MCRs also target outreach and activities specifically to teens through schools and faith-based organizations, as noted below.

During community events, MCRs will provide, as appropriate and approved by DHH, information about LHCC and our services, and encourage members and non-members to keep up with EPSDT and other wellness screenings.

Health Initiatives for Teens. Our MCRs use our *Off the Chain* series created for adolescents that addresses a variety of health issues as a way to facilitate communication with teens. *Teen Talk Chit-Chat Sessions* provide a forum to discuss with tweens, pre-teens and young adults the issues they face, such as peer pressure, keeping a positive attitude, healthy behaviors (including annual wellness exams), resume building, conflict resolution (anti-bullying), conduct for using social media, and personal hygiene. Building on her strong ties to her church and rapport with its young congregation, one of our MCRs initiated a Teen Talk series with youth at Ivory Chapel Baptist Church in Bastrop as a segment within their monthly youth day events. Based on her success, another MCR initiated Teen Talk Tuesdays at The Louisiana College in Pineville and University of Louisiana at Lafayette. All of our MCRs work with middle and high schools and other organizations to talk to teens and offer *Off the Chain* materials.

Start Smart for Your Baby®. We outreach to pregnant and newly delivered members via phone, mail, text messages and home visits via our Start Smart Program. Our text messaging program supports breastfeeding and prenatal care, and includes messages about child check-ups and screenings during the entire first year of a baby's life. After delivery, members receive text reminders to schedule postpartum visits and baby's vaccinations and PCP visits.

For members enrolled in our Start Smart Case Management Program, specialized Case Managers educate them about follow-up care and birth control after delivery, newborn care and wellness, pertussis vaccination for mother, etc. The member will stay in the program through the postpartum phase (which includes an in-depth assessment of both mom and baby) with reviews of EPSDT screenings and newborn wellness. If the baby has case management needs (NICU, social needs, DME, complicated diagnosis, home health, etc.) then we will enroll the baby in the Case Management Program and provide ongoing follow up regarding the infant's wellness.

CentAccount™ Member Rewards Program. Our award-winning CentAccount™ Program promotes personal healthcare responsibility by offering rewards that members value. Not only does rewarding members for targeted healthy behaviors increase the likelihood of continuing these behaviors, the rewards also help pay for items that further support health and wellness. We have recently enhanced CentAccount™, as noted under the section below on Motivating Members.

Safelink and ConnectionsPlus®. LHCC has partnered with Safelink to provide free cell phones to our members. This federal program provides free cell phones to individuals that are in a certain low-income bracket. Through our partnership, LHCC members will receive the standard 250 minutes per month; however, calls and texts to and from LHCC are free. Additionally, our Case Management staff can upgrade minutes based on clinical need.

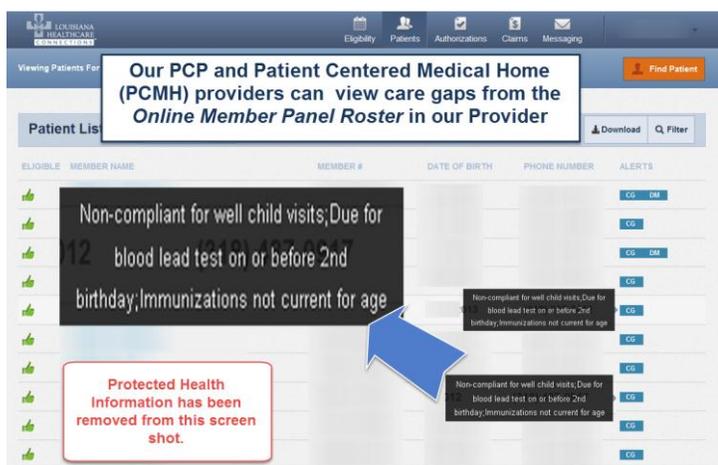
When SafeLink is not an option for members, LHCC may offer our ConnectionsPlus® Program which provides restricted-use cell phones to certain high-risk members. ConnectionsPlus phones are pre-programmed with numbers for their Complex Case Manager, NurseWise, 911, their PCP and other treating providers. LHCC staff will use the phones to contact members for education, appointment reminders and ongoing coaching and support for wellness and compliance. With the members consent, we will also send text messages with health information targeted to the member's condition.

Engaging Providers as Partners. Providers play an important role in ensuring our members complete EPSDT screenings. We educate them about their responsibilities as in the medical home model, and

provide tools that identify members who need services and that support PCP outreach efforts. We inform our PCPs of appointment scheduling requirements during provider orientation, and educate them about best practices for meeting their responsibilities via our orientation process, written materials and quarterly site visits.

