

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
Quarter 3 – August 1 – October 31, 2018  
Submitted on December 31, 2018

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

## **2. Executive Summary**

Louisiana received approval of the Healthy Louisiana OUD/SUD 1115 demonstration waiver on February 1, 2018. The third quarter of the first demonstration year continues to be focused on the development of the initial deliverables required by the STCs including: budget neutrality, Health IT Plan, and Draft Evaluation Design.

While feedback on the state’s monitoring protocol was received during the second quarter, the state was awaiting the updated technical specifications on the metrics. The specifications were received in the fourth quarter and Louisiana was advised that submission of the data is pending approval of the revised monitoring protocol. Therefore, the DY1Q3 monitoring report does not include Part A, the SUD Metrics Workbook.

During the fourth quarter, the State will revise the monitoring protocol per the new technical specifications. CMS has approved a 15-day extension for the State to submit the revised monitoring protocol. The new due date for submission is January 18, 2019.

On December 14, 2018, CMS provided feedback to the State on the Draft Evaluation Design. During the fourth quarter, the State will continue to work with CMS and our contractor to finalize the Draft Evaluation Design.

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

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

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

supervised withdrawal management)? b. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication assisted treatment services provided to individuals in IMDs?			
Are there any other anticipated program changes that may impact metrics related to access to critical levels of care for OUD and other SUDs? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>3.2 Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 2, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>3.2.2 Implementation Update</b>			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
Quarter 3 – August 1 – October 31, 2018  
Submitted on December 31, 2018

---

<p>Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. Planned activities to improve providers’ use of evidence-based, SUD-specific placement criteria?</li> <li>b. Implementation of a utilization management approach to ensure: <ul style="list-style-type: none"> <li>i. Beneficiaries have access to SUD services at the appropriate level of care?</li> <li>ii. Interventions are appropriate for the diagnosis and level of care?</li> <li>iii. Use of independent process for reviewing placement in residential treatment settings?</li> </ul> </li> </ul>	<p>DY1Q1</p>		<p>a. The state is in the final stage of completing updates to outpatient and residential ASAM levels of care in the Behavioral Health Medicaid Provider Manual. These updates are projected to be published in DY1Q4.</p>
<p>Are there any other anticipated program changes that may impact metrics related to the use of evidence-based, SUD-specific patient placement criteria (if the state is reporting such metrics)? If so, please describe these changes.</p>			

<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>4.2 Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.			
<input type="checkbox"/> The state is reporting metrics related to Milestone 3, but has no metrics trends to report for this reporting topic.			
<input checked="" type="checkbox"/> The state is not reporting any metrics related to this reporting topic.			
<b>4.2.2 Implementation Update</b>			
Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to: a. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards? b. State review process for residential treatment providers' compliance with qualifications standards? c. Availability of medication assisted treatment at residential treatment	DY1Q1		c. The state is continuing to incorporate language within contracts and/or agreements that require providers to offer onsite MAT services or provide linkage and referral to MAT services offsite.

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



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

<p>does the state expect to make any changes to:</p> <p>a. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD?</p> <p>b. Expansion of coverage for and access to naloxone?</p>			
<p>Are there any other anticipated program changes that may impact metrics related to the implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD? If so, please describe these changes.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>7.2 Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b></p>			
<p><b>7.2.1 Metric Trends</b></p>			
<p>Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.</p>			
<p><b>7.2.2 Implementation Update</b></p>			

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
Quarter 3 – August 1 – October 31, 2018  
Submitted on December 31, 2018

---

Compared to the demonstration design and operational details outlined the implementation plan, have there been any changes or does the state expect to make any changes to implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports?			
Are there any other anticipated program changes that may impact metrics related to care coordination and transitions between levels of care? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>8.2 SUD Health Information Technology (Health IT)</b>			
<b>8.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. Changes (+ or -) greater than two percent should be described.		HIT Plan	Updated Q3 data is included in Attachment A2-Q3.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>11.2.2 Implementation Update</b>			

