LOUISIANA DEPARTMENT OF HEALTH

Medicaid Managed Care Quality Strategy Evaluation

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Quality Strategy

In accordance with Title 42 of the Code of Federal Regulations (42 CFR) §438.340, the Louisiana Department of Health (LDH) implemented a written quality strategy for assessing and improving the quality of healthcare and services furnished by the managed care entities (MCEs) to Louisiana Medicaid members under the Louisiana Medicaid managed care program. Louisiana's Medicaid Managed Care Quality Strategy (quality strategy) dated September 2023 is guided by the Triple Aim of the National Quality Strategy.

LDH's mission is to protect and promote health and to ensure access to medical, preventive, and rehabilitative services for citizens of the state of Louisiana. The Medicaid managed care program in Louisiana is responsible for providing high-quality, innovative, and cost-effective healthcare to Medicaid members.

LDH contracts with six managed care organizations (MCOs), two prepaid ambulatory health plans (PAHPs), and one prepaid inpatient health plan (PIHP), collectively called MCEs. These MCEs pay for Medicaid benefits and services included in the Louisiana Medicaid State plan, State statutes and administrative rules, and Medicaid policy and procedure manuals. Of note, the PIHP in Louisiana has a state initiative designed to provide integrated behavioral health services for children and youth who have significant behavioral health challenges and are at risk of out-of-home placement. This program is called the coordinated system of care (CSoC). Table 1-1 lists Louisiana's Medicaid MCEs.

Table 1-1—Louisiana's Medicaid MCEs

Louisiana's Medicaid MCEs	Plan Type	Services Provided	Service Region	Acronym or Abbreviated Reference
Aetna Better Health	MCO	Behavioral and physical health	Statewide	ABH
AmeriHealth Caritas Louisiana	MCO	Behavioral and physical health	Statewide	ACLA
Healthy Blue	MCO	Behavioral and physical health	Statewide	HBL
Humana Healthy Horizons	MCO	Behavioral and physical health	Statewide	HUM
Louisiana Healthcare Connections	MCO	Behavioral and physical health	Statewide	LHCC
UnitedHealthcare Community	MCO	Behavioral and physical health	Statewide	UHC
DentaQuest USA Insurance Company (DentaQuest)	PAHP	Dental	Statewide	DQ

Louisiana's Medicaid MCEs	Plan Type	Services Provided	Service Region	Acronym or Abbreviated Reference
Managed Care North America	PAHP	Dental	Statewide	MCNA
Magellan of Louisiana	PIHP	Behavioral health services for children and youth with significant behavioral health challenges	Statewide	Magellan

2. Goals and Objectives

The quality strategy identified goals and objectives that focus on process as well as achieving outcomes. The goals and supporting objectives are measurable and take into consideration the health status of all populations served by the Louisiana Medicaid managed care program. Refer to Appendix B for a detailed description of the objectives and performance measures used to support each goal.

The quality strategy identifies the following three aims and seven associated goals:

Better Care: Make health care more person-centered, coordinated, and accessible so that enrollees get the right care at the right time in the right place.

Goal 1: Ensure access to care to meet enrollee needs

Goal 2: Improve coordination and transitions of care

Goal 3: Facilitate patient-centered, whole-person care

Healthier People, Healthier Communities: Improve the health of enrollees through evidence-based prevention and treatment and interventions that address physical and behavioral health needs.

Goal 4: Promote wellness and prevention

Goal 5: Improve chronic disease management and control

Goal 6: Improve population health and address health disparities

Smarter Spending: Advance high-value, efficient care.

Goal 7: Minimize wasteful spending

3. Evaluation

LDH uses several mechanisms to monitor and enforce MCE compliance with the standards set forth throughout the quality strategy, and to assess the quality and appropriateness of care provided to Medicaid managed care members. The following sections provide an overview of the key mechanisms LDH uses to enforce these standards and identify ongoing opportunities for improvement.

Contract Compliance

LDH intends to achieve the quality strategy goals and objectives through managed care contracts for the provision of covered services to eligible Medicaid and Children's Health Insurance Program (CHIP) members. Through quality assurance and quality improvement (QI) activities, LDH monitors the MCEs to ensure they are operating in accordance with the contract. When contract requirements are not met, LDH may initiate corrective action processes or may impose sanctions for non-performance or violations of contract requirements.

Performance Measures

MCOs

LDH requires the MCOs to report annually on patient outcome performance measures, including the Healthcare Effectiveness Data and Information Set (HEDIS®)[1] quality metrics, Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Set measures, Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators, Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2] measures, and state-specified quality measures.

Appendix B, Healthy Louisiana Program Performance Measure Results, provides results for performance measures aligned with the quality strategy's aims, goals, and objectives.

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

PAHPs

The CMS-416 12b performance measure for the PAHPs was selected by LDH and considered under the scope of the audit. Each of the PAHPs transmitted data to LDH to support the calculation and reporting of rates for this measure.

Table 3-1 displays the measure definition, steward, reporting period, goal, and PAHP performance measure rates. Both PAHPs improved their performance on the CMS-416 12b measure based on rates calculated in 2024 compared to rates calculate in 2023; however, their performance measure rates fell below the LDH-established goal for the 2024 reporting period, indicating opportunities for continued improvement on the measure.

Table 3-1—PAHP Performance Measure

Measure	Steward	Reporting Period	Goal	MCNA Rate		DQ Rate	
				2023	2024	2023	2024
The percentage of early and periodic screening, diagnostic and treatment (EPSDT) enrollees (enrolled for at least 90 consecutive days), age 1-20, receiving at least 1 preventative dental service (CMS-416 Line 12b)	CMS	March 2024	46.63%	44.63%	45.36%	41.53%	42.89%

PIHP

For the PIHP, the measurement period for the *Follow-Up After Hospitalization for Mental Illness* performance measure is measurement year (MY) 2024 (January 1, 2024–December 31, 2024). The measurement period for the *Child and Adolescent Needs and Strengths (CANS) Outcomes*, *Living Situation at Discharge*, *Improved School Functioning*, and *Utilization of Natural Supports* performance measures is waiver year (WY) 2024 (July 1, 2024–June 30, 2025). Results presented in the tables below reflect the reported rates for each of the nine CSoC regions in Louisiana as well as the statewide total.

The final reported rates for the five measures validated are listed below.

Follow-Up After Hospitalization for Mental Illness

This HEDIS measure assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients ages 6 years and older that resulted in follow-up care with a mental health provider within seven and 30 days.

Table 3-2—*Follow-Up After Hospitalization for Mental Illness* Measure Results

Reporting Year	7-Day	30-Day
MY 2021	46.81%	66.67%
MY 2022	69.78%	82.50%
MY 2023*	38.24%	55.61%

*The PIHP calculated MY 2023 rates on the *Follow-Up After Hospitalization for Mental Illness* measure based on HEDIS specifications but used modified HEDIS specifications to calculate rates for prior years. HSAG cannot compare MY 2023 rates on this measure to prior years' rates.

CANS Outcomes[3]

This measure assesses the ability of CSoC to improve youths' clinical functioning.

Table 3-3—*CANS Outcomes* Measure Results

Indicator	Calendar Year (CY) 2023				CY 2024			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of youth who have been enrolled for at least 90 days who are discharging with valid change scores	90.67%	95.69%	95.93%	93.86%	91.05%	96.30%	98.20%	99.20%
Percentage of youth showing improved clinical functioning in CSoC	68.29%	65.59%	65.52%	71.34%	69.65%	65.80%	57.20%	59.10%

Corresponding CY—Quarter 1 = July 1–September 30; Quarter 2 = October 1–December 31; Quarter 3 = January 1–March 31; Quarter 4 = April 1–June 30

The percentage of eligible youth showing improved clinical functioning declined steadily from Quarter 1 to Quarter 3 during CY 2024 and rebounded slightly in Quarter 4. Compared to the previous reporting period, the percentage of eligible youth with improved clinical functioning notably declined in Quarter 3 and Quarter 4 of CY 2024.

[3] CANS is a multi-purpose standardized tool developed to support decision making, including level of care and service planning, to facilitate QI initiatives and to allow for the monitoring of outcomes of services.

Living Situation at Discharge

This measure assesses the ability of CSoC to maintain youth in the home and community and avoid out-of-home placement.