Enhanced Provider Incentives. LHCC restructured our performance incentive program for PCP practices to further expand our network of designated PCMH providers, and to provide greater rewards to providers for meeting state HEDIS benchmarks, including for EPSDT screenings, for their LHCC member panel.

Enhanced Provider Care Gap Alerts. We will help Providers encourage Members with our enhanced online EPSDT Care Gap Alerts. We know that our Online Care Gap Alert feature is an important



tool for providers to help them keep up with preventive and follow-up care requirements. To make our Care Gap Alerts more useful and user-friendly, we enhanced our “flags” to provide information about what follow-up is due without having to open the member record. As illustrated in the picture above, our new EPSDT alert will indicate on the patient roster any needs for a well-child visit, immunizations, blood lead screenings, and more.

Supporting Provider “Front-Line” Staff. Administrative and management staff at the provider practice level are often our “front line” in addressing member care gaps, conducting member outreach, and collecting important member information (eg; low literacy, anxiety). They also are key contributors in identifying potential administrative process improvements to facilitate better HEDIS compliance and reporting.

As such, LHCC provided financial support for the Louisiana Medical Group Management Association—New Orleans Chapter (LMGMA—NOLA) conference in April, where we presented information about LHCC training and support. In addition, we have outreached to staff in some of our practices, such as Pontchartrain Pediatrics, which serves more than 6500 members, to lay the groundwork for establishing a Practice Management Advisory Committee (PMAC). The PMAC, comprised of provider administrative and management professionals, will provide LHCC staff with regular and ongoing feedback on trends and concerns related to improving service to members.

Healthy Celebrations. Partnering with our providers, we host quarterly Healthy Celebrations to increase awareness about preventive screenings and encourage members and non-members to complete them. We invite our providers to participate and commit to a Saturday date, and their staff call and encourage all of their patients to schedule a screening and attend the family-friendly event. At the same time our members receive their screenings, we provide healthy snacks and they can participate, with their families, in fun activities such as potato sack races, face and t-shirt painting, arts and crafts and various games with prizes. During the entire month leading up to the event, our staff outreach to all of our members assigned to that practice and due for screenings to help them schedule an appointment for the event day. We also arrange transportation for individuals or groups of members. Capital City Family Health Clinic in Baton Rouge partnered with LHCC over two weekends to specifically target teens and children (3-6) for EPSDT services. We scheduled 54 of our members for screenings, and approximately 60% of those members attended the event.

Coordinated Dental Outreach. With the July 1, 2014 implementation of the Medicaid Dental Benefits Manager (DBM) Coordinated Dental Services contract, LHCC welcomes the opportunity to strengthen our coordination efforts for our members who need dental care—a vital component of EPSDT screening. Our Vice President, Operations recently met with the DBM to discuss opportunities for coordination, and to develop a formal memorandum of understanding (MOU). We have discussed with the DBM the possibility of developing joint education and outreach initiatives, such as the following, to improve member and provider awareness of the importance of accessing dental care.

- Coordinated outreach and education for shared members emphasizing the connection between good oral health and general health
- Co-development of educational materials provided to pregnant mothers
- Co-branding or dual participation in local health fairs, including our Baby Showers and Diaper Days
- Collaborative development of a program like “Bright Beginnings,” which our Centene affiliate plan in Florida operates in conjunction with their DBM, who is also Louisiana’s current DBM vendor. This is a value added program that provides education to expectant mothers about the importance of healthy dental care.
- Joint outreach to PCPs and members, as well as individual outreach by both the MCO and DBM to their respective networks regarding the value of the dental benefit
- Joint education initiatives to members on tobacco cessation with emphasis on how tobacco use in any form increases the risks for gum disease and cancer
- Coordinated effort on a “Don’t Forget the Dental” campaign incorporated into in all EPSDT outreach to help ensure that all EPSDT required screening elements are completed
- Training for LHCC Customer Service and Case Management staff to include dental care reminders
- Coordinated Fax Reminders to PCPs twice a year to talk to members about the importance of following up with dental referrals as part of their screenings

Working with Members to Improve Compliance

LHCC fully supports the state’s efforts to improve child health outcomes, and DHH’s implementation of the Bayou Health Program in 2012 has resulted in better access to EPSDT screenings for our most vulnerable children (based on 2014 DHH summary reports). We care about our members and their communities and we will do everything we can to improve adherence to EPSDT screening periodicity schedules. We implemented several measures in 2013, including a number of activities related to provider and member engagement, and preliminary analysis indicates that they may be effective in working with members to improve compliance (as described in the final subsection of this response). We will continue to work with our members to address the barriers they face to ensure that children receive the preventive care they need to thrive and described below.