<p>Compared to the demonstration design and operational details outlined in STCs and implementation plan, have there been any changes or does the state expect to make any changes to:</p> <ul style="list-style-type: none"> <li>a. How health IT is being used to slow down the rate of growth of individuals identified with SUD?</li> <li>b. How health IT is being used to treat effectively individuals identified with SUD?</li> <li>c. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD?</li> <li>d. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels?</li> <li>e. Other aspects of the state’s health IT implementation milestones?</li> <li>f. The timeline for achieving health IT implementation milestones?</li> </ul>	<p>DY1Q2</p>	<p>HIT Plan</p>	<p>As discussed during a previous monthly call with CMS, Louisiana indicated that stakeholder support for legislation proposed in the HIT Plan is unlikely for the 2019 legislative session. Louisiana will keep CMS updated if this changes in the future.</p> <p>If legislation is not proposed, Medicaid will explore other options to allow staff access to the necessary data to implement controls aimed at minimizing overprescribing and inappropriate Medicaid payments.</p> <p>Please see Attachment A1 for all updates regarding the HIT Plan and Attachment A2 for corresponding data.</p>
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g. Planned activities to increase use and functionality of the state’s prescription drug monitoring program?			
Are there any other anticipated program changes that may impact metrics related to SUD Health IT (if the state is reporting such metrics)? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>9.2 Other SUD-Related Metrics</b>			
<b>9.2.1 Metric Trends</b>			
Discuss any relevant trends that the data shows related to assessment of need and qualification for SUD services. At a minimum, changes (+ or -) greater than two percent should be described.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>9.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact the other SUD-related metrics? If so, please describe these changes.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>10.2 Budget Neutrality</b>			

<b>10.2.1 Current status and analysis</b>			
Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the SUD component is part of a comprehensive demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
<b>10.2.2 Implementation Update</b>			
Are there any anticipated program changes that may impact budget neutrality? If so, please describe these changes.	DY1Q2		<p>Upon further review, staff identified additional questions warranting further scrutiny of the reporting guide. Louisiana continues its work to finalize the logic to identify and isolate those payments to be considered in the budget neutrality analysis. Staff from Medicaid, the Office of Behavioral Health, and the Department’s actuary have been meeting biweekly to resolve these issues.</p> <p>The state recently submitted questions and received clarification from CMS regarding whether crossover claims should be excluded from the demonstration. The state will submit follow-up questions in the beginning of calendar year 2019 to seek further clarification on whether the state may deny crossover records associated with stays of greater than 15 days in a MH IMD.</p>
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>11.1 SUD-Related Demonstration Operations and Policy</b>			
<b>11.1.1 Considerations</b>			
Highlight significant SUD (or if broader demonstration, then			

<p>SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no related considerations to report for this reporting topic.</p>			
<p><b>11.1.2 Implementation Update</b></p>			
<p>Compared to the demonstration design and operational details outlined in STCs and the implementation plan, have there been any changes or does the state expect to make any changes to:</p> <p>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</p>			

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Louisiana Substance Use Disorder 1115 Demonstration  
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Quarter 3 – August 1 – October 31, 2018  
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---

<p>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?  c. Partners involved in service delivery?</p>			
<p>Has the state experienced any significant challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers)? Has the state noted any performance issues with contracted entities?</p>			
<p>What other initiatives is the state working on related to SUD or OUD? How do these initiatives relate to the SUD demonstration? How are they similar to or different from the SUD demonstration?</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.</p>			
<p><b>12.1 SUD Demonstration Evaluation Update</b></p>			
<p><b>12.1.1 Narrative Information</b></p>			
<p>Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the</p>	<p>DY1Q1</p>		<p>A conference call was held on September 6, 2018 with the state’s contractor (Tulane University), Medicaid and OBH staff to discuss the implementation milestones and requisite evaluation design deliverables.</p>