Table 3-4—*Living Situation at Discharge* Measure Results

Indicator	CY 2023				CY 2024			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of youth who have been enrolled for at least 90 days who are discharging with valid data on "living situation at discharge"	100%	100%	99.49%	100%	98.00%	99.31%	98.12%	99.54%
Percentage of youth discharging into a home and community-based (HCB) setting	93.95%	94.44%	93.86%	92.38%	97.50%	96.50%	95.50%	94.00%
Percentage of youth discharging to family home	91.32%	93.21%	90.28%	90.32%	95.50%	95.10%	94.50%	92.60%
Percentage of youth discharging to foster care	2.63%	1.23%	3.58%	2.05%	2.00%	1.40%	1.10%	1.40%
Percentage of youth discharging to inpatient hospital	0.00%	0.62%	1.28%	0.59%	0.10%	0.20%	0.00%	0.20%
Percentage of youth discharging to residential placement	4.21%	3.70%	2.30%	4.99%	1.30%	2.10%	2.30%	4.70%
Percentage of youth discharging to juvenile justice setting	1.32%	1.23%	2.05%	0.88%	1.00%	1.20%	1.90%	1.20%
Percentage of youth discharging to other setting	0.53%	0.00%	0.51%	1.17%	0.00%	0.00%	0.20%	0.00%

Corresponding CY—Quarter 1 = July 1–September 30; Quarter 2 = October 1–December 31; Quarter 3 = January 1–March 31; Quarter 4 = April 1–June 30

Over 90 percent of eligible youth were discharged to an HCB setting or a family home during CY 2024, as was the case during the previous reporting period. During both CY 2023 and CY 2024, there was a notable increase in the percentage of eligible youth discharged to residential placement between Quarter 3 and Quarter 4.

Improved School Functioning

This measure assesses the ability of CSoC to improve youths' school functioning measured by the percentage of youth showing improved school functioning (intake to discharge) on the CANS school module.

Table 3-5—*Improved School Functioning* Measure Results

Indicator	CY 2023				CY 2024			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CANS compliance rate	91.05%	95.69%	92.62%	93.86%	70.5%	83.8%	98.2%	99.2%
Percentage of children showing improved school functioning in CSoC	59.57%	56.42%	62.90%	60.47%	58.4%	66.5%	59.4%	52.8%
Percentage of children with improved school attendance	52.45%	53.78%	53.64%	56.39%	51.9%	64.9%	51.9%	47.7%
Percentage of children with improved school behavior	59.21%	53.57%	58.89%	55.92%	52.3%	62.6%	57.6%	47.3%

Corresponding CY—Quarter 1 = July 1–September 30; Quarter 2 = October 1–December 31; Quarter 3 = January 1–March 31; Quarter 4 = April 1–June 30

During CY 2024, there was a notable increase in the percentage of eligible youth that showed improved school functioning, improved school attendance, and improved school behavior in Quarter 2, and a notable decline in each of these performance categories in Quarter 4. Compared to the previous reporting period, performance across these categories declined in all quarters except for Quarter 2 in CY 2024.

Utilization of Natural Supports

The goal of this measure is to ensure wraparound care planning helps families build sustainable teams with natural support.

Table 3-6—*Utilization of Natural Supports* Measure Results

Percentage of Enrollees With at Least One Natural/Informal Support on the Plan of Care (POC)	CY 2023				CY 2024			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
All members	89.62%	87.71%	88.38%	88.69%	89.66%	93.0%	93.5%	90.8%
Members enrolled 0–90 days	80.40%	79.18%	82.64%	82.24%	80.60%	86.2%	88.8%	82.0%

Percentage of Enrollees With at Least One Natural/Informal Support on the Plan of Care (POC)	CY 2023				CY 2024			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Members enrolled 91–180 days	89.65%	84.96%	82.35%	85.39%	89.66%	90.1%	91.6%	87.4%
Members enrolled 181–360 days	90.31%	90.25%	91.49%	90.96%	89.90%	95.0%	96.0%	93.7%
Members enrolled 361–540 days	92.53%	91.30%	92.95%	92.41%	93.50%	97.4%	98.1%	97.1%
Members enrolled 541+ days	92.08%	91.43%	91.61%	90.78%	92.07%	97.4%	95.1%	96.0%

Corresponding CY—Quarter 1 = July 1–September 30; Quarter 2 = October 1–December 31; Quarter 3 = January 1–March 31; Quarter 4 = April 1–June 30

Compared to the previous reporting period, the percentage of all enrolled members with at least one natural support in the POC increased slightly across all four quarters in CY 2024.

Consumer Assessment of Healthcare Providers and Systems

LDH requires the MCOs to administer a CAHPS survey. The standard survey instruments are the CAHPS 5.1H Adult Medicaid Health Plan Survey and the CAHPS 5.1H Child Medicaid Health Plan Survey (with the Children with Chronic Conditions [CCC] measurement set). The CAHPS survey questions include *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor,* and *Rating of Specialist Seen Most Often*. Additionally, members are asked to provide responses for Health Plan Ratings, Access to Care, Experience of Health Care Services, Preventive Care, and Health Status.

Adult Survey

When results for the adult population were compared to the 2024 national Medicaid percentiles, Healthy Louisiana's Statewide Average (SWA) performance was at or above the 50th percentile for all measures except *Rating of Health Plan*, *Advising Smokers and Tobacco Users to Quit*, and *Discussing Cessation Medications*. The achievement scores for *Rating of All Health Care*, *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *How Well Doctors Communicate* were at or between the 75th and 89th percentiles. No measures were at or above the 90th percentile.

In addition, the trend analysis did not reveal significant differences for the adult population between 2024 and 2023 Healthy Louisiana SWA achievement scores.

Child Survey

When results for the general child population were compared to the 2024 national Medicaid percentiles, Healthy Louisiana's SWA performance was at or above the 50th percentile for all measures except *How Well Doctors Communicate*, *Customer Service*, and *Coordination of Care*. The achievement scores for *Rating of All Health Care* and *Rating of Personal Doctor* were at or between the 75th and 89th percentiles. No measures were at or above the 90th percentile.

In addition, the trend analysis did not reveal significant differences for the general child population between the 2024 and 2023 Healthy Louisiana SWA achievement scores.

The trend analysis revealed significant differences for the CCC population between the 2024 and 2023 Healthy Louisiana SWA achievement scores. No significant differences were found for the non-CCC population. The Healthy Louisiana SWA achievement score for *Rating of Health Plan* was statistically significantly lower in 2024 than 2023 for the CCC population.

The CCC and non-CCC comparison revealed significant differences between the CCC and non-CCC populations. The achievement score for *Coordination of Care for Children with Chronic Conditions* was statistically significantly higher for the CCC population, and the achievement scores for *Rating of Health Plan*, *Rating of All Health Care*, and *Access to Prescription Medicines* were statistically significantly higher for the non-CCC population.

External Quality Review Activities

As noted in the quality strategy, the external quality review organization (EQRO) plays a critical role in reporting the MCEs' performance in several required areas (meaning federal regulations require that these activities be completed by the EQRO and some optional areas (meaning the State has elected to use the EQRO for these activities) under 42 CFR §§438.352 and 438.364.

Performance Evaluation and Improvement

MCOs

The EQRO reviewed the final audit reports (FARs) issued by each MCO's independent auditor and determined that all MCOs were fully compliant with all applicable National Committee for Quality Assurance (NCQA) HEDIS information systems (IS) standards. Furthermore, as determined by the MCOs' independent audits, all reported rates were calculated in accordance with NCQA's specifications; therefore, the EQRO identified no data collection or reporting concerns.

PAHPs

For state fiscal year (SFY) 2024, HSAG administered an Information Systems Capabilities Assessment (ISCA) to the PAHPs to assess their IS and data processes. HSAG's review of the ISCA completed by

the PAHPs found that both PAHPs met the requirement of maintaining IS that collect, analyze, integrate, and report data that comply with LDH and federal reporting requirements. Furthermore, LDH worked with Gainwell to calculate rates on the CMS-416 12b performance measures.

PIHP

The PIHP was required to submit a completed Information Systems Capabilities Assessment Tool (ISCAT) that provided information on the PIHP's IS; processes used for collecting, storing, and processing data; and processes used for performance measure calculation. Upon receipt by HSAG, the ISCAT underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification. Based on HSAG's review of the ISCAT and evaluation of the PIHP's data systems for the processing of each type of data used for reporting the five measures, no concerns were identified as it relates to the PIHP's eligibility and enrollment data system, administrative data system (claims and encounters), and data integration and rate production.

Performance Improvement Project Validation

The MCEs had an ongoing program of performance improvement projects (PIPs) that were intended to improve the care, services, and member outcomes in each topic area. Table 3-7 lists the LDH-approved MCO, PAHP, and PIHP PIPs. LDH and the EQRO facilitated regular PIP meetings with the MCOs to provide guidance, clinical leadership, and collaboration. The EQRO validated each MCE's PIPs and provided results and findings for each MCE, along with recommendations for improvement.