Motivating Members. Coordinated Comprehensive Member Outreach and Support. LHCC staff work as a team to provide information in a variety of ways and settings to reinforce important messages about the importance of EPSDT services and compliance. For example, at community events we provide, or work with local organizations to provide, information to promote preventive health strategies in areas such as perinatal care and breastfeeding support, pregnancy prevention/family planning and child wellness. Our Case Management Team works in partnership with members enrolled in our Case Management or Chronic Care Management Programs to develop Care Plans that incorporate all needed services. Our Customer Service Team works to educate and remind members to access care, and our dedicated Maternal Child Health/EPSDT Coordinator, who is part of the Quality Improvement (QI)

Department, coordinates all of our efforts and provides support to our providers, members and staff using Centelligence™ data. They also work with our Marketing Team to target and develop outreach to engage members and help them take responsibility for compliance. We implemented additional strategies this year to further integrate our efforts to promote wellness and screening rates, as described more fully in the section on quality improvement and system compliance that follows.

Motivational Interviewing. All of our member facing staff receive thorough training in cultural competency and customer service, as well as training tailored to their job functions. For example, our Case Managers complete initial and annual refresher training on motivational interviewing – a best practice for engaging members. We are developing similar training, tailored by staff function, for our Customer Service Representatives (CSRs), Health Check Coordinators and MCRs as part of our ongoing efforts to increase EPSDT compliance.

Enhanced Member Incentives. LHCC will continue rewarding Bayou Health members' healthy choices through our CentAccount™ program but we are improving the benefits to members by offering a new closed-loop card, which can be used for even more items and products to drive healthy behaviors and healthy outcomes. Members can earn dollar rewards by staying up to date on preventive care, including Well-Child Visits and immunizations. Members will be able to buy things like fresh foods and groceries, frozen foods, baby items and clothing (diapers, formula, baby foods, etc.), as well as over-the-counter drugs (allergy, cold meds, etc.) and other personal items (deodorant, soap, shampoo, etc.). By expanding our program, members will be able to use their CentAccount card at a select number of retailers including Meijer, RiteAid, Dollar General and Family Dollar, plus others locations as we continue expanding our list of retail partners (for example, Walmart is expected to be included soon). Members can visit our Member Portal for the most up-to-date listing of approved items and retailers.

We inform members of this incentive in the new member Welcome Packet; the Member Handbook; on the Member Portal; through new member Welcome Calls; email blasts and anytime a member who has not completed applicable healthy behaviors contacts the call center. For EPSDT, members will earn a reward for completing required annual screenings (age 2-21).

During the **2nd Quarter of 2015**, we will add to our suite of uniformly branded mobile capabilities with LHCC's Mobile CentAccount™, which gives the member access to their CentAccount™ rewards information, including status against their health goals, and reward points earned to date.

Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.

Enhanced Member Care Gap Alerts. As previously noted, we have enhanced our care gap alerts for providers to more easily indicate which gap in service prompted the alert. Members who elect to receive care gap alerts will benefit from this enhancement. In addition, we are introducing a new care gap

LHCC in Action...

When our Health Check Coordinator contacted a member to remind her to schedule EPSDT appointments for her grandchildren, she learned that the member was struggling to pay her bills. When the Coordinator reminded the member that she could earn CentAccount™ rewards, she admitted that she could not read the materials LHCC sent her. The Coordinator read the materials to her and helped her make well-check appointments for her five grandchildren. Our member earned enough CentAccount™ rewards to pay her utilities bill.

member engagement tool on our web and mobile platforms. Beginning in 2015, when members register to use our Member Portal, choose to receive care gap alerts, and provide email addresses, the Member Portal will automatically generate an e-mail to the member to explain how to access their Member Portal secure email account, and include a secure link for the member to sign in to the Portal and view their care gaps.