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Quarter 3 – August 1 – October 31, 2018  
Submitted on December 31, 2018

---

demonstration. See report template instructions for more details.			
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.	DYQ2		An initial draft of the evaluation design was received from Tulane on October 5, 2018. A final draft of the evaluation design was submitted to CMS on October 29, 2018.
List anticipated evaluation-related deliverables related to this demonstration and their due dates.			Evaluation Design, October 29, 2018 Interim Evaluation Report, Dec 31, 2021 Summative Evaluation Report, June 30, 2024
<input type="checkbox"/> The state has no SUD demonstration evaluation update to report for this reporting topic..			
<b>13.1 Other Demonstration Reporting</b>			
<b>13.1.1 General Reporting Requirements</b>			
Have there been any changes in the state’s implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol?			
Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?			
Compared to the details outlined in the STCs and the monitoring			

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Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
Quarter 3 – August 1 – October 31, 2018  
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---

<p>protocol, has the state formally requested any changes or does the state expect to formally request any changes to:</p> <ul style="list-style-type: none"> <li>a. The schedule for completing and submitting monitoring reports?</li> <li>b. The content or completeness of submitted reports? Future reports?</li> </ul>			
<p>Has the state identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation?</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.</p>			
<p><b>13.1.2 Post Award Public Forum</b></p>			
<p>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.</p>			
<p><i>[Add rows as needed]</i></p>			
<p><input checked="" type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.</p>			

<b>14.1 Notable State Achievements and/or Innovations</b>			
<b>14.1 Narrative Information</b>			
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.			
<i>[Add rows as needed]</i>			
<input checked="" type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

## **Attachment A1 – Quarter 3 Update 1115 SUD Health Information Technology (HIT) Plan**

As of December 28 2018, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Updates are included in Attachments A1 and A2 included with the report's submission. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

1. Pg 2 - The state should provide CMS with an analysis of the current status of its health IT infrastructure/"ecosystem" to assess its readiness to support PDMP interoperability. Once completed, the analysis will serve as the basis for the health IT functionalities to be addressed over the course of the demonstration – or the assurance described above.  
**The State is working to develop an assessment protocol for the HIE's capabilities and will then identify a process to evaluate the readiness of EHRs in use throughout the state. The capabilities assessment is planned for Q1 of 2019.**
2. Pg 3 – Process measure: Status of contracting as reported by Board of Pharmacy.  
**The Board of Pharmacy is working with the Office of Public Health to submit a grant proposal to integrate the PDMP into every EHR in the state. The grant proposal application is still pending as of this date. The enactment of the SUPPORT ACT has resulted in several internal conversations with plans to involve the Board of Pharmacy in Q1 of 2019.**
3. Pg 4 – Process measure: Convene stakeholder group quarterly to develop connectivity plan around PMP into HIE or EHR. Attach minutes.  
**No update at this time.**
4. Pg 5 – Process measure: Regular updates at quarterly Board of Pharmacy meetings. Attach minutes.  
**No update at this time. The next meeting is scheduled for 2/19/19.**
5. Pg 5 – Process measure: Continue ad hoc meetings with CMS and ONC for IAPD guidance to enhance PMP connectivity in either HIE or EHR.  
**Meetings will be requested as necessary.**
6. Pg 5 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan proposal to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.  
**No update at this time. The next meeting is scheduled for 2/19/19.**
7. Pg 6 – Process measure: During procurement of data warehousing module under modernization, set capability for data match.  
**No update at this time. The development of this RFP has not started.**
8. Pg 6 – Process measure: During procurement of pharmacy module, create reporting relationship and data feed into warehousing module.  
**No update at this time. The development of this RFP has not started.**