Table 3-7—LDH-Approved PIPs by MCE

MCE	PIP Topic
MCOs	*Behavioral Health Transitions of Care*
MCOs	*Ensuring Access to the COVID-19* [coronavirus disease 2019] *Vaccine Among Healthy Louisiana Enrollees*
MCOs	*Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years*
MCOs	*Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees*
MCOs	*Screening for Human Immunodeficiency Virus (HIV) Infection*
PAHPs	*Increase the Percentage of EPSDT Enrollees (Enrolled for at Least 90 Consecutive Days), Age 1-20, Receiving at Least 1 Preventative Dental Service*
PAHPs	*Increase the Rate of Children Receiving and Annual Dental Visit by Their First Birthday*
PIHP	*Enhancing the Quality of Wraparound Care Plans Through Improved Incorporation of Evidence-Based Practices and Refinement of Strategies for the Child and Family Team*

MCOs

Table 3-8 summarizes the MCOs' final PIP validation results and confidence ratings delivered by HSAG in April 2024.

Table 3-8—SFY 2024 PIP Validation Results for Each MCO

MCO	PIP Topic	Validation Rating 1			Validation Rating 2		
		Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
ABH	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	67%	100%	*Moderate Confidence*
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	85%	89%	*Low Confidence*	33%	100%	*Moderate Confidence*
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	33%	100%	*No Confidence*
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		
ACLA	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	67%	100%	*Moderate Confidence*

MCO	PIP Topic	Validation Rating 1			Validation Rating 2		
		Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		
HBL	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	33%	100%	*No Confidence*
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		
HUM	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	*Not Assessed*		
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	*Not Assessed*		

MCO	PIP Topic	Validation Rating 1			Validation Rating 2		
		Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		
LHCC	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	100%	100%	*High Confidence*
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		
UHC	*Behavioral Health Transitions of Care*	100%	100%	*High Confidence*	33%	100%	*No Confidence*
	Ensuring Access to the COVID-19 Vaccine Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	33%	100%	*Moderate Confidence*
	Fluoride Varnish Application to Primary Teeth of Enrollees Aged 6 Months to 5 Years	100%	100%	*High Confidence*	33%	100%	*Low Confidence*

MCO	PIP Topic	Validation Rating 1			Validation Rating 2		
		Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
	Improving Cervical Cancer Screening Rates Among Healthy Louisiana Enrollees	100%	100%	*High Confidence*	*Not Assessed*		
	Screening for HIV Infection	100%	100%	*High Confidence*	*Not Assessed*		

[1] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

[2] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[3] **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

PAHPs

HSAG will complete validation of the SFY 2024 PAHP PIPs in April 2025.

PIHP

Table 3-9 summarizes the SFY 2024 PIP performance for the PIHP. The PIHP conducted a PIP focusing on improving the use of evidence-based wraparound care planning for enrollees.

Table 3-9—SFY 2024 PIP Validation Results for Magellan

PIP Topic	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
Enhancing the Quality of Wraparound Care Plans Through Improved Incorporation	100%	100%	*High Confidence*	*Not Assessed*		

PIP Topic	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]	Percentage Score of Evaluation Elements *Met*[1]	Percentage Score of Critical Elements *Met*[2]	Confidence Level[3]
of Evidence-Based Practices and Refinement of Strategies for the Child and Family Team						

[1] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).
[2] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
[3] **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

Network Adequacy and Availability Validation

Provider Directory Validation

The provider directory validation (PDV) validated the MCOs' online provider directories to ensure that members have appropriate access to provider information. The PDV reviews performed from January 13, 2025, through February 7, 2025, indicated that, overall, the provider information maintained and provided by the MCOs was poor, which impacted access to care due to the inability of members to find a provider that delivered the requested services. Table 3-10 and Table 3-11 present the PDV weighted compliance scores by provider type and MCO, respectively.

Table 3-10—PDV Weighted Compliance Scores by Provider Type

Provider Type	Total	Compliant[1]	Weighted Compliance Score
Overall	**750**	**289**	**43.9%**
Internal/Family Medicine	150	47	35.3%
Pediatrics	150	76	57.1%
Obstetrics and Gynecology (OB/GYN)	150	60	42.7%
Specialists	150	56	44.9%
Behavioral Health	150	50	39.3%

[1] Compliant providers include providers in which all indicators match between the online directory and the information obtained during the survey call to the sampled location.

Table 3-11—PDV Weighted Compliance Scores

MCO	Total	Compliant	Weighted Compliance Score
Overall	**750**	**289**	**43.9%**
ABH	125	24	25.1%
ACLA	125	53	40.0%
HBL	125	45	42.4%
HUM	125	47	42.9%
LHCC	125	46	42.7%
UHC	125	74	61.6%

Provider Access Surveys

Per LDH's request, the EQRO did not conduct access surveys during the review period of the quality strategy evaluation.

Network Adequacy Validation Audit

MCOs

HSAG assessed the MCOs' provider-to-member ratios and determined that all MCOs met or exceeded LDH-established thresholds across all provider types.

HSAG assessed the MCOs' submitted distance results and found commonality among the MCOs that met the 100 percent threshold for distance requirements by provider type and urbanicity. Table 3-12 identifies the provider types/urbanicity for which all MCOs met the required LDH threshold for distance.

Table 3-12—Provider Types by Urbanicity, Compliant With Distance Standards Across All MCOs

Provider Type	Urbanicity
Adult Primary Care Physician (PCP) (Family/General Practice; Internal Medicine and Physician Extenders*)	Rural
Pharmacy	Rural

* Physician Extenders: Nurse practitioners, certified nurse mid-wives, and physician assistants linked to a physician group who provide primary care services to adults.

HSAG assessed the appointment timeliness standards and determined that for the three behavioral health standards reported to LDH through the 359 template, all MCOs met the required compliance rate for non-urgent routine behavioral health care. ABH, ACLA, and LHCC met all three timeliness standards. Table 3-13 displays the behavioral health access and timeliness standard by visit type, which were met by each MCO.

Table 3-13—MCOs That Met Behavioral Health Provider Access and Timeliness Goals, by Standard

Type of Visit	Access/Timeliness Standard	Plans That Met Compliance Goal
Emergency Care	24 hours, 7 days/week within 1 hour of request	ABH, ACLA, HBL, LHCC, UHC
Urgent Non-Emergency Behavioral Health Care	48 hours (2 calendar days)	ABH, ACLA, LHCC
Non-Urgent Routine Behavioral Health Care	14 calendar days	ABH, ACLA, HBL, HUM, LHCC, UHC

During the network adequacy validation (NAV) review period, HSAG determined the access/timeliness standards in Table 3-14 were not included in the LDH-required reporting templates, resulting in an *Unable to Validate* validation rating for each associated indicator.

Table 3-14—MCO Access and Timeliness Standards Unable to Validate

Type of Visit/Admission/Appointment	Access/Timeliness Standard
Urgent Non-Emergency Care	24 hours, 7 days/week within 24 hours of request
Non-Urgent Sick Primary Care	72 hours
Non-Urgent Routine Primary Care	6 weeks
After Hours, by Phone	Answer by live person or call back from a designated medical practitioner within 30 minutes
OB/GYN Care for Pregnant Women	
1st Trimester	14 days
2nd Trimester	7 days
3rd Trimester	3 days
High-Risk Pregnancy, Any Trimester	3 days
Family Planning Appointments	1 week
Specialist Appointments	1 month
Scheduled Appointments	Less than a 45-minute wait in office
Psychiatric Inpatient Hospital (Emergency Involuntary)	4 hours
Psychiatric Inpatient Hospital (Involuntary)	24 hours
Psychiatric Inpatient Hospital (Voluntary)	24 hours
American Society of Addiction Medicine Levels 3.3, 3.5, and 3.7	10 business days
Residential Withdrawal Management	24 hours when medically necessary
Psychiatric Residential Treatment Facilities	20 calendar days

PAHPs

Based on the results of the ISCA combined with the virtual review and detailed validation of each indicator, HSAG determined that that both PAHPs achieved a *High Confidence* validation rating for all indicators, which refers to HSAG's overall confidence that the PAHPs used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

HSAG assessed the dental PAHPs and found commonality among both that fell below the thresholds for distance requirements by provider type and urbanicity. Table 3-15 displays the common parishes between both PAHPs that fell below the required thresholds.

