

Medicaid Section 1115 SUD Demonstration Monitoring Report – Part B  
Louisiana Substance Use Disorder 1115 Demonstration  
Demonstration Year 1 – February 1 - December 31, 2018  
Quarter 2 – May 1 – July 31, 2018  
Submitted on September 28, 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 second quarter of the first demonstration year was focused on continued development of the initial deliverables required by the STCs including: performance metrics, monitoring protocol, budget neutrality, Health IT Plan, and Draft Evaluation Design. In addition, Louisiana held its Post Award Forum on June 28, 2018 in accordance with the requirements listed in STC #35.

This first year of the demonstration waiver will provide baseline data. Subject Matter Experts (SMEs) within the Office of Behavioral Health (OBH) met weekly to work through the iterations of the required performance metrics. The initial draft of the Monitoring Protocol was submitted to CMS on June 29, 2018, in accordance with the original report and protocol templates and performance metrics provided to the state on February 22, 2018. Feedback on the state's protocol was received on July 31, 2018, and the state is currently waiting on the technical specifications on the metrics to complete a revision of the monitoring protocol. As such, Louisiana requested to delay submission of Q2 data until receipt of the technical specifications from CMS. This request was approved; therefore, the DY1Q2 monitoring report does not include Part A, the SUD Metrics Workbook.

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

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

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

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>			

<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 DY1Q3.</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		<p>c. The state is currently developing language to incorporate within contracts and/or agreements that require providers to offer onsite MAT services or provide linkage and referral to MAT services offsite.</p> <p>The state participated in the annual Louisiana Association for Substance Abuse Counselors and Trainers (LASACT) conference, on July 31, 2018, by offering a presentation to the community SUD provider network, on the impact of the opioid epidemic, evidence-based treatment, and the impact of Louisiana's 1115 Waiver on residential providers.</p> <p>Information on the 1115 deliverables and milestones, including access to MAT, was presented to the MCOs during multiple conference calls with executive management, behavioral health medical directors, and programmatic staff.</p>

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>			

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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 Q2 data is included in Attachment A2-Q2.
<i>[Add rows as needed]</i>			
<input checked="" 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		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 and a revised reporting guide is scheduled to be circulated on 9/28/18.
<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 SUD-related) demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, access to			

<p>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> <ul style="list-style-type: none"> <li>a. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)?</li> <li>b. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)?</li> </ul>			

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c. Partners involved in service delivery?			
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?			
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?	DY1Q2		OBH submitted an application for the State Opioid Response Grant, awarded by SAMHSA. Louisiana plans to implement the Hub and Spoke model to increase access to MAT, which will complement the action steps outlined in the implementation plan.
<i>[Add rows as needed]</i>			
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			
<b>12.1 SUD Demonstration Evaluation Update</b>			
<b>12.1.1 Narrative Information</b>			
Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY1Q1		As part of the DY1Q1 report, the state requested a 90-day extension for the submission of the draft Evaluation Design, which was due on July 31, 2018. The extension request was discussed with CMS on June 18, 2018, and verbal approval of a 90-day extension was provided. A formal request memo was sent on June 29, 2018; and CMS approved the request on July 19, 2018. During Q2, the state procured Tulane University to complete the evaluation, including the evaluation design.
Provide status updates on deliverables related to the	DYQ2		An initial call with Tulane, Medicaid, and OBH took place on July 3, 2018, to discuss the waiver deliverables, outcomes, and implementation milestones. A timeline for submission



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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.			of the evaluation design was also discussed. As of the submission date of this DY1Q2 monitoring report, the state is on target for submission of the design draft to CMS by the extended deadline of 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 protocol, has the state formally requested any changes or does the state expect to formally request any changes to:			

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<p>a. The schedule for completing and submitting monitoring reports?</p> <p>b. The content or completeness of submitted reports? Future reports?</p>			
<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>DYIQ2</p>	<p>STC 35</p>	<p>Louisiana is in compliance with STC 35 pertaining to 42 CFR 431.420(c) Post Award Forum requirements to post (within six months of the demonstration’s implementation) an announcement of the 1115 SUD Demonstration Waiver. The Public Forum Notice was posted on the Office of Behavioral Health (OBH) <a href="#">website</a> at least 30 calendar days in advance of the Public Forum.</p> <p>The forum was held on June 28, 2018 following the Department’s monthly rulemaking hearing. Ten people representing the Medicaid and the Office of Behavioral Health attended the Public Forum. No members of the public attended the forum and no public comments were received outside of the forum (e.g. mail, e-mail, etc.).</p> <p>The sign-in sheet from the Post Award Forum is included as Attachment B1.</p>
<p><i>[Add rows as needed]</i></p>			
<p><input type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.</p>			
<p><b>14.1 Notable State Achievements and/or Innovations</b></p>			

<b>14.1 Narrative Information</b>			
<p>Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.</p>			
<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**

### **1115 SUD Health Information Technology (HIT) Plan – Quarter 2 Update**

As of September 20, 2018, the state provides the following updates to activities and metrics appearing in the approved HIT Plan. Status updates to the HIT Plan are included in this document, Attachment A1, and Attachment A2. Data and updates to process measures following submission of this report will be communicated to CMS during future monthly phone calls and quarterly reports.