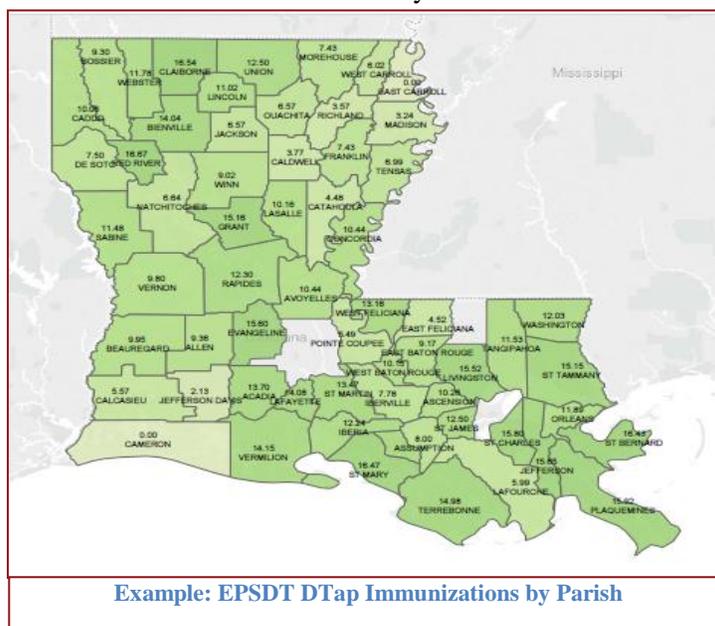
Enhanced Community Connections Resource Guide. We have learned that members are more likely to access resources that will benefit them if those resources are relevant and easy to locate. As such, we are upgrading our previously static Resource Guide to a searchable Community Connections Resource Guide

that empowers members to find services based on their needs and in their own regions of the state. Though our MCRs, Case Management and Customer Service staff use the database regularly and will continue to work with members to access community resources, (housing assistance, food banks, etc.), our user-friendly, online format will encourage members to seek services on their own, thus promoting personal responsibility and member engagement in their own wellbeing.

Steps to Identify and Educate Non-Compliant Members. As described in Section M1, Centelligence™ allows us to track non-compliant members, provide targeted outreach

to them, and then monitor follow-up. We separate non-compliant members based on risks so we can tailor outreach, such as automated reminders for members who are not long overdue for services and who were previously compliant. When we identify members with known barriers, such as communication issues, we can outreach in a manner that respects and addresses their communication needs. We focus and tailor follow-up outreach for members who face greater barriers and/or are more often non-compliant to ensure they receive support (interpreters, etc.) to increase compliance.

Identifying Members. LHCC generates monthly reports from Centelligence™, which synthesizes our internal medical claims and external encounter data sources, to identify members we need to target for outreach. Our reports identify members who are due for services in the next month and those who have been non-compliant with EPSDT services such as office visits, blood lead testing, and immunizations, according to the periodicity schedule for the member's age. These reports feed into TruCare (our integrated health services management platform) and Member Relationship Management (MRM)--our innovative member services inquiry, tracking, workflow and data management system), enabling all staff who directly communicate with members to target non-compliant members. For example, if a member calls our call center, the CSR can see on that member's record in MRM any care gap alerts, prompting a reminder to the member and assistance in arranging an appointment. In addition, we can create user-friendly parish maps and dashboards as tools to initiate an intensive outreach effort more broadly. For example, the map to the right illustrates DTap immunization compliance rates by parish, with the darker shades indicating higher percentages of members vaccinated. We can further sort and display percentages by age groups, race/ethnicity, and so on, so that we can create a coordinated strategy for improving them.



Non-Compliant Member Outreach. LHCC trains outreach staff to engage non-compliant members through persistent outreach and by identifying and addressing barriers, such as lack of childcare for their other children, language barriers, transportation and behavioral health issues. Monthly, Health Check Coordinators and Case Management staff review a list of non-compliant members and phone each one, as noted above, to schedule or reschedule appointments and address barriers.

Going the Extra Step. To the greatest extent possible, our staff arrange an appointment with the member and the provider's office staff on the line together. We then contact the member two days before the appointment with a reminder and offer encouragement and support. Beginning in 2015, we are implementing an additional step: we will send a **fax alert** to the provider's office with the member's **appointment** as well as details about **the specific services** that are **due or overdue**. In addition, information about all EPSDT appointments will appear to providers and their staff when they open the portal. We will evaluate the impact of this extra measure through member compliance data and provider feedback.

If we cannot contact the member after three phone attempts, we send a letter requesting that the member contact us so we can help them schedule an appointment with their PCP, and may implement automated reminder calls. MCRs also assist high-risk members in the community and in their homes when we are unable to contact a non-compliant member by telephone. Many of our partnership outreach efforts, such as our Healthy Celebrations, described fully above, also reach our non-compliant members.