Table 3-15—Provider Types That Fell Below the Required Threshold Across Both Dental PAHPs, by Urbanicity

Provider Type	Urbanicity	Parishes Reported Non-Compliant for Both Dental PAHPs
Members in Urban Parishes Residing w/in 10 Miles of One Open Practice Main Dentist	Urban	Bossier; Calcasieu; DeSoto; Grant; Plaquemines; Saint Bernard; Saint Helena; Terrebone; Union
Members in Rural Parishes Residing w/in 30 Miles of One Open Practice Main Dentist	Rural	None
Members Residing w/in 60 Miles of One Endodontist (75%) or No More Than 75 Miles (100%)	Urban	Bossier; Caddo; Cameron; DeSoto; Lafayette
	Rural	Acadia; Beauregard; Bienville; Caldwell; Catahoula; Claiborne; East Carroll; Franklin; Jackson; Lincoln; Madison; Morehouse; Red River; Richland; Sabine; Tensas; Vermilion; West Carroll
Members Residing w/in 60 Miles of One Oral Surgeon (75%) or No More Than 75 Miles (100%)	Urban	Calcasieu; Cameron
	Rural	Beauregard
Members Residing w/in 60 Miles of One Orthodontist (75%) or No More Than 75 Miles (100%)	Urban	Grant
	Rural	Catahoula; Concordia; LaSalle; Natchitoches; Sabine; Vernon
Members Residing w/in 60 Miles of One Periodontist (75%) or No More Than 75 Miles (100%)	Urban	Bossier; Caddo; Calcasieu; Cameron; DeSoto; Grant; Ouachita; Rapides; Union
	Rural	Acadia; Allen; Avoyelles; Beauregard; Bienville; Caldwell; Catahoula; Concordia; Evangeline; Franklin; Jackson; Jefferson Davis; LaSalle; Lincoln; Madison; Morehouse; Natchitoches; Richland; Sabine; Saint Landry; Tensas; Vermilion; Vernon; West Carroll; Winn

Provider Type	Urbanicity	Parishes Reported Non-Compliant for Both Dental PAHPs
Members Residing w/in 60 Miles of One Prosthodontist (75%) or No More Than 75 Miles (100%)	Urban	Bossier; Caddo; Calcasieu; Cameron; DeSoto; Grant; Ouachita; Rapides; Union
	Rural	Allen; Avoyelles; Beauregard; Bienville; Caldwell; Catahoula; Claiborne; Concordia; East Carroll; Evangeline; Franklin; Jackson; LaSalle; Lincoln; Madison; Morehouse; Natchitoches; Red River; Richland; Sabine; Vernon; Webster; West Carroll; Winn

PIHP

Based on the NAV audit combined with the virtual review and the detailed validation of each indicator, HSAG determined that the PIHP achieved a *High Confidence* validation rating for all indicators, which refers to HSAG's overall confidence that the PIHP used an acceptable methodology for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

HSAG determined that the PIHP was compliant with network adequacy requirements for all but three provider types. LDH required a 100 percent threshold for the PIHP when determining compliance with distance standards. Results that achieved the 100 percent threshold are shaded in green. Table 3-16 contains the percentage of members the PIHP reported with access by provider type and by urbanicity.

Table 3-16—PIHP Distance Requirements: Percentage of Members With Access by Provider Type and Urbanicity

Provider Type	Urbanicity With Indicator	Percentage of Members With Access
Psychiatrists	Urban (15 miles)	99.8%
	Rural (30 miles)	80.9%
Behavioral Health Specialists (psychologists, medical psychologists, advanced practice registered nurses or clinical nurse specialists, or licensed clinical social workers)	Urban (15 miles)	100%
	Rural (30 miles)	94.5%
Specialized Behavioral Health Outpatient Non-MD Services (excluding behavioral health specialists)	Urban (60 miles)	100%
	Rural (90 miles)	100%

HSAG assessed the PIHP's results for behavioral health providers and determined that it met all LDH-established performance goals for appointment access standards. Table 3-17 displays the indicator and achieved compliance rate.

Table 3-17—PIHP Appointment Access Standards Compliance Rate for Behavioral Health

Indicator	Reported Compliance Rate
Emergent care 24 hours per day, 7 days per week, within 1 hour of request.	100%
Urgent care 24 hours per day, 7 days per week, within 48 hours of request.	100%
Routine, non-urgent behavioral healthcare shall be available with an appointment within 14 days of request.	100%

Compliance Monitoring

HSAG did not conduct a comprehensive compliance review during the review period of the quality strategy evaluation. The virtual audits for the comprehensive compliance review were in August and September 2025.

During the upcoming comprehensive compliance review, LDH will ensure that the MCOs meet clinical practice guidelines (CPGs) by mandating compliance with these guidelines as stated in the contract. LDH does not require the MCOs to submit their CPG documents or process to the State. Also, as an element of the comprehensive compliance review, LDH will ensure that the MCEs have mechanisms to identify enrollees with special health care needs. Of note, all CSoC enrollees are considered to have special health care needs and are assigned a wraparound facilitator to coordinate their care. For the CSoC enrollees, coordination is monitored through the treatment record review process.

Furthermore, LDH conducted monitoring efforts of the MCEs. Information related to the corrective action plan and timeline for achieving compliance, can be found on LDH's website.[4]

Additionally, LDH monitored the development and maintenance of effective continuity of care activities to ensure a continuum of care approach to enrollees by reviewing, providing feedback, and approving the MCO's Quality Assessment and Performance Improvement (QAPI) plans. These plans detailed how each of the MCOs monitored and reported on continuity and coordination of care. LDH also attended the MCOs' QAPI Committee and Utilization Management Committee meetings. Moreover, the Office of Behavioral Health annually reviewed the Utilization Management (UM) 02: Treatment Record Review Strategy (policies and procedures, review tools) and the UM 03: Provider Monitoring Summary Report.

[4] Louisiana Department of Health. LDH Resources. Available at: https://ldh.la.gov/resources?q=MCO%20Non-Compliance%20Tracking%20Logs%203.0. Accessed on: Oct 23, 2025.

Annual External Quality Review Technical Reports

To ensure LDH's compliance with 42 CFR §438.364, the EQRO prepared aggregate technical reports, which included all required components as outlined in the *CMS External Quality Review (EQR) Protocols, February 2023*,[5] as well as detailed technical reports for each participating MCE. The EQRO aggregated and analyzed data from the EQR activities and drew conclusions regarding the quality, timeliness, and accessibility of healthcare services furnished to MCE members. The EQRO described conclusions in detail and provided actionable recommendations, as applicable. Additionally, based on the assessment, the EQRO included notable strengths for the MCEs to build upon for performance improvement and opportunities for improvement. Additionally, the EQRO obtained each MCE's responses to the previous year's EQR recommendations, and provided a summary of each MCE's actions and an assessment of the extent to which the MCE addressed those actions in the reports.

Behavioral Health Member Satisfaction Survey

LDH requires each MCO to conduct a behavioral health member satisfaction survey. The survey is customized for adult and child Medicaid members identified as having received behavioral healthcare services. The objective of the survey was to obtain feedback from members who received behavioral health services and to report findings, identify disparities, and provide recommendations.

Adult Survey

The overall adult response rate was 9.62 percent. HSAG compared the MCOs' 2024 achievement scores to the 2024 Healthy Louisiana SWA to determine whether there were statistically significant differences. Overall, the MCOs' adult 2024 scores were not statistically significantly higher or lower than the Healthy Louisiana SWA.

Child Survey

The overall child response rate was 9.00 percent. HSAG compared the MCOs' 2024 achievement scores to the 2024 Healthy Louisiana SWA to determine whether there were statistically significant differences. For the child population, HUM's and LHCC's 2024 scores were statistically significantly higher, and HBL's 2024 score was statistically significantly lower than the Healthy Louisiana SWA for the *How Well Doctors Communicate* composite item measure.

[5] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, February 2023*. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Oct 23, 2025.

Addressing Health Disparities

LDH continues to address health disparities as follows:

- The MCOs develop a multi-year Health Equity Plan (HEP) and submit updates to LDH mid-year and year-end. The HEPs detail their goals, activities/milestones, and barriers addressing health disparities, diversity, and inclusion. Furthermore, the HEPs include targeted interventions and other strategies to address identified disparities.
- The MCOs are responsible for addressing identified disparities through the contractually designated health equity administrator roles and responsibilities. This ensures the collection of meaningful data on race, ethnicity, language, disability, and geography to identify disparities and improve cultural competency, which will be incorporated into future decision making.
- The MCOs submit key measures stratified by race/ethnicity, rural/urban status, and sex as identified in Attachment H of the MCO 3.0 Contract.
- LDH/MVA/QI is participating in a CMS Maternal Health Affinity Group addressing perinatal depression screening rates for Medicaid enrollees stratified by MCO and Urban/Rural Status.[6]
- LDH/MVA/QI is one of six states selected for the Center for Health Care Strategies Medicaid Primary Care Population-Based Payment Learning Collaborative.[7]
- LDH/MVA/QI serves as the Medicaid point of contact for the 10-year CMS Transforming Maternal Health (TMaH) Model awarded to Louisiana as one of 15 states chosen to increase access to Medicaid beneficiaries, improve health outcomes, and reduce health disparities.[8]

Additionally, LDH is working to achieve the following health equity goals. LDH reported that the work is in progress and on schedule.