The following responses provide updates on Louisiana’s SUD HIT Plan:

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.**
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 and submitted a grant proposal to integrate the PDMP into every EHR in the state. At this time, Medicaid has not received an update on the grant’s status.**
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.  
**The Board of Pharmacy met in August, however; the minutes for this meeting will not be available until approved at the Board’s next meeting.**
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.  
**The Board of Pharmacy met in August, however; the minutes for this meeting will not be available until approved at the Board’s next meeting.**
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: Reprocurement of managed care contracts according to timelines. 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. Present a plan to Advisory Council or Board of Pharmacy as follow-up to garner stakeholder support in prep for 2019 session. 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.
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-Q2 1115 SUD HIT. This file contains updated data through August 2018.

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

<b>PMP User Statistics for 2017Q1 (01/01/2017 through 03/31/2017)</b>			
<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers Eligible for PMP Access (as of 03/31/2017)</b>	<b>Number of Providers Approved for PMP Access (as of 03/31/2017)</b>	<b>Number of PMP Searches by Approved Providers During 2017Q1 (Percentage of Total)</b>
Provider (MD, DO)	12,436	4,438	292,292 (35.35%)
Nurse Practitioner (APRN)	2,532	1,263	46,864 (5.67%)
Dentist (DDS)	2,116	541	1,598 (0.19%)
Physician Assistant (PA)	705	270	12,357 (1.49%)
Optometrist (OD)	339	13	0
Podiatrist (DPM)	150	34	175 (0.02%)
Medical Psychologist (MP)	85	59	2,490 (0.30%)
Prescriber's Delegate	N/A	1,590	156,137 (18.88%)
Pharmacist (PST)	8,499	3,666	288,130 (34.85%)
Pharmacist's Delegate	N/A	560	26,745 (3.23%)
<b>Totals</b>	<b>26,862</b>	<b>12,434</b>	<b>826,788</b>

**PMP User Statistics for 2017Q2 (04/01/2017 through 06/30/2017)**

<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers <u>Eligible</u> for PMP Access (as of 06/30/2017)</b>	<b>Number of Providers <u>Approved</u> for PMP Access (as of 06/30/2017)</b>	<b>Number of PMP Searches by Approved Providers During 2017Q2 (Percentage of Total)</b>
Provider (MD, DO)	12,482	4,528	308932 (35.27%)
Nurse Practitioner (APRN)	2,595	1,326	48,838 (5.58%)
Dentist (DDS)	2,119	557	1,770 (0.20%)
Physician Assistant (PA)	721	287	11,913 (1.36%)
Optometrist (OD)	338	13	0
Podiatrist (DPM)	151	34	118 (0.01%)
Medical Psychologist (MP)	87	65	3,022 (3.34%)
Prescriber's Delegate	N/A	1,284	160,675 (18.34%)
Pharmacist (PST)	8,577	3,721	302,883 (34.58%)
Pharmacist's Delegate	N/A	484	37,841 (4.32%)
<b>Totals</b>	<b>27,070</b>	<b>12,299</b>	<b>875,992</b>

**PMP User Statistics for 2017Q3 (07/01/2017 through 09/30/2017)**

<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers <u>Eligible</u> for PMP Access (as of 09/30/2017)</b>	<b>Number of Providers <u>Approved</u> for PMP Access (as of 09/30/2017)</b>	<b>Number of PMP Searches by Approved Providers During 2017Q3 (Percentage of Total)</b>
<b>Provider (MD, DO)</b>	12,485	4,584	323,080 (35.30%)
<b>Nurse Practitioner (APRN)</b>	2,745	1,392	53,668 (5.86%)
<b>Dentist (DDS)</b>	2,120	565	1,718 (0.19%)
<b>Physician Assistant (PA)</b>	728	305	12,856 (1.40%)
<b>Optometrist (OD)</b>	345	12	0
<b>Podiatrist (DPM)</b>	153	34	108 (0.01%)
<b>Medical Psychologist (MP)</b>	89	67	4,825 (0.53%)
<b>Prescriber's Delegate</b>	N/A	1,505	174,228 (19.04%)
<b>Pharmacist (PST)</b>	8,778	3,835	305,662 (33.40%)
<b>Pharmacist's Delegate</b>	N/A	571	38,992 (4.26%)
<b>Totals</b>	<b>27,443</b>	<b>12,870</b>	<b>915,137</b>