Children with Special Health Care Needs Outreach. Because children with special needs often underutilize preventive services, the Case Manager ensures that EPSDT services are incorporated into the Care Plan, and that the member/guardian understands how and when to access them. If the family has children who see a different PCP than the one who sees the member with special needs, the Case Manager coordinates with the EPSDT Coordinator to streamline outreach to the family. As needed, Case Managers also accompany members to their PCP's office, or follow up with providers about diagnoses and treatments to update the Care Plan. Our Start Smart Case Managers follow up with the families/guardians of all infant members who received neonatal intensive care for up to one year after discharge. This follow up includes educating and assisting guardians to access needed EPSDT services, in coordination with the Children's Special Health Services Program in the Office of Public Health, per Appendix RR of the RFP.

Overcoming Barriers to Adherence. We also work with providers and community organizations, including state entities, to help us identify and address barriers to member/guardian adherence to recommended preventive care. For example, we revised our provider incentives to encourage more providers to offer extended hours, such as evening and/or weekend hours, to help our members who cannot be absent from work or school make and keep appointments that work with their schedules. We are partnering with *Louisiana State University's (LSU's) KidMed Clinics* in Monroe, Shreveport, Alexandria and Baton Rouge, to implement focused screening efforts for our members through the month of September— allowing us to schedule up to 10 members to complete screenings per each half-hour increment. LHCC is training providers to follow appropriate billing guidelines to receive incentive payments for participating in this pilot effort and committing their staff and resources. We will evaluate this joint initiative with LSU to determine whether to move toward more intensive EPSDT scheduling in their KidMed clinics year-round.

Building and Monitoring a Quality-Focused Program

As a Bayou Health MCO since the program began in 2011, LHCC has designed and is currently implementing an EPSDT outreach and education program to remain compliant with state and federal requirements regarding periodicity, staffing, and outreach and member materials development— now and as requirements change over time. We are proud to be a part of Bayou Health's success in increasing

child screening rates—and of increasing our own rates by nearly 35 percent between Q2 of 2012 and Q2 of this year. We share DHH’s focus on improving HEDIS outcomes and reaching the goals outlined in Section 6.6 of the RFP, and we will maintain and implement written procedures to remain compliant. We are working to increase the percentage of our members who are completing EPSDT screenings according to the 2014 periodicity schedule via continuous assessment and quality improvement, as described below.

Continuous Improvement Using Plan-Do-Study-Act (PDSA) Methodology. LHCC’s QAPI Program uses an integrated, data-driven performance monitoring and improvement model, incorporating the Plan-Do-Study-Act (PDSA) rapid-cycle change methodology to ensure effective, efficient delivery of quality care and service. The steps in the PDSA cycle are:

- Step 1: **Plan**—Plan the test or observation, including a plan for collecting data.
- Step 2: **Do**—Try out the test on a small scale.
- Step 3: **Study**—Set aside time to analyze the data and study the results.
- Step 4: **Act**—Refine the change, based on what was learned from the test.

LHCC uses PDSA methodology to achieve incremental improvement, as indicated by performance monitoring, and to test incremental changes in PIP interventions.

Quality Improvement Strategies in our EPSDT Outreach Program.

Using PDSA strategies, we initiated a performance improvement project (PIP)

specifically designed to test interventions for improving EPSDT compliance. We implemented several interventions in 2013, and strengthened some existing ones. Examples of interventions focused on member outreach and education include creating automatic prompts for Member Services staff to capture correct contact information for members we could not reach if those members call LHCC; and improving coordination between Members Services staff and MCRs to outreach to more hard-to-reach members. We tested our interventions with a focus on our infant members, 0-15 months, measuring compliance with all required wellness visits with defined goals based on the NCQA Quality Compass.

An interim assessment of effectiveness that compared the required well-child visits completed from January through July 2013 to those completed during the same period in 2014 show almost a 10% improvement in compliance. We will continue to analyze barriers to greater compliance to implement additional and/or revised member education and outreach interventions.

Further Building on our Strengths. Recently, LHCC acquired Community Health Solutions (CHS), which was the only plan to exceed the 2013-2014 DHH benchmarks for HEDIS compliance in all areas. Working as a partner with CHS and Sunshine Health Plan, our affiliate in Florida, we compared and evaluated best practices in supporting providers and serving Bayou Health members. We identified a need for a stronger focus on provider engagement to yield better EPSDT outcomes. As a result, we have enhanced incentives for EPSDT compliance and created a **Provider Engagement Committee (PEC)** within our Provider Relations team to review and make recommendations on provider profiling, payment innovations, claims issues, care gaps, pharmacy trends, and large volume providers.

We have also built on what we have learned since Bayou Health began. As a new Bayou Health MCO, we focused on meeting HEDIS and DHH benchmarks, drawing from national best practices and the experience of our affiliate health plans. Though we used a multi-dimensional outreach approach, we realized a need to modify our focus to reflect a greater emphasis on overall wellness than on HEDIS measures. We also wanted to tailor our approach for our Louisiana communities by better leveraging the

Using PDSA Strategy, LHCC tested initiatives to increase EPSDT compliance. Initial results show almost a 10% improvement in completed well-child visits for the target population during the test periods.

relationships we have built within those communities. Specifically, in the beginning of this year we initiated systemic departmental integration, worked with providers to leverage our combined resources to increase service capacity, and enhanced data collection and use to better evaluate EPSDT compliance.

Systemic Departmental Integration. – Our Quality team worked with each department throughout our organization to ensure that all of our processes to document utilization of EPSDT and other preventive services are accurately capturing and reporting utilization. As part of this effort, we:

- Developed orientation materials for training our Case Management and Utilization Management staff
- Worked with Provider Relations staff to ensure effective outreach to providers about educating members about EPSDT and other services, and providing and documenting them
- Implemented an internal education plan to provide training and reminders to staff during orientation, staff meetings and committee meetings about the importance of prevention and intervention for our members
- Engaged our Case Management staff, who have extensive motivational interviewing expertise, to help develop scripts for our Health Check Coordinators to use when speaking to members about clinical measures.

Bringing Health Care to the Community

LHCC is working with the following local providers and organizations to offer full health screenings in underserved areas at wellness events in 2015.

- RKM Clinic in Clinton
- Individual local practitioners
- Clinton Mayor and Alderman
- Wal-Mart
- Mary Bird Perkins– Mobile Mammography Unit
- Our Lady of the Lake Mobile Health Units
- Southern University, Baton Rouge Community College Nursing Department in Hammond
- New Covenant Christian Center
- Baker Police Department

Leveraging Resources. Since Bayou Health began, we have been strengthening relationships with our providers. We are now focusing on leveraging their strengths to expand service capacity for their patients/our members. Specifically, we are working more closely with practices that include mobile units to collaborate with them to reach people in rural areas to ensure that communities can access preventive health screenings. For example, we will collaborate with Our Lady of the Lake Hospital to use their mobile clinics to a greater extent in 2015. In addition, we are working with the Mayor and Alderman of Clinton, and with RKM Clinic to host a health fair that will offer a full range of screening, including EPSDT, to underserved communities in Baker, Clinton and Zachary.

Enhanced Collection and Use of Data. We have expanded and enhanced our data collection and use to better capture compliance and more effectively target outreach to members and providers. By more closely integrating and comparing diagnosis and claims data, we can analyze whether members received EPSDT services as part of PCP appointments for other services. For example, if a PCP treats a child for a stomachache, but also provides a wellness screening, the PCP might submit claims based on the primary diagnosis code that does not incorporate the screening. By analyzing multiple data sets, we can identify billing issues that impact compliance rates and trigger ineffective outreach. In addition, we can improve provider claims outreach to help them receive proper payment and comply with contractual HEDIS rate requirements.

Dedicated EPSDT Outreach Staff Focused on Quality. In 2011, LHCC established dedicated staff positions for EPSDT outreach and tracking. Our Manager of Accreditation, who is the Maternal Child Health/EPSDT Coordinator per the RFP, coordinates resources to ensure members receive these critical

services. For example, our EPSDT-designated Health Check Coordinators work with Case Managers to outreach to medium and high-risk children. The Health Check Coordinators report to our Accreditation Manager/EPSDT Coordinator in our Quality Team. This ensures a quality improvement focus and continuous, data-driven oversight of EPSDT service use and provider performance to identify trending issues and needed improvements immediately.

Our Accreditation Manager reviews monthly EPSDT compliance reports, and assesses education and outreach effectiveness by reviewing information such as Member Grievances, Provider Complaints, Member and Provider Advisory Committee feedback, and satisfaction surveys. As noted, we are working toward implementing an advisory committee of practitioner office staff and managers to ensure their valuable participation in improving access to EPSDT services. The quality team also audits medical records to validate service delivery.