- Integrate CMS Final Rule 2024 and conform to Medicaid Advisory Committee (MAC)/Beneficiary Advisory Council (BAC) requirements
- Address health disparities experienced by the justice-involved pre-release population
- Integrating population health into Medicaid 101
- Internal and external stakeholder engagement: focus on population health and health disparities
- Inform and describe data disparities from CMS TMaH Model
- Inform and describe population health and health disparities data in MCO Contract 4.0

[6] Medicaid.gov. Maternal & Infant Health Care Quality. Available at: https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality. Accessed on: Oct 23, 2025.
[7] Center for Health Care Strategies. Medicaid Primary Care Population-Based Payment Learning Collaborative, October 2022–Present. Available at: https://www.chcs.org/project/medicaid-primary-care-population-based-payments-learning-collaborative/. Accessed on: Oct 23, 2025.
[8] Centers for Medicare & Medicaid Services. Transforming Maternal Health (TMaH) Model. Available at: https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model. Accessed on: Oct 23, 2025.

Use of Sanctions

LDH may impose sanctions due to noncompliance with contract requirements or applicable federal or State laws. The types of intermediate sanctions that LDH may impose on the MCEs shall be in accordance with §1932 of the Social Security Act (Title 42 of the United States Code §1396u-2) and 42 CFR §438.702-708, and may include:

- Civil monetary penalties in the amounts specified in 42 CFR §438.704.
- Appointment of temporary management for an MCO as provided in 42 CFR §438.706.
- Granting members the right to terminate enrollment without cause and notifying the affected members of their right to disenroll.
- Suspension of all new enrollments, including automatic assignment, after the effective date of the sanction.
- Suspension of payment for members enrolled after the effective date of the sanction and until CMS or LDH is satisfied that the reason for imposition of the sanction no longer exists and is not likely to recur in accordance with 42 CFR §438.730.
- Additional sanctions allowed under State statutes or regulations that address the areas of noncompliance described above.

During the review period, LDH imposed sanctions in the form of a notice of action (warnings) and notice of monetary penalties (liquidated damages). Remedial action and intermediate sanctions were not imposed.

The areas of noncompliance that result in an MCO receiving a notice included:

- Failure to notify providers of system error or glitch and reprocess claims timely.
- Failure to make incentive payments to non-emergency medical transportation (NEMT) providers timely.
- Failure to provide NEMT.
- Failure to provide NEMT imminent harm.
- Failure to provide NEMT timely.
- Failure to meet encounter data submission requirements.
- Failure to ensure material subcontractor compliance.
- Failure to process claims timely.
- Failure to meet case management requirements timely.
- Failure to meet prompt pay performance standards.
- Failure to adhere to LDH directive to implement a rate change and reprocess claims.
- Failure to process member grievances and appeals timely.
- Failure to submit complete and accurate reports timely.

- Inappropriate claims denials.
- Failure to provide complete Health Insurance Portability and Accountability Act (HIPAA) breach incident reports timely.

Withhold of Capitation Payments

Beginning in 2018, LDH introduced an MCO withhold of capitation payment program in an effort to improve health outcomes and increase the use of value-based payments. LDH included a 2 percent withhold requirement into its MCO contracts to incentivize quality, health outcomes, and value-based payments. LDH withheld 1 percent of each MCO's monthly capitated payment to incentivize a core set of quality and health outcomes. The MCO may earn back the quality withhold for the measurement year based on its performance on incentive-based measures relative to targets as established by LDH. To earn back the full withhold amount associated with each incentive-based measure, the MCO's performance must either meet the LDH-defined target or improve by at least 2 percentage points from the prior measurement year. From January 2018 to December 2022, LDH withheld quality withholds of $70.8 million based on the MCOs failing to meet their target and improvement rates. Due to the addition of an MCO and resulting disruption to beneficiary continuity of care, LDH suspended its quality withhold program in CY 2023.

Quality Initiatives

To accomplish the quality strategy objectives, Louisiana has ongoing activities regarding quality initiatives, which are discussed in the following sections.

Louisiana State Health Improvement Plan

The Louisiana State Health Improvement Plan (SHIP) aims to improve behavioral health, community safety, maternal and child health, and chronic disease for all Louisianans. Priority areas were identified through the Louisiana State Health Assessment, a survey in which Louisianans were asked to give their insight into the health needs of the population. The SHIP is intended to spur nontraditional partnerships between local communities, state agency leaders, local health departments, businesses, and various partners by identifying priorities, objectives, and strategies to address Louisiana's most pressing health concerns.

Louisiana Perinatal Quality Collaborative

The Louisiana Perinatal Quality Collaborative is a voluntary network of perinatal care providers, public health professionals, and patient and community advocates who work to advance equity and improve outcomes for parents, families, and newborns in Louisiana, supported by LDH and authorized by the Louisiana Commission on Perinatal Care and Prevention of Infant Mortality.

Substance Use Disorder Strategy

Through expanded federal grants from the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration, LDH will continue to work to expand access to opioid use disorder treatment in primary care settings, including the use of ED navigators and promoting Suboxone use in EDs.

Hepatitis C Elimination Strategy

LDH executed an innovative payment model for direct-acting antivirals in Medicaid with the goal of eliminating the hepatitis C virus infection in Louisiana.

Louisiana Sickle Cell Disease Registry

LDH is building a statewide public health monitoring system for sickle cell disease. The aim of the registry is to provide the public, healthcare providers, and policy makers with summary information about people living in Louisiana with sickle cell disease; information about their health outcomes; comprehensive population estimates; and illustration of long-term trends in diagnosis, treatment, and healthcare access.

Case Management and ED Diversion

Interventions to increase ED diversion include case management for high ED utilizers, telehealth, remote patient monitoring, and an "opt-out" system for case management participation by members.

Medicaid Quality Initiatives

LDH has targeted efforts to improve the quality of care of the Louisiana Medicaid enrollees. In cooperation with the MCEs, as well as providers and researchers, LDH reviews surveys from Louisiana Medicaid enrollees, claims data, and information from medical records to try to find ways to improve care in Louisiana, and provides information about resources, reporting, and accountability on its website.[9]

[9] Louisiana Department of Health. Medicaid Quality Initiatives. Available at: https://ldh.la.gov/microsite/47. Accessed on: Oct 24, 2025.

Louisiana Medicaid Advisory Committee

LDH's MAC is tasked with providing focus and direction for activities that ensure access and utilization of quality, evidence-based healthcare that is designed to meet the health needs of all Louisiana Medicaid enrollees through:

- Creating and sustaining a rigorous evaluation process for Louisiana Medicaid that is based on integrity, accountability, and transparency.
- Offering expertise and experience from Committee members to recommend improvements to Louisiana Medicaid that will serve to better meet the healthcare needs of recipients in a cost efficient manner.
- Sharing Committee recommendations with recipients, providers and policy leaders.
- Forming subcommittees to address specific areas of care, as needed.

Information about the MAC, including meeting minutes, can be found on LDH's website.[10]

Actions on External Quality Review Recommendations

The EQRO identified the following recommendations for the quality strategy during the last review period, March 20, 2023–March 19, 2024. These recommendations included how LDH can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and accessibility of healthcare services furnished to Medicaid managed care members. Table 3-18 includes the recommendations that the EQRO made to LDH to support program improvement and progress in meeting the goals of the quality strategy. The State's responses regarding implemented improvement activities were edited for grammatical and stylistic changes only.

Table 3-18—EQRO Recommendations and LDH Actions

EQRO Recommendations for Review Period March 20, 2023–March 19, 2024	LDH Actions
HSAG recommended LDH identify a measure to align with the following objectives: • Ensure appropriate hospice onboarding and transitioning from palliative care to hospice. • Promote early initiation of palliative care to improve quality of life. • Promote health development and wellness in children and adolescents.	LDH has alternative mechanisms to monitor and track these objectives and declines to add new performance measures at this time.

[10] Louisiana Department of Health. Medicaid Advisory Committee. Available at: https://ldh.la.gov/medicaid/medical-advisory-committee. Accessed on: Oct 24, 2025.

