2019 Quality Year-End Review

2019 Quality In Review

- Quality Withhold
- Value-Based Payment Withhold
- Quality Measure Dashboard
- Hepatitis C Treatment Dashboard
- 2019 HEDIS Report

Withhold of the MCO Payments

▶ Approximately 90% of Louisiana Medicaid members are in managed care

▶ CMS offers states several payment options to drive outcomes and quality

▶ In 2018, Medicaid began withholding 2% of the capitation payments ("per-member-per-month"/"PMPM" payments)

▶ 1% was tied to quality measures ($53.7M)

▶ 1% was tied to value-based payment arrangements with providers ($53.7M)

▶ MCOs could earn this money back by meeting certain quality and value-based payment targets

Quality Withhold

- MCOs earn the 1% back by meeting certain quality targets (16 "incentivized" or "money" measures)

- For these eight quality measures, quality targets were defined as either

  - Achievement of the NCQA Quality Compass Medicaid National 50th percentile benchmark, or

  - Improvement of 2.0 points from the MCO's previous year (e.g., from 20% to 22%).

- For each quality target not met, LDH permanently withheld 1/16 of the full 1% amount

Quality Withhold

Quality Measure	Number of MCOs that failed to meet target
Adolescent Well Care Visits	1
Comprehensive Diabetes Care: HbA1c Testing	2
Comprehensive Diabetes Care: Medical attention for nephropathy	1
Follow-up After Hospitalization for Mental Illness within 30 Days of Discharge	4
Follow-up for Children Prescribed ADHD Medication-Initiation	1
Follow-up for Children Prescribed ADHD Medication-Continuation	1
Prenatal Care	1
Well-Child Visits in the 3rd,4th, 5th, and 6th years	1
Total permanently withheld	**$7.8M**

Value-Based Payment Withhold

- MCOs earn the 1% back by advancing value-based payment among providers

- Achieve a 10 percent increase in VBP rate compared with the previous year's VBP report

- Implement at least one new provider contract with a category 3 or 4 APM approach

- Demonstrate how the MCO's APMs align with performance measures

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	FEE FOR SERVICE – LINK TO QUALITY & VALUE	APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE	POPULATION – BASED PAYMENT
	A	**A**	**A**
	Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	**APMs with Shared Savings** (e.g., shared savings with upside risk only)	**Condition-Specific Population-Based Payment** (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B	**B**	**B**
	Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	**APMs with Shared Savings and Downside Risk** (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	**Comprehensive Population-Based Payment** (e.g., global budgets or full/percent of premium payments)
	C		**C**
	Pay-for-Performance (e.g., bonuses for quality performance)		**Integrated Finance & Delivery System** (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	**4N** Capitated Payments NOT Linked to Quality

VBP Withhold Results

► All MCOs met all requirements to earn the money back

	Baseline	10% VBP Growth Target	End Result	Difference
Managed Care Program Summary	31.2%	3.1%	42.5%	11.3%

Medicaid Managed Care Quality Dashboard

▶ The Quality Dashboard was created to promote transparency and healthcare accountability, visible to all citizens in the state

▶ Updated with 2019 Results (2018 Measurement Year)

▶ The Dashboard can be accessed at: https://qualitydashboard.ldh.la.gov/

Hepatitis C Dashboard

▶ Created to track progress with Louisiana's effort to eliminate Hepatitis C
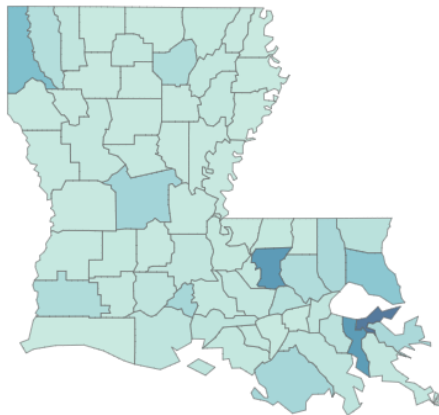
▶ Updated monthly

▶ The Dashboard can be accessed at: http://www.ldh.la.gov/assets/hepc/prod/

Hepatitis C Treatment in Medicaid and State Corrections

2,916
Number of people treated since
July 15, 2019*

People Treated By Parish

People Treated by Year/Quarter

Hep C Free LA program starts
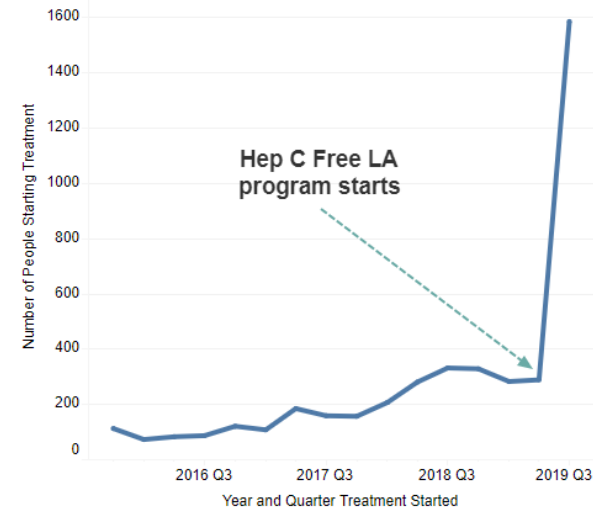
HEDIS Report

	HEDIS 2019 versus previous year				
	≥ 0.1 point decline	< 0.1 point difference	≥ 0.1 point improvement	Total	Percent with any improvement
Managed Care Program Summary	14	3	47	64	73%

▶ Detailed report coming soon

QUESTIONS ?