



Quality Companion Guide for Healthy Louisiana Managed Care Organizations

April 2024



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Quality Companion Guide Purpose

The Quality Companion Guide focuses on core quality improvement (QI) activities to assist the Healthy Louisiana managed care organizations (MCOs) with Louisiana Department of Health (LDH) contract requirements and external quality review organization (EQRO) activities and processes. The Quality Companion Guide is updated annually, and workplans provided for each activity may be modified at the discretion of LDH.

External Quality Review Regulations

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, required states that contract with Medicaid MCOs, prepaid inpatient health plans (PIHPs), primary care case management (PCCM) entities, and prepaid ambulatory health plans (PAHPs) (collectively referred to as “health plans” or managed care entities [MCEs]) for the administration of Medicaid programs to contract with a qualified EQRO to provide an independent external quality review (EQR) of the quality of, timeliness of, and access to services provided by the contracted health plans. Revisions to the regulations articulated in the BBA were released in May 2016 and again in November 2020. The final Medicaid and Children’s Health Insurance Program (CHIP) managed care regulations are provided in Title 42 of the Code of Federal Regulations (42 CFR) Part 438. To meet the requirements for EQR, LDH has contracted with Health Services Advisory Group, Inc. (HSAG), a qualified EQRO.

EQR-Related Activities

EQR-related activities are the mandatory and optional activities, as set forth in 42 CFR §438.358, which produce the data and information that the EQRO analyzes when performing the EQR. The Centers for Medicare & Medicaid Services (CMS) is required to issue protocols for the EQR-related activities and released updated protocols in February 2023.¹⁻¹ Table 1-1 specifies the mandatory and optional EQR-related activities as defined by CMS. There are four mandatory activities and six optional activities. The State has discretion to determine which optional EQR-related activities, if any, it wishes to conduct.

¹⁻¹ 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: Sep 7, 2023.

Table 1-1—Mandatory and Optional EQR-Related Activities as defined by CMS

EQR-Related Activity by Protocol	Type
Validation of performance improvement projects (Protocol 1)	Mandatory
Validation of performance measures (Protocol 2)	Mandatory
Review of compliance with Medicaid and CHIP managed care regulations (Protocol 3)	Mandatory
Validation of network adequacy (Protocol 4)	Mandatory
Validation of encounter data reported by the MCE (Protocol 5)	Optional
Administration or validation of quality of care surveys (Protocol 6)	Optional
Calculation of additional performance measures (Protocol 7)	Optional
Implementation of additional performance improvement projects (Protocol 8)	Optional
Conducting focus studies of health care quality (Protocol 9)	Optional
Assist with quality rating of Medicaid and CHIP MCOs, PAHPs, and PIHPs (Protocol 10)	Optional

As mentioned above, CMS provides protocols for conducting each of the mandatory activities. States and EQROs are not required to use the CMS tools in conducting EQR-related activities but must use instruments and processes that are consistent with the CMS EQR protocols.

EQR Annual Reporting Requirements

To ensure LDH’s compliance with 42 CFR §438.364, HSAG will produce an aggregate technical report that includes all required components as outlined in the CMS EQR protocols. The detailed technical reports will include the following for each EQR activity conducted in accordance with 42 CFR §438.358:

- Objectives for the activity
- Technical methods of data collection and analysis
- Description of data obtained, including the time period to which the data applied
- Conclusions based on the data analysis
- An assessment of each MCE’s strengths and weaknesses individually with respect to the quality of, timeliness of, and access to healthcare services furnished to Louisiana Medicaid managed care members
- Recommendations for improving the quality of healthcare services furnished by each MCE, including how LDH can target goals and objectives in the Quality Strategy to better support improvement in the quality of, timeliness of, and access to healthcare services furnished to Medicaid members
- Methodologically appropriate, comparative information about all MCEs
- An assessment of the degree to which each MCE has effectively addressed the recommendations for QI made by the EQRO during the previous year's EQR technical report

Louisiana EQR Activities

Performance Evaluation and Improvement: The MCOs will report selected HEDIS and other standard and state-specific performance measures (PMs) for measurement year (MY) 2023. Additionally, HSAG will validate the PMs to assess the accuracy and reliability of the measures reported by the MCOs and determine the extent to which the measures followed established measure technical specifications and were in accordance with the specifications in 42 CFR §438.330(b). Furthermore, HSAG will request and review each MCO’s NCQA HEDIS Record of Administration, Data Management, and Processes (Roadmap), final audit report (FAR), and the data submission tool in lieu of conducting an on-site assessment.