EQRO Recommendations for Review Period March 20, 2023–March 19, 2024	LDH Actions
• Advance specific interventions to address SDOH. • Advance value-based payment arrangements and innovation. • Ensure members who are improving or stabilized in hospice are considered for discharge.	
To target improvement in Goal 3, "Facilitate patient-centered, whole person care," HSAG recommended LDH include performance measures for the PAHPs and PIHP in the quality strategy.	LDH agrees with this recommendation and has made this change in the upcoming quality strategy revisions.
To target improvement in Goal 3, "Facilitate patient-centered, whole person care," HSAG recommended LDH continue to implement a PIP collaboration process for the PAHPs to collaborate on current and future PIPs.	LDH agrees and will incorporate the PAHPs into the MCO PIP process beginning in CY 2026. The PAHPs will use the same submission guidelines and timeline and will also attend quarterly PIP meetings.
To improve programwide performance in support of LDH's quality strategy goals, HSAG recommended that LDH continue to work with the MCEs during PIP and MAC meetings to discuss best practices for performance measures. During these discussions, LDH could focus on specific performance measures in the quality strategy that have not met improvement objectives and target objectives.	LDH currently works with the MCOs collaboratively during quarterly PIP meetings. LDH works with all MCEs at quarterly MAC meetings. The MAC consists of MCE chief medical officers. Best practices are discussed frequently. In addition, LDH meets with the MCO CEOs and other support staff during quarterly business reviews to discuss recommendations and best practices.
To improve MCO performance in Goal 6, "Partner with communities to improve population health and address health disparities," HSAG recommended that LDH dedicate time in established meetings with the MCOs to discuss their HEPs and the progress being made through quality interventions to reduce health disparities.	LDH attends MCO quarterly QAPI Committee meetings, where its HEP components and progress being made toward HEP goals are discussed. LDH also reviews and approves the MCOs' QAPI Plan and related progress reports annually and provides feedback to the MCOs as needed. LDH also provides feedback to the MCOs on their twice-yearly HEP submissions.
To improve programwide performance in support of LDH's quality strategy goals, HSAG recommended that LDH update performance measures in the quality strategy to align with the requirements in the Performance Measure Submission Guide for the MCOs.	LDH agrees. These updates were made in the pending revised quality strategy.

EQRO Recommendations for Review Period March 20, 2023–March 19, 2024	LDH Actions
To target improvement in Goal 1, "Ensure access to care to meet enrollee needs," HSAG recommended LDH assess MCO failure to provide NEMT and have the MCOs implement interventions to improve provision of NEMT and ensure it is timely and accessible.	LDH agrees and also assesses MCO failure to provide NEMT and requires the MCOs to implement interventions to improve provision of NEMT and ensure it is timely and accessible.
To improve programwide performance in support of LDH's quality strategy goals, HSAG recommended LDH assess areas of noncompliance that resulted in an MCO receiving a notice of monetary penalty. This assessment should identify root causes for noncompliance and then work to identify appropriate interventions to eliminate noncompliance and improve performance.	LDH agrees and already assesses areas of noncompliance that resulted in an MCO receiving a notice of monetary penalty, including identifying root causes and planned interventions through a corrective action plan.
HSAG recommended that LDH report rates for the following measures included in Appendix B of the quality strategy: • Enrollment by Product Line • Language Diversity of Membership • Race/Ethnicity Diversity of Membership	MCOs are already required to report these measures. They are not included on the Medicaid Quality Dashboard because they are statistical in nature and not performance based.

4. Strengths and Recommendations

Strengths

Overall, the quality strategy serves to effectively measure and improve the quality of Louisiana's Medicaid managed care services. LDH's initiatives are tied to the quality strategy aims, goals, and objectives. The quality strategy also promotes identification and implementation of initiatives to monitor, assess, and improve access to care, quality of care, and timeliness of service delivery for Louisiana Medicaid members. LDH plans to incorporate goals from the National Quality Strategy in the quality strategy in the future. LDH oversees the MCEs in coordination with the quality strategy to promote accountability and transparency for improving health outcomes. LDH has an MCO contract requirement that the MCO should be committed to QI. Each MCO is required to be NCQA accredited and to conduct HEDIS performance measure reporting. LDH still plans to include the requirement for a commitment to QI in the PAHP contract.

The EQRO has identified the following strengths:

- In support of Goal 3, "Facilitate patient-centered, whole-person care," the MCEs demonstrated strong adherence to PIP methodology, with most projects scoring 100 percent on critical validation elements and achieving *High Confidence* ratings related to proper study design, data collection, and intervention planning.
- In support of Goal 1, "Ensure access to care to meet enrollee needs," LDH has established comprehensive network adequacy standards and monitoring processes that support access to care, as demonstrated by strong performance across multiple plan types. All MCEs met or exceeded provider-to-member ratio requirements and key behavioral health timeliness standards, and the PIHP achieved *High Confidence* ratings across all validated indicators with full compliance on appointment access standards. These results reflect a solid oversight structure and a generally adequate provider network to support timely access to behavioral and medical services for most members statewide.

Recommendations

The EQRO has identified the following recommendations for the quality strategy:

- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends that LDH:
  - Establish clear, system-level performance goals within the quality strategy to define the intended direction and outcomes of improvement efforts.
  - Select a streamlined, high-impact set of priority measures that will serve as key indicators of progress toward these goals, reducing the overall number of measures and focusing improvement on LDH's highest priorities.

  - Ensure all goals and objectives—including those related to PAHPs and PIHPs—are supported by corresponding performance measures within the quality strategy.
  - Define baselines for the selected priority measures to support ongoing measurement, monitoring, and evaluation of performance over time.
  - Refine the measure set by eliminating retired, not reportable, and not applicable measures.
  - Align the quality withhold incentive program with the streamlined priority measure set to ensure that financial incentives are focused on the measures most critical to advancing LDH's system-level performance goals.
  - Strengthen the quality withhold incentive program to be outcome focused, ensuring that withhold payments are earned for demonstrated improvement or sustained high performance on priority measures.
- To improve programwide performance in support of LDH's quality strategy goals, HSAG recommends that LDH increase its quality strategy evaluation to a three-year period. The evaluation of the effectiveness of the quality strategy should be conducted within the previous three years.
- To target improvement in Goal 2, "Improve coordination and transitions of care," HSAG recommends that LDH work with the MCOs to improve follow-up after ED and hospital visits for mental health and substance abuse.
- To target improvement in Goal 4, "Promote wellness and prevention," HSAG recommends that LDH work with the PAHPs to increase the percentage of EPSDT enrollees receiving preventative dental services.
- To target improvement in Goal 4, "Promote wellness and prevention," HSAG recommends that LDH use Medicaid data and performance measure results to identify populations with low rates of preventive and screening services, and require targeted outreach and interventions from the MCEs to increase completion of recommended services.
- To target improvement in Goal 3, "Facilitate patient-centered, whole-person care," HSAG recommends that LDH strengthen oversight of member-experience performance by aligning CAHPS priorities with the quality strategy's goals and requiring the MCEs to determine factors contributing to persistently low or stagnant CAHPS scores, and implement focused improvement strategies while promoting interventions shown to improve access, communication, and member engagement.
- To target improvement in Goal 1, "Ensure access to care to meet enrollee needs," HSAG recommends that LDH require the MCEs to achieve and maintain accurate, complete, and up-to-date provider directories by establishing clear data quality standards, enforcing routine audits, and imposing corrective actions when minimum accuracy thresholds are not met.
- To target improvement in Goal 1, "Ensure access to care to meet enrollee needs," HSAG recommends that LDH strengthen oversight and collaboration with the dental PAHPs to improve network adequacy in parishes that did not meet distance standards by developing targeted remediation plans, prioritizing recruitment in high-need areas, and implementing ongoing monitoring to ensure members can obtain timely dental care across urban and rural regions.
- To target improvement in Goal 1, "Ensure access to care to meet enrollee needs," HSAG recommends that LDH strengthen monitoring and follow-through on corrective actions for recurring

operational deficiencies related to NEMT timeliness and provider payment to ensure compliance with contract requirements and prevent member access barriers.

- To target improvement in Goal 4, "Promote wellness and prevention," HSAG recommends that LDH collaborate with the MCEs and providers to improve timely access to prenatal and postpartum care and reduce preventable adverse birth outcomes. Efforts should focus on identifying and addressing barriers to early and continuous prenatal care, implementing provider-level interventions to promote appropriate delivery practices and reduce low-risk cesarean rates, and enhancing outreach and care coordination to support postpartum follow-up and healthy birth outcomes.

Appendix A. Methodology

Evaluation Methodology Description

Review Period

The evaluation period focuses on the 12-month performance period of March 20, 2024–March 19, 2025.

Goals and Objectives

The Louisiana 2023 Medicaid Managed Care Quality Strategy (quality strategy) identifies goals and objectives that focus on key areas of quality as well as achieving outcomes.

The quality strategy identifies the following three aims and seven associated goals:

Better Care: Make health care more person-centered, coordinated, and accessible so that enrollees get the right care at the right time in the right place.