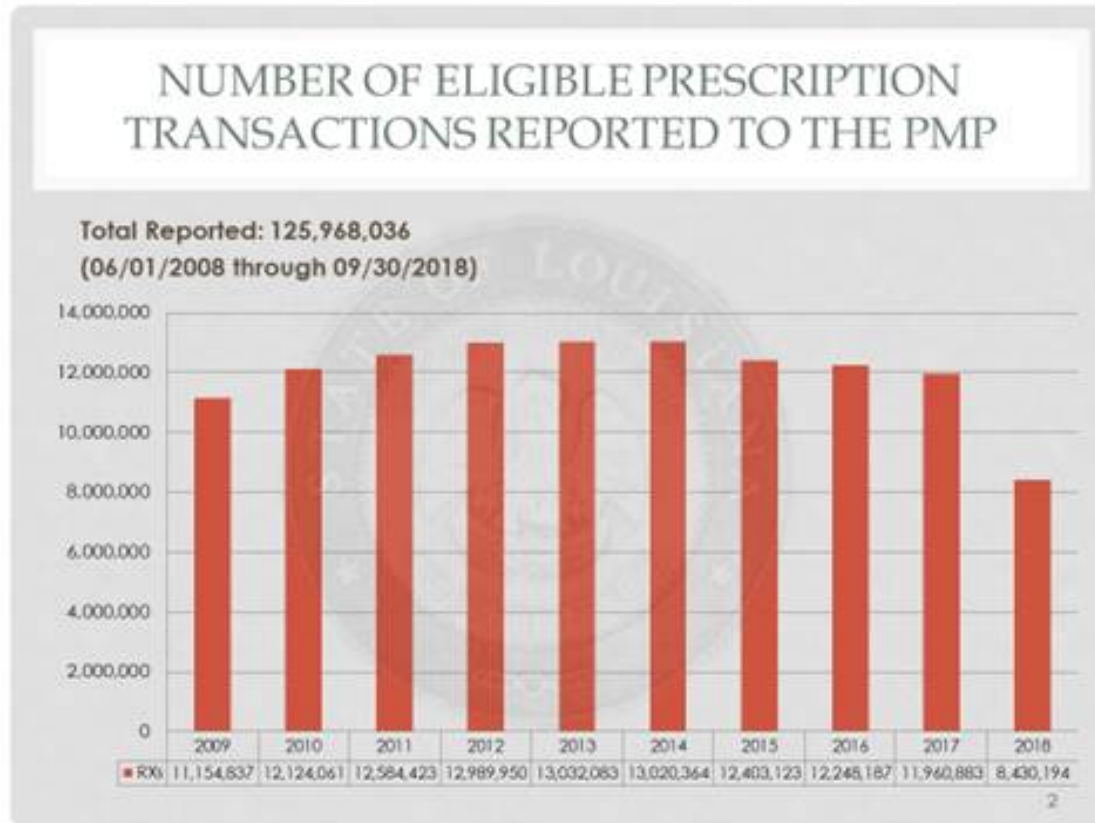
9. Pg 8 – Process measure: Reprocure managed care contracts on timeline.  
The State is currently working to finalize the RFP for the reprocurement of its managed care contracts. If delays are identified, the State will update CMS. The state expects to release the RFP to the public January 2019 for an effective date of January 2020.
10. Pg 9 – Process measure: Presented to PMP Advisory Council on 1/10/18. Represent a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session.  
No updates at this time.
11. Pg 9 – Process measure: If legislation does not proceed, we will pursue alternative data tracking internal to Medicaid.  
No updates at this time.
12. Pg 9/10 – Medicaid data measures
  - a. Opioid prescription utilization trend (recipients, drug name, amount, payments)
  - b. Opioid prescription utilization trend in naïve patients (recipients, drug name, amount, payments)See attachment A2-Q3 1115 SUD HIT. This file contains updated data through November 2018.