Consumer Surveys: CAHPS-A and CAHPS-C: The MCOs are required to administer annual adult and child CAHPS surveys to their Louisiana Medicaid membership and to submit their member-level survey data to LDH, NCQA, and HSAG. HSAG will prepare a CAHPS data dashboard and summary report to assist LDH in monitoring the Louisiana Medicaid managed care program.

MCO Quality Rating System (QRS): The QRS will be used to evaluate and apply a rating to measure the quality of care provided by the MCOs.

Performance Improvement Project (PIP) Validation: Each MCE will be required to conduct PIPs as outlined in their contracts. HSAG will validate each PIP to ensure that the MCE executed a methodologically sound improvement project, and that reported improvement can be reasonably linked to the QI strategies and activities conducted by the MCE during the PIP.

Network Adequacy and Availability Validation (NAV): Provider access surveys will be conducted to evaluate the access and availability of providers contracted with the MCOs to serve Louisiana Medicaid managed care members. HSAG will not conduct provider directory surveys during the 2024–2025 contract year.

HSAG will conduct the 2024 NAV activity in accordance with the CMS EQR Protocol 4. As part of this activity, HSAG will review each MCE’s data, systems, and methods used to calculate results for each network adequacy indicator, as defined by the State’s standards. HSAG will also provide a validation rating for each indicator that reflects the overall confidence HSAG has that the methodology used throughout all phases of the calculation of network indicators is sound, ensuring its accuracy, completeness, and consistency.

Readiness Reviews: It is not anticipated that LDH will request HSAG to conduct any readiness reviews of the MCEs during the 2024–2025 contract year.

Compliance Reviews (CRs): HSAG will not conduct any compliance reviews of the MCEs during the 2024–2025 contract year.

EQR Annual Technical Report: HSAG will produce annual technical reports that assess MCE performance, in compliance with the requirements of 42 CFR §438.364 and Louisiana specifications.

MCO-specific reports will be prepared, along with a statewide aggregate report for all MCOs, an aggregate report for the PAHPs, and a report for the PIHP.

Medicaid Managed Care Quality Strategy Evaluation (QSE): 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 Louisiana Medicaid managed care program.

Technical Assistance: HSAG will provide technical assistance to LDH and the MCEs while conducting EQR-related activities.

Behavioral Health Member Satisfaction Survey: HSAG will develop, administer, and report a statewide member survey. The surveys will be administered to adult and child members identified as having three or more specified outpatient behavioral health encounters during the measurement period.

Health Disparities Studies (Focus Studies): HSAG will conduct health disparities analyses to identify statewide and MCO-specific health disparities based on demographic factors using available data sources.

Case Management (CM) Performance Evaluation: HSAG will assess MCO compliance with CM elements as outlined in their contracts with LDH. Areas of focus will include the rates of engagement in CM; the specific services offered to members receiving CM; and the effectiveness of CM in terms of increasing the quality of care, increasing the receipt of necessary services, and reducing the receipt of potentially unnecessary services such as acute care.

Data Attestation Notice

Annually, each MCE will be required to submit a data attestation confirming the following:

By submitting data, records, documents, and information to HSAG as required by LDH and in support of these EQR activities, the MCE attests, based on best knowledge, information, and behalf as to the accuracy, completeness and truthfulness of the documents and data it submits to HSAG.

2. Performance Evaluation and Improvement

Process Overview

LDH requires the MCOs to report selected HEDIS and other standard and state-specific PMs to assess access to care, effectiveness and quality of care, and use of services.

MCOs will continue to report PMs annually during the contract period beginning in 2024 (for MY 2023). This approach affords several years of reporting and will allow for trending rates to help monitor progress and identify priority areas in need of improvement.

One of the mandatory activities of EQR is validation of PMs to assess the accuracy and reliability of the PMs reported by the MCOs and to determine the extent to which the PMs follow established measure technical specifications and were in accordance with the specifications in 42 CFR §438.330(b).

The CMS EQR protocols specify that, in lieu of conducting a full on-site information systems capabilities assessment (ISCA), the EQRO may review an assessment of the MCO's information systems (IS) conducted by another party. If an MCO is accredited by the NCQA, the MCO will have received a full IS assessment as part of its annual HEDIS Compliance Audit by an NCQA HEDIS Compliance Audit licensed organization (LO). HSAG will request and review each MCO's NCQA HEDIS Roadmap, FAR, and the data submission tool in lieu of conducting an on-site assessment.