Goal 1: Ensure access to care to meet enrollee needs

Goal 2: Improve coordination and transitions of care

Goal 3: Facilitate patient-centered, whole-person care

Healthier People, Healthier Communities: Improve the health of enrollees through evidence-based prevention and treatment interventions that address physical and behavioral health needs.

Goal 4: Promote wellness and prevention

Goal 5: Improve chronic disease management and control

Goal 6: Improve population health and address health disparities

Smarter Spending: Advance high-value, efficient care.

Goal 7: Minimize wasteful spending

Evaluation

Health Services Advisory Group, Inc. (HSAG), will conduct a formal evaluation of the quality strategy to assess its overall effectiveness to improve healthcare delivery, accessibility, and quality in the populations served by the managed care program. For the Louisiana Department of Health (LDH), HSAG's evaluation will include an assessment of managed care performance compared to national benchmarks; health plan target and improvement objectives; performance improvement initiatives; and an examination of strengths, opportunities for improvement, and recommendations to add, enhance, or modify quality initiatives aimed at improving service delivery, accessibility, and quality.

To evaluate the quality strategy, HSAG will analyze the following to determine performance and progress in achieving the goals of the managed care program's quality strategy:

- Healthcare Effectiveness Data and Information Set (HEDIS®)[11] measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[12] measures
- Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators
- Centers for Medicare & Medicaid Services (CMS)-developed measures
- How LDH addresses health disparities
- Use of sanctions
- External quality review (EQR) activities, such as the following:
  - Performance evaluation and improvement
  - Provider satisfaction surveys
  - PIP validation
  - Network adequacy and availability validation
  - Compliance monitoring
  - Annual EQR technical reports
  - Behavioral health member satisfaction survey
- Managed care organization (MCO) withholds of capitation payments
- Louisiana Health Information Technology Roadmap
- Quality initiatives

The quality strategy evaluation will provide critical information about the structure of the quality program and the process for improving health service quality, access, and timeliness, and whether the managed care program is achieving its goals. When opportunities for improvement are identified, HSAG will work with LDH and its contracted managed care entities (MCEs) to identify the leading causes for stagnant or declining performance. HSAG also will work with LDH to examine health policies that may

[11] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[12] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

impact, either positively or negatively, service delivery, accessibility, and quality of care and to refine its methodology and tools as needed based on lessons learned from the previous year's evaluation.

Evaluation Tool

To track the progress of achieving goals and objectives outlined in the quality strategy, HSAG will track the annual results of contractual performance metrics that aligned with the performance measures included in the quality strategy to measure improvement. HSAG will develop a Healthy Louisiana Performance Measure Results table. The metrics will be selected from the quality strategy and categorized by the State's associated goals and objectives, along with rates from MY 2022 through MY 2024. The rates will be compared to target and improvement objectives.

Appendix B. Healthy Louisiana Program Performance Measure Results

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
	Aim-Better Care: Make health care more person-centered, coordinated, and accessible so that enrollees get the right care at the right time in the right place.							
Ensure access to care to meet enrollee needs	**Ensure timely and approximate access to primary and specialty care**	NCQA	*Child and Adolescent Well-Care Visits*					
			3–11 Years	54.57%	57.47%	60.45%	No	Yes
			12–17 Years	51.26%	54.10%	56.11%	Yes	Yes
			18–21 Years	27.04%	29.30%	32.68%	Yes	Yes
			Total	48.34%	51.39%	54.58%	No	Yes
			Well-Child Visits in the First 30 Months of Life					
			First 15 Months	59.52%	64.44%	64.83%	Yes	No
			15 Months–30 Months	63.95%	70.10%	72.42%	Yes	Yes
			Inpatient Utilization-General Hospital/Acute Care (IPU0)[16]					
			Total inpatient-Discharges/1,000 Member Years-Total	NR	315.49	NR	NR	NR
			Total inpatient-Discharges/1,000 Members Year-Total	NR	63.75	NR	NR	NR
			Total inpatient-Average LOS/1,000 Member Years-Total	NR	4.95	NR	NR	NR
			Adults' Access to Preventive/Ambulatory Services—Total	73.65%	74.25%	78.09%	Yes	Yes

[13] Measure Stewards: NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research and Quality; TJC: The Joint Commission; State: Louisiana Department of Health; HRSA: Health Resources and Services Administration

[14] Target Objective: For HEDIS measures: HEDIS MY 2024 rate meets or exceeds the MY 2024 *Quality Compass* national 50th percentile rate; for non-HEDIS measures: MY 2024 rate is equal to or better than the best performance reported by any MCO for the prior measurement year.

[15] Improvement Objective: Rate improved by 2.0 or more percentage points compared to prior measurement year.

[16] LDH did not require the MCOs to report this measure in MY 2024.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Improve coordination and transitions of care	**Ensure appropriate follow-up after ED visits and hospitalizations through effective care coordination and case management**	NCQA	*Ambulatory Care: ED Visits/1,000 MM*[17,*]	746.42	735.72	NR	NR	NR
			Follow-Up After Hospitalization for Mental Illness					
			Follow-Up Within 7 Days of Discharge	19.52%	20.67%	22.05%	No	No
			Follow-Up Within 30 Days of Discharge	38.33%	39.62%	42.18%	No	Yes
			Follow-Up After ED Visit for Mental Illness					
			Follow-Up Within 7 Days of ED Visit	22.45%	22.26%	23.02%	No	No
			Follow-Up Within 30 Days of ED Visit	36.52%	36.83%	38.77%	No	No
			Follow-Up After ED Visit for Substance Use					
			Follow-Up Within 7 Days of ED Visit	17.19%	13.46%	15.66%	No	Yes
			Follow-Up Within 30 Days of ED Visit	27.70%	21.75%	25.41%	No	Yes
			Plan All-Cause Readmissions (PCR)					
			*Observed Readmission (Num/Den) **	10.15%	10.13%	10.05%[18]	NA	No
			Expected Readmission Rate	9.57%	9.77%	8.53%[18]	NA	No
			*Observed-to-Expected Ratio (Observed Readmission/Expected Readmissions) **	1.06	1.04	1.1771	No	No
Facilitate patient-centered, whole-person care	**Engage and partner with enrollees to improve enrollee experience and outcomes**	NCQA	*CAHPS Health Plan Survey 5.1H, Child Version (Medicaid), Rating of Health Plan*	86.74%	88.48%	86.51%	No	No
			CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid), Rating of Health Plan	80.38%	77.66%	79.60%	Yes	No
			Children with Chronic Conditions	NR	83.46%	83.46%	Yes	No

[17] NCQA retired measure in MY2024 and MCOs did not report any data.

* A lower rate indicates better performance.

[18] NCQA indicates a break in trending for Plan All-Cause Readmissions between MY 2024 and the prior measurement year. Quality Compass benchmarks are not presented for PCR as a result of the break in trending.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Facilitate patient-centered, whole-person care (cont.)	**Integrate behavioral and physical health**	NCQA	*Depression Screening and Follow-Up for Adolescents and Adults-Total (Note: This is a pilot measure and LDH will work with the MCO on strategies to collect this information. **Not** required for reporting).*	1.00%	1.06%	3.31%	No	Yes
			Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	82.78%	84.36%	85.11%	Yes	No
			Diabetes Monitoring for People With Diabetes and Schizophrenia	67.47%	72.29%	75.60%	Yes	Yes
			Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	76.14%	81.53%	82.56%	Yes	No
			Metabolic Monitoring for Children and Adolescents on Antipsychotics					
			Blood Glucose Testing	54.46%	54.92%	53.68%[19]	No	No
			Cholesterol Testing	28.80%	28.09%	28.43%[19]	No	No
			Blood Glucose and Cholesterol Testing	28.05%	27.21%	27.26%[19]	No	No
Aim-Healthier People, Healthier Communities: Improve the health of enrollees through evidence-based prevention and treatment interventions that address physical and behavioral health needs.								
Promote wellness and prevention	**Ensure maternal safety and appropriate care during childbirth and postpartum**	NCQA	*Prenatal and Postpartum Care—Timeliness of Prenatal Care*	82.86%	82.12%	83.83%	No	No
		TJC	*Cesarean Rate for Low-Risk First Birth Women**	26.61%	26.35%	26.37%	No	No
		NCQA	*Prenatal and Postpartum Care—Postpartum Care*	77.00%	77.27%	81.62%	No	Yes
	Reduce infant mortality	AHRQ	*Percentage of Low Birthweight Births**	12.62%	12.60%	12.91%	No	No
	Promote healthy development and wellness in children and adolescents	CMS	*Developmental Screening in the First Three Years of Life*	36.83%	48.42%	52.84%	No	Yes
		NCQA	*Lead Screening in Children*	63.59%	66.40%	70.87%	Yes	Yes