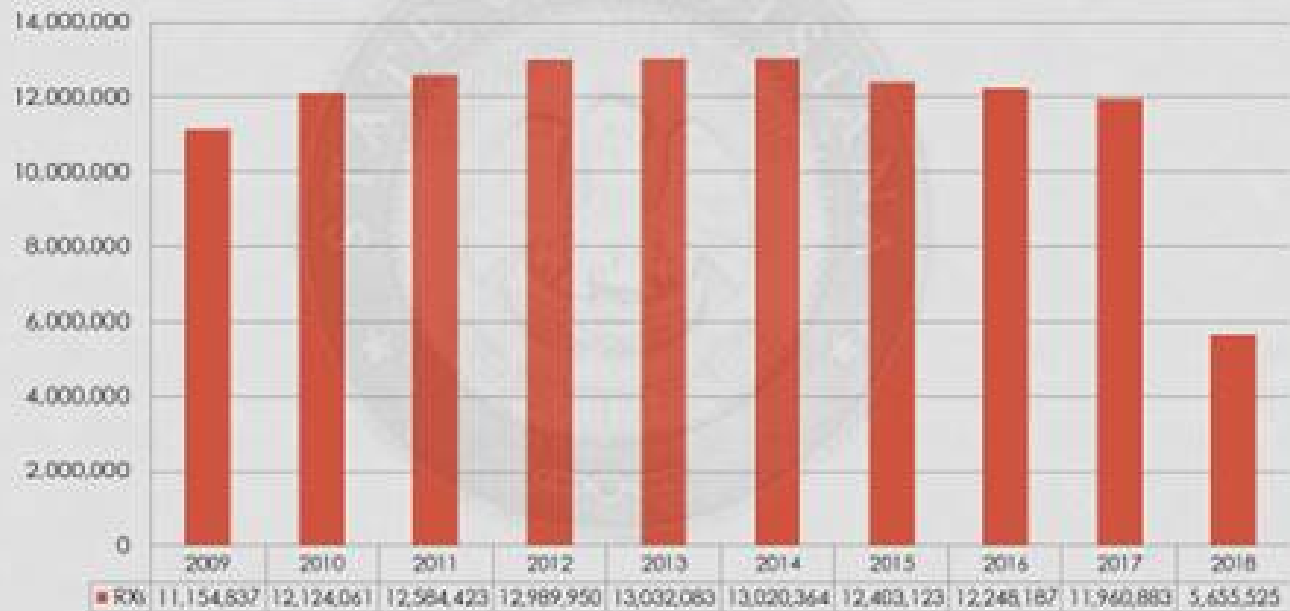
**PMP User Statistics for 2017Q4 (10/01/2017 through 12/31/2017)**

<b>PMP Role Title - Healthcare Provider</b>	<b>Number of Providers <u>Eligible</u> for PMP Access (as of 12/31/2017)</b>	<b>Number of Providers <u>Approved</u> for PMP Access (as of 12/31/2017)</b>	<b>Number of PMP Searches by Approved Providers During 2017Q4 (Percentage of Total)</b>
<b>Provider (MD, DO)</b>	12,581	6,107	312,551 (34.92%)
<b>Nurse Practitioner (APRN)</b>	2,816	1,774	54,515 (6.09%)
<b>Dentist (DDS)</b>	2,144	1,088	2,534 (0.28%)
<b>Physician Assistant (PA)</b>	736	336	13,288 (1.48%)
<b>Optometrist (OD)</b>	344	22	1
<b>Podiatrist (DPM)</b>	154	56	172 (0.01%)
<b>Medical Psychologist (MP)</b>	91	67	4,571 (0.51%)
<b>Prescriber's Delegate</b>	N/A	1,695	181,871 (20.32%)
<b>Pharmacist (PST)</b>	8,809	3,922	289,498 (32.35%)
<b>Pharmacist's Delegate</b>	N/A	617	35,922 (4.01%)
<b>Totals</b>	<b>27,675</b>	<b>15,684</b>	<b>894,923</b>