Task Description

The task of validating PMs assesses the MCOs' processes for calculating PMs and whether the processes adhered to each measure's specifications, and the accuracy of the PM rates as calculated and reported by the MCOs. Each assessment may include a documentation review, source code review or confirmation of a HEDIS Certified Measures vendor, medical record validation, and an assessment based on the reasonability of the information provided.

The validation follows a structure similar to HEDIS Compliance Audits but focuses on process assessment and is fully compliant with the current CMS EQR Protocol 2, Validation of Performance Measures, cited earlier in this guide.

Note that for the non-HEDIS and state-specific PMs, an on-site visit, in all likelihood, will not be necessary. HSAG will assist the University of Louisiana Monroe (ULM) in this activity, with ULM conducting the source code analyses and the validation itself. If necessary, HSAG can assist ULM by conducting medical record review (MRR) for any measure that ULM and LDH deem necessary to validate the MCO's calculation of these measures. An on-site/remote visit is usually only required when the MCO has not undergone an NCQA-required HEDIS Compliance Audit. The on-site/remote methodology will be conducted only in those special circumstances when a formal validation that includes an on-site/remote visit is required.

Methodology

The validation process is described separately for the HEDIS and non-HEDIS measures that MCOs report.

HEDIS Measure Validation Methodology

The MCOs that report HEDIS measures to NCQA must undergo an audit of their data conducted by an NCQA HEDIS Compliance Audit Licensed Organization (LO). For these HEDIS measures, HSAG reviews the rates submitted on the NCQA reporting tool (Interactive Data Submission System [IDSS]), which is audited prior to submission, and the FAR, which is completed by the LO and describes the process used to produce the measure rates and any problems that the MCOs experienced in the HEDIS process. Included in the FAR are the measures deemed *Not Reportable* due to biases in the calculation process.

HSAG will use the results of the audit to report the results of each measure reported to LDH. Using information provided in the FAR and, if necessary, additional documentation such as the NCQA HEDIS Roadmap, HSAG will prepare a report indicating the measure results for each of the MCOs that are required to report to LDH. Measures deemed *Not Reportable* will be flagged. Statewide averages will be computed and NCQA Quality Compass benchmarks will be provided as well. Results for the prior two years will be provided for trending, when appropriate. Any issues in reporting any measure (e.g., medical record abstraction issues) will be noted and, should LDH request any other statistical analyses, these results will also be included in the report.

Non-HEDIS Measure Validation Methodology

For state-specific measures and standardized non-HEDIS measures (e.g., the Prevention Quality Indicators), HSAG may assist ULM in conducting the audit, based on ULM's request. Measures that do not pass validation will be deemed *Not Reportable*, and the reasons for this designation (e.g., unresolved source code issues) will be noted. Should LDH request any other statistical analyses, these results will also be included in the report. ULM will conduct the validation for non-HEDIS measures, and HSAG will provide assistance when needed.

MCO Performance Measures

MCOs are required to submit the PMs to LDH, as described in the MY 2023 Performance Measure Submission Guide submitted to each MCO on April 30, 2024, via email distribution. Additionally, the MCOs were provided with the MY 2023 non-HEDIS template and related instructions and asked to submit results for the non-HEDIS measures. Lastly, the non-HEDIS PM numerator/denominator identification file layout was also provided.

Incentive-based measures may affect MCO payments. These measures are noted in the MY 2023 Performance Measure Submission Guide, annotated with “\$\$.”

Workplan

The workplan is outlined below in Table 2-1.