[19] MY 2022 and MY 2023 = Administrative reporting; MY 2024 = Electronic clinical data systems (ECDS) reporting.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Promote wellness and prevention (cont.)	Promote oral health in children	NCQA	*Topical Fluoride for Children—Total*	NR[16]	5.56%	6.82%	NA[20]	No
			Oral Evaluation, Dental Services	NR	NA[21]	NA[22]	NA[22]	NA[22]
	Improve immunization rates	NCQA	*Childhood Immunization Status*[16]					
			DTaP	68.23%	71.31%	NR	NR	NR
			IPV	87.00%	87.17%	NR	NR	NR
			MMR	84.34%	86.06%	NR	NR	NR
			HiB	84.33%	85.66%	NR	NR	NR
			Hepatitis B	88.75%	89.20%	NR	NR	NR
			VZV	84.35%	86.30%	NR	NR	NR
			Pneumococcal Conjugate	68.57%	70.65%	NR	NR	NR
			Hepatitis A	80.70%	83.82%	NR	NR	NR
			Rotavirus	66.63%	63.96%	NR	NR	NR
			Influenza	26.49%	21.26%	NR	NR	NR
			Combination 3	62.44%	64.96%	NR	NR	NR
			Combination 7	53.35%	53.34%	NR	NR	NR
			Combination 10	20.30%	16.16%	NR	NR	NR
			Immunizations for Adolescents[16]					
			Meningococcal	83.48%	85.85%	NR	NR	NR
			Tdap/Td	84.30%	86.29%	NR	NR	NR
			HPV	39.08%	41.77%	NR	NR	NR

[20] HEDIS Measure not included in Quality Compass MY 2024 (published 2025).
[21] NA: Denominator was too small (i.e., less than 30) to report a valid rate.
[22] NA: Not available at time of evaluation.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Promote wellness and prevention (cont.)	Promote wellness and prevention (cont.)		*Combination 1*	83.26%	85.64%	NR	NR	NR
			Combination 2	38.69%	41.53%	NR	NR	NR
			Flu Vaccinations for Adults Ages 18 to 64[23]	36.62%	NR	NR	NR	NR
	Prevent obesity and address physical activity and nutrition in children and adults	NCQA	*Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Assessment for Children/Adolescents*					
			BMI Percentile Documentation	72.22%	80.09%	86.26%	Yes	Yes
			Counseling for Nutrition	62.46%	64.97%	70.74%	No	Yes
			Counseling for Physical Activity	55.47%	57.89%	66.86%	No	Yes
	Improve cancer screening	NCQA	*Cervical Cancer Screening*	56.53%	53.47%	57.33%	No	Yes
			Colorectal Cancer Screening	33.81%	43.44%	45.44%[24]	Yes	Yes
	Improve Hepatitis C virus infection screening	State	*Hepatitis C Virus Screening*	33.41%	38.74%	46.44%	Yes	Yes
	Promote use of evidence-based tobacco cessation treatments	NCQA	*Medical Assistance With Smoking and Tobacco Use Cessation*					
			Advising Smokers and Tobacco Users to Quit	72.41%	71.63%	69.15%	No	No
			Discussing Cessation Medications	47.79%	49.64%	49.17%	No	No
			Discussing Cessation Strategies	45.27%	46.88%	46.64%	No	No
Improve chronic disease management and control	Improve hypertension, diabetes, and cardiovascular disease management and control	NCQA	*Controlling High Blood Pressure*	57.62%	60.47%	65.03%	No	Yes
		AHRQ	*Diabetes Short-Term Complications Admission Rate**	16.94	16.23	19.98	No	No
		NCQA	*Statin Therapy for Patients With Cardiovascular Disease*					
			Received Statin Therapy—Total	80.66%	82.74%	82.62%	Yes	No
			Statin Adherence 80%—Total	67.86%	66.40%	71.14%	No	Yes
		AHRQ	*Heart Failure Admission Rate**	27.26	24.82	29.92	No	No

[23] NR: NCQA retired this measure in MY 2023.
[24] MY 2022 and MY 2023 = Administrative reporting; MY 2024 = ECDS reporting.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Improve chronic disease management and control (cont.)	Improve hypertension, diabetes, and cardiovascular disease management and control (cont.))	NCQA	*Hemoglobin A1c Control for Patients With Diabetes/Glycemic Status Assessment for Patients With Diabetes*[25]					
			*Glycemic Status (>9.0%)**	38.96%	29.55%	28.35%	Yes	No
			Glycemic Status (<8.0%)	52.48%	63.65%	64.86%	Yes	No
		NCQA	*Blood Pressure Control for Patients With Diabetes*	59.93%	65.25%	69.65%	No	Yes
			Eye Exam for Patients With Diabetes	53.85%	55.06%	59.29%	Yes	Yes
	Improve respiratory disease management and control	AHRQ	*Asthma in Younger Adults Admission Rate**	1.58	1.84	1.93	No	No
		AHRQ	*COPD or Asthma in Older Adults Admission Rate**	18.52	17.38	23.70	No	No
		NCQA	*Asthma Medication Ratio-Total*	NR[26]	70.18%	64.22%	Yes	No
	Improve HIV control	HRSA	*HIV Viral Load Suppression*	79.04%	82.26%	82.24%	No	No
	Improve quality of mental health and substance use disorder care	NCQA	*Pharmacotherapy for Opioid Use Disorder*	27.67%	29.53%	34.64%	Yes	Yes
			Initiation and Engagement of Substance Use Disorder Treatment					
			Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	60.37%	57.95%	59.26%	Yes	No
			Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	25.62%	24.37%	27.37%	Yes	Yes
			Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	63.46%	63.06%	64.29%	Yes	No
			Adherence to Antipsychotic Medications for Individuals With Schizophrenia	53.17%	55.72%	61.49%	No	Yes
			Follow-Up Care for Children Prescribed ADHD Medication					
			Initiation Phase	42.65%	45.52%	45.46%	No	No
			Continuation Phase	55.44%	54.23%	52.86%	No	No

[25] In MY 2024, NCQA updated the measure title of *Hemoglobin A1c Control for Patients With Diabetes* to *Glycemic Status Assessment for Patients With Diabetes*, changed some reporting specifications, and recommended caution when trending.

[26] NR: LDH did not require the MCOs for report this measure in MY 2022.

Goal	Objective	Measure Steward[13]	Measures	MY 2022 SWA	MY 2023 SWA	MY 2024 SWA	Met Target Objective[14]	Met Improvement Objective[15]
Improve chronic disease management and control (cont.)	**Improve quality of mental health and substance use disorder care (cont.)**		*Antidepressant Medication Management*					
			Effective Acute Phase Treatment	55.83%	57.61%	60.88%	No	Yes
			Effective Continuation Phase Treatment	38.18%	39.77%	45.44%	No	Yes
Partner with communities to improve population health and address health disparities	**Stratify key quality measures by race/ethnicity and rural/urban status and narrow health disparities**	Various	Measures for stratified data: a. Pregnancy: *Percentage of Low Birthweight Births*, *Contraceptive Care—Postpartum Women Ages 21–44* b. Child: *Well-Child Visits in the First 30 Months of Life*, *Childhood Immunizations—Combination 3*, *Immunizations for Adolescents—Combination 2* c. Adult: *Colorectal Cancer Screening*, *HIV Viral Load Suppression*, *Cervical Cancer Screening* d. Behavioral Health: *Follow-Up After ED Visit for Mental Illness—Follow-Up Within 30 Days of ED Visit*, *Follow-Up After ED Visit for Substance Use—Follow-Up Within 30 Days of ED Visit*, *Follow-Up After Hospitalization for Mental Illness—Follow-Up Within 30 Days of Discharge*	See rate listed previously in table	See rate listed previously in table	See rate listed previously in table	See rate listed previously in table	See rate listed previously in table
		NCQA	*Enrollment by Product Line*	NA[22]	NA[22]	NA[22]	NA[22]	NA[22]
			Language Diversity of Membership	NA[22]	NA[22]	NA[22]	NA[22]	NA[22]
			Race/Ethnicity Diversity of Membership	NA[22]	NA[22]	NA[22]	NA[22]	NA[22]
 **Aim-Smarter Spending: Advance high-value, efficient care.**								
Minimize wasteful spending	**Reduce low value care**	NCQA	*Appropriate Treatment for Upper Respiratory Infection*	79.64%	80.50%	81.90%	No	No
			Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	51.85%	51.81%	52.98%	No	No
			Use of Imaging Studies for Low Back Pain	71.31%	69.31%	68.86%	No	No
			Non-Recommended Cervical Cancer Screening in Adolescent Females[23]	1.81%	1.85%	NR	NR	NR