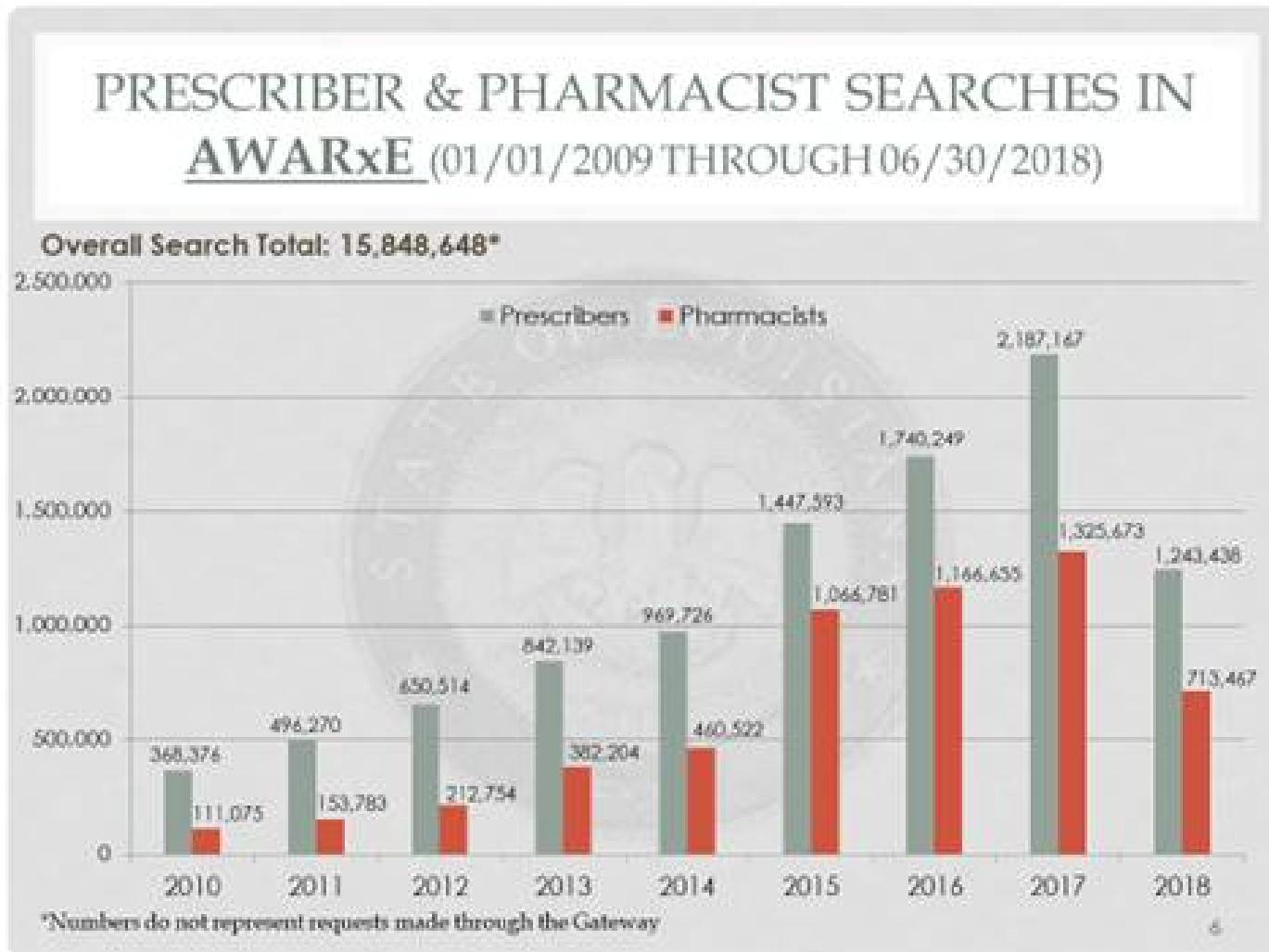
b. Eligible transactions reported to PMP

## NUMBER OF ELIGIBLE PRESCRIPTION TRANSACTIONS REPORTED TO THE PMP

Total Reported: 123,193,367  
(06/01/2008 through 06/30/2018)



c. Prescriber and Pharmacists



14. Pg 10 – Process measure: Timeline and progress on RFP re-procurement  
Progress: The state is currently working to finalize 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) run by the Louisiana Health Care Quality Forum (LHCQF). There are several organizations within the state that are developing their own ADT feed system. Further updates will be provided in future reports as the Department continues to work with these partner agencies.
16. Pg 10 – Process measure: Establish quarterly standing report for MCOs  
A draft report is under review with Medicaid leadership and, once approved, will be circulated to the MCOs for discussion. The Department does receive daily reports from LaEDIE including a listing of all ADT feeds from the previous day. This information may supplement the draft report for MCOs.
17. Pg 10 – Data measure – How many ADT feeds are fed at different locations across the state by MCO and providers  
Currently, there are 57 hospitals actively providing feeds to LaEDIE. The system provides a daily export to the five Healthy Louisiana MCOs based on their patient lists. The MCOs use this data to provide case management to their recipients.
18. Pg 11 - Data measure: Opioid naïve utilization trend monthly report (compare to cancer/palliative care Rx baseline)  
Report included in the attached Excel spreadsheet (Attachment A2-Q2: Monthly Tracking Impact of 7-day Opioid Quantity Limit and Utilization).

#### Extra Board of Pharmacy Information:

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

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