Table 2-1—Performance Evaluation and Improvement Workplan

Task Description	Start Date	End Date	Responsible Party
6.2.1.1 HEDIS PM Validation			
Conduct kick-off call to discuss activity requirements with LDH and ULM	03/14/24	03/14/24	HSAG/LDH/ ULM
Provide draft Performance Measure Submission Guide to LDH for review	03/29/24	03/29/24	HSAG
Provide feedback and/or approval for draft Performance Measure Submission Guide to HSAG	04/01/24	04/05/24	LDH
Provide clean final Performance Measure Submission Guide to LDH	04/08/24	04/09/24	HSAG
Submit final Performance Measure Submission Guide to MCOs once non-HEDIS specifications have been entered by ULM	04/10/24	04/30/24	LDH
Provide HEDIS MY 2023 FARs from MCOs’ NCQA-licensed organizations via HSAG’s Secure Access File Exchange (SAFE) site	07/17/24	07/17/24	MCOs
Provide draft MCO final audit review summary report to LDH for review	09/23/24	09/23/24	HSAG
Provide feedback on draft MCO final audit review summary report to HSAG	09/24/24	10/08/24	LDH
Incorporate LDH’s feedback and submit final MCO final audit review summary report to LDH	10/09/24	10/25/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide MY 2025 (reporting year [RY] 2026) Incentive Measure Targets one pager document to LDH for Performance Measure Submission Guide	01/16/25	01/16/25	HSAG
6.2.1.2 HEDIS PM Calculation and Reporting			
Conduct kick-off call to discuss activity requirements with LDH and ULM	03/14/24	03/14/24	HSAG/LDH/ ULM
Schedule and distribute calendar invitation for instructional webinar on HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Microsoft (MS) Excel template	04/01/24	04/05/24	HSAG
Provide draft HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template to LDH and ULM for review and/or approval	04/12/24	04/12/24	HSAG
Provide feedback and/or approval for HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template to HSAG	04/15/24	04/19/24	LDH/ULM
Provide final HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template to LDH and ULM for reference	04/22/24	04/23/24	HSAG
Provide MCOs with HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template	04/25/24	04/25/24	HSAG
Conduct webinar to review instructions and answer questions related to the race/ethnicity and rural/urban custom stratification MS Excel template	04/29/24	05/03/24	HSAG/LDH/ ULM/MCOs
Provide HEDIS MY 2023 final auditor-locked IDSS workbooks (CSV and XLS formats) and completed HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template with HEDIS stratified rates to HSAG	06/14/24	06/14/24	MCOs
Submit screenshots of each MCO's IDSS date/time stamp reflecting final auditor-locked HEDIS MY 2023 rate submissions to LDH	06/17/24	06/17/24	HSAG
Conduct meeting with LDH to review report structure for the Performance Measure Results and Analysis Report	07/08/24	07/12/24	LDH/HSAG
Provide Louisiana MY 2023 HEDIS Results spreadsheet to LDH	07/26/24	07/26/24	HSAG
Provide updated HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Excel template with non-HEDIS stratified rates and non-HEDIS results to ULM	08/01/24	08/01/24	MCOs