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

**PMP User Stats for 2018Q3 (07/01/2018 - 09/30/2018)**

PMP Role Title - Healthcare Provider	Number of Providers <u>Eligible</u> for PMP Access (as of 09/30/2018)	Number of Providers with PMP <u>Active</u> Access Privileges (as of 09/30/2018)	Number of PMP Requests by Providers through <u>AWARxE™</u> During 2018Q3	Number of PMP Requests by Providers through <u>GATEWAY™</u> During 2018Q3
Physician (MD, DO)	12,868	8,307	370,766	917,800
Nurse Practitioner (APRN)	3,119	2,342	84,937	51,157
Dentist (DDS)	2,200	1,481	7,098	0
Physician Assistant (PA)	833	564	18,603	2,987
Optometrist (OD)	365	133	11	0
Podiatrist (DPM)	160	107	224	0
Medical Psychologist (MP)	92	82	5,097	0
Medical Intern/Resident	711	626	1,211	0
Prescriber's Delegate	NA	2,040	201,880	NA
Pharmacist (PST)	9,028	4,154	351,536	293,148
Pharmacist's Delegate	NA	776	33,610	N/A
Totals	29,376	20,612	1,074,973	1,265,092

b. Eligible transactions reported to PMP



c. Prescriber and Pharmacists

No update at this time.

14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement  
Progress: Currently developing the RFP. The state expects to release the RFP to the public January 2019 for an effective date of January 2020.
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) which is administered by the Louisiana Health Care Quality Forum (LHCQF). There are several organizations within the state that are developing their own ADT feed system. Updates will be provided in future reports as they become available.
16. Pg 10 – Process measure: Establish quarterly standing report for MCOs  
A draft report is under review with LA Medicaid leadership. Once approved, this will be sent to the MCOs to establish their reporting. The Department does receive daily reports from the LaEDIE system including a listing of all ADT feeds from the previous day. This information may supplement the MCO reports once they are in place.
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 the LaEDIE system. The system provides a daily export to the five Healthy Louisiana MCOs based on their patient lists. The MCOs use this data to provide case management to their recipients.
18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to cancer/palliative care Rx baseline)  
Report included in the attached Excel spreadsheet (Attachment A2-Q3).

#### Additional Board of Pharmacy Information:

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

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



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

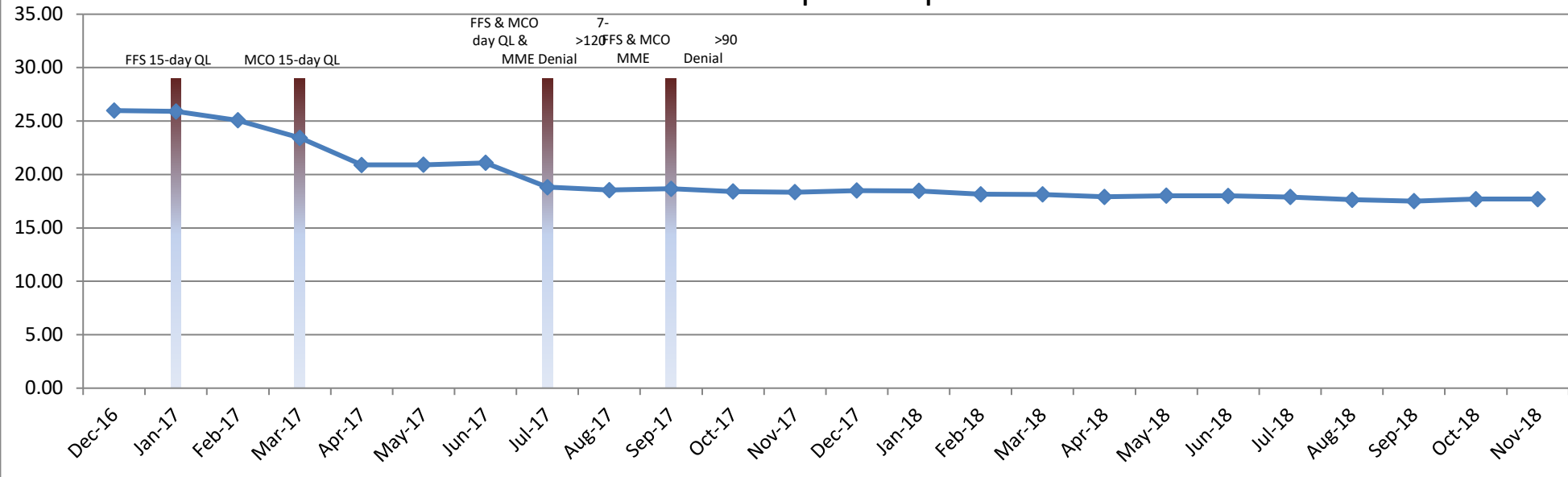
#### Notes:

- 1 The 7-day quantity limit for solid oral dosage forms of short-acting opioids became effective for recipients enrolled in either a Healthy Louisiana MCO plan or Fee for Service on July 10, 2017. This policy applied only to claims/encounters for recipients who were considered opioid-naïve. If the 90-day period prior to an opioid claim/encounter did not include any other opioid claim/encounter, recipients were considered opioid-naïve. When establishing the look back period, day 1 was the date of service of the claim/encounter. Monthly review is performed after the data from MARS Data Warehouse (MDW) is updated to include the previous month.
- 2 This review included paid and adjusted claims/encounters for the short-acting opioids that are included in the 7-day quantity limit policy with dates of service in the previous 24-month period. (December 1, 2016 through November 30, 2018)
- 3 For any particular recipient, this analysis included only those claims/encounters for further evaluation where no previous short-acting or long-acting opioid claim/encounter was identified in the 90-day period before the claim/encounter was submitted.
- 4 Recipients diagnosed with cancer and/or in palliative care at any point in the 24-month review period or in the previous 12 months (December 1, 2015 through November 30, 2018) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 5 Since this review includes only opioid naïve recipients who have not had another opioid prescription in the previous 90 days, the claim count and the unduplicated recipient counts by month are the same.
- 6 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 7 Reported payment amounts do not include any potential rebate.

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

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
Dec-16	22,283	22,283	\$174,975	578,941	152,649	25.98	6.85
Jan-17	24,496	24,496	\$189,521	634,602	170,680	25.91	6.97
Feb-17	21,833	21,833	\$164,382	547,421	146,202	25.07	6.70
Mar-17	25,326	25,326	\$179,347	593,193	159,665	23.42	6.30
Apr-17	22,294	22,294	\$146,467	465,763	126,309	20.89	5.67
May-17	23,192	23,192	\$151,970	485,053	131,996	20.91	5.69
Jun-17	23,380	23,380	\$156,281	493,234	133,401	21.10	5.71
Jul-17	21,344	21,344	\$141,454	401,351	106,205	18.80	4.98
Aug-17	22,471	22,471	\$162,559	416,531	106,699	18.54	4.75
Sep-17	21,967	21,967	\$128,361	409,977	107,668	18.66	4.90
Oct-17	22,531	22,531	\$127,664	414,638	108,376	18.40	4.81
Nov-17	20,819	20,819	\$115,508	381,984	99,790	18.35	4.79
Dec-17	19,419	19,419	\$106,719	359,058	94,001	18.49	4.84
Jan-18	21,673	21,673	\$123,003	400,021	105,069	18.46	4.85
Feb-18	19,806	19,806	\$105,572	359,454	93,025	18.15	4.70
Mar-18	21,384	21,384	\$110,574	387,687	100,320	18.13	4.69
Apr-18	21,524	21,524	\$112,827	385,313	100,468	17.90	4.67
May-18	21,608	21,608	\$116,469	389,053	101,333	18.01	4.69
Jun-18	21,069	21,069	\$112,820	379,133	99,120	17.99	4.70
Jul-18	21,468	21,468	\$122,617	384,038	100,941	17.89	4.70
Aug-18	22,697	22,697	\$138,654	400,110	105,025	17.63	4.63
Sep-18	19,992	19,992	\$116,833	349,930	92,297	17.50	4.62
Oct-18	21,236	21,236	\$125,979	375,770	98,720	17.69	4.65
Nov-18	12,213	12,213	\$72,693	216,089	57,445	17.69	4.70

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



### Monthly Review of Antianxiety Benzodiazepine Utilization

Notes:

- 1 Monthly review of benzodiazepine use for anxiety is performed after the MARS Data Warehouse (MDW) is updated to include data from the previous month.
- 2 This review identified paid and adjusted claims/encounters in the MDW for benzodiazepines with dates of service in the previous 24-month period. (December 1, 2016 through November 30, 2018)
- 3 For clonazepam, clorazepate and diazepam, claims/encounters for recipients diagnosed with seizure disorder at any point in the 24-month review period or in the previous 12 months (December 1, 2015 through November 30, 2018) were excluded from this review. ICD-9 and ICD-10 diagnosis codes associated with medical claims/encounters were included. Lab claims/encounters were excluded.
- 4 Utilization counts for the most current 12-month period are subject to change as claims and encounters with dates of service within the previous 12 months are submitted, paid, or adjusted and subsequently uploaded to the MDW. The results in the last three months of this study are particularly limited by an insufficient lag time.
- 5 Reported payment amounts do not include any potential rebate.

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

Date of Service Month-Year	Claim Count	Unduplicated Recipient Count	Payments	Total Units Dispensed	Total Days' Supply	Average Units Dispensed per Claim	Average Days' Supply per Claim
Dec-16	29,217	26,623	\$211,979	1,589,525	769,407	54.40	26.33
Jan-17	30,866	28,189	\$225,081	1,657,414	807,181	53.70	26.15
Feb-17	28,329	26,677	\$205,690	1,531,408	742,787	54.06	26.22
Mar-17	33,121	29,649	\$240,171	1,781,771	866,081	53.80	26.15
Apr-17	30,091	28,188	\$215,139	1,626,829	790,376	54.06	26.27
May-17	32,414	29,061	\$234,403	1,746,815	851,958	53.89	26.28
Jun-17	32,157	29,225	\$230,177	1,738,168	845,335	54.05	26.29
Jul-17	31,172	28,817	\$225,644	1,679,134	820,407	53.87	26.32
Aug-17	32,738	29,733	\$258,978	1,754,948	860,581	53.61	26.29
Sep-17	30,679	28,464	\$234,553	1,647,674	807,720	53.71	26.33
Oct-17	31,638	28,963	\$235,862	1,693,782	833,937	53.54	26.36
Nov-17	31,232	28,698	\$230,901	1,676,926	826,067	53.69	26.45
Dec-17	30,097	27,919	\$222,277	1,623,793	799,126	53.95	26.55
Jan-18	30,951	28,230	\$241,759	1,659,480	822,359	53.62	26.57
Feb-18	26,671	25,213	\$192,854	1,450,971	717,089	54.40	26.89
Mar-18	27,781	25,588	\$197,385	1,500,209	744,444	54.00	26.80
Apr-18	28,155	26,196	\$207,373	1,524,451	755,241	54.14	26.82
May-18	29,510	26,822	\$223,000	1,591,026	790,147	53.91	26.78
Jun-18	28,145	26,181	\$215,285	1,516,048	751,921	53.87	26.72
Jul-18	28,869	26,484	\$223,355	1,558,630	771,362	53.99	26.72
Aug-18	30,021	27,153	\$233,765	1,612,753	801,051	53.72	26.68
Sep-18	26,855	25,362	\$205,971	1,441,888	716,311	53.69	26.67
Oct-18	29,617	26,773	\$225,374	1,586,504	789,460	53.57	26.66
Nov-18	17,898	17,174	\$136,860	970,074	480,948	54.20	26.87

Antianxiety Benzodiazepines: Average Units Dispensed per Claim