Task Description	Start Date	End Date	Responsible Party
Conduct validation of MCO non-HEDIS results	08/02/24	09/27/24	ULM
Provide validated non-HEDIS results to HSAG	09/30/24	09/30/24	ULM
Provide draft Louisiana MY 2023 Performance Measure Results and Analysis Report template to LDH for review	10/04/24	10/04/24	HSAG
Provide updated Louisiana MY 2023 HEDIS and Non-HEDIS Results spreadsheet (updated to include non-HEDIS results and Quality Compass targets) to LDH	10/18/24	10/18/24	HSAG
Provide feedback on draft Louisiana MY 2023 Performance Measure Results and Analysis Report template to HSAG	10/07/24	10/21/24	LDH
Finalize Louisiana MY 2023 Performance Measure Results and Analysis Report template and submit final template to LDH for reference	10/22/24	10/23/24	HSAG
Provide HSAG with MY 2023 selected HEDIS measures required for Federal Fiscal Year (FFY) 2024 CMS CHIP Annual Report	10/28/24	10/28/24	LDH
Prepare and provide LDH with MY 2023 selected HEDIS measure denominator, numerator, and rate results for required LDH FFY 2024 CMS CHIP Annual Report	10/29/24	11/07/24	HSAG
Develop Louisiana MY 2023 Performance Measure Results and Analysis Report and provide draft report to LDH for review	11/25/24	11/25/24	HSAG
Provide feedback on draft Louisiana MY 2023 Performance Measure Results and Analysis Report to HSAG	12/10/24	12/10/24	LDH
Finalize Louisiana MY 2023 Performance Measure Results and Analysis Report and submit final report to LDH	12/11/24	12/19/24	HSAG
6.2.1.3 Technical Assistance for Health Plan PMs (HEDIS, CAHPS, non-HEDIS and LDH-specific measures)			
Conduct kick-off call to discuss activity requirements with LDH and the Office of Behavioral Health (OBH)	03/14/24	03/14/24	HSAG/LDH/ OBH
Provide HSAG with Quarter 1 and Quarter 2 reports for the <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	03/21/24	03/21/24	LDH
Provide draft documentation request packet to LDH for review (includes audit timeline, Information Systems Capabilities Assessment Tool [ISCAT], and request for source code)	04/02/24	04/02/24	HSAG
Provide feedback on documentation request packet to HSAG	04/03/24	04/19/24	LDH
Finalize documentation request packet based on LDH feedback and submit to LDH	04/22/24	05/03/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide HSAG with annual (MY 2023) report for <i>FUH01</i> , and Quarter 3 reports for <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	04/30/24	05/02/24	LDH
Provide documentation request packet to PIHP (i.e., Magellan) for completion	05/10/24*	05/10/24*	HSAG
Provide draft PIHP PMV report template to LDH for review	05/20/24	05/20/24	HSAG
Provide feedback on draft PIHP PMV report template to HSAG	05/21/24	05/29/24	LDH
Provide final PIHP PMV report template to LDH	05/30/24	05/31/24	HSAG
Provide completed ISCAT, supporting documentation, and source code to HSAG via SAFE site	06/21/24*	06/21/24*	PIHP
Provide HSAG with Quarter 4 reports for <i>QM08</i> , <i>QM09</i> , <i>QM10</i> , and <i>QM13</i> PMs	07/30/24	08/01/24	LDH
Provide HSAG completed member-level detail file for PMs	07/30/24	08/05/24	PIHP
Provide case listing to be reviewed live during the virtual review to PIHP via SAFE site	08/07/24	08/07/24	HSAG
Conduct PMV virtual review of systems and processes with PIHP	08/12/24*	08/29/24*	HSAG/PIHP
Provide draft PIHP PMV report to LDH for review	09/30/24	09/30/24	HSAG
Provide feedback on draft PIHP PMV report to HSAG	10/01/24	10/08/24	LDH
Provide draft PIHP PMV report to PIHP for review	10/15/24	10/15/24	HSAG
Provide feedback on draft PIHP PMV report to HSAG	10/16/24	10/22/24	PIHP
Provide final PIHP PMV report to LDH and PIHP	11/04/24	11/04/24	HSAG
PAHP ISCA			
Conduct kick-off call to discuss activity requirements with LDH	03/22/24	03/22/24	HSAG/LDH
Provide draft ISCAT to LDH for review	04/02/24*	04/02/24*	HSAG
Provide feedback on draft ISCAT to HSAG	04/03/24*	04/19/24*	LDH
Finalize ISCAT based on LDH feedback and submit to LDH	04/22/24*	05/03/24*	HSAG
Provide ISCAT to PAHPs for completion	05/10/24*	05/10/24*	HSAG
Provide completed ISCAT and supporting documentation to HSAG via SAFE site	06/21/24*	06/21/24*	PAHPs
Provide HSAG with final calculated PM rates	08/05/24	08/09/24	LDH

Task Description	Start Date	End Date	Responsible Party
Conduct PMV virtual review of systems and processes with PAHPs	08/12/24*	08/29/24*	HSAG/PAHPs
Provide draft PAHP ISCA aggregate report to LDH for review	11/08/24*	11/08/24*	HSAG
Provide feedback on PAHP ISCA aggregate report to HSAG	11/12/24*	12/06/24*	LDH
Incorporate feedback and submit final PAHP ISCA aggregate report to LDH	12/09/24*	12/13/24*	HSAG

*The NAV and PMV timelines align on these activities to reduce burden where they overlap.

3. Consumer Surveys: CAHPS-A and CAHPS-C

Purpose

The MCOs are required to administer annual adult and child CAHPS surveys to their Louisiana Medicaid membership and to submit their member-level survey data to LDH, NCQA, and HSAG. The purpose of this activity is to collect adult and child CAHPS survey results from each MCO and prepare statewide CAHPS reports.

Specifically, the CAHPS reports are designed to:

- Assist states and health plans in identifying strengths and opportunities for improvement in the quality of care and services provided to Medicaid members.
- Provide health plans with a way to assess where resources could be allocated to drive QI.
- Show health plans what effect their efforts to improve have had over time.

Scope of Work

HSAG will obtain CAHPS results from the MCOs and prepare a CAHPS report that measures four global rating questions, four composite measures, two individual item measures, three effectiveness of care measures (adult population only), and five children with chronic conditions (CCC) composites and items (CCC population only). HSAG will calculate and present results at the MCO level and program level, as applicable. In addition to individual plan results, HSAG will calculate a Healthy Louisiana Statewide Average that includes the combined results of all six MCOs (i.e., Aetna Better Health [ABH], AmeriHealth Caritas Louisiana [ACLA], Healthy Blue [HBL], Humana Healthy Horizons [HUM], Louisiana Healthcare Connections [LHCC], and UnitedHealthcare Community [UHC] for MY 2023).

HSAG will trend the results, perform national and statewide comparisons, and conduct an analysis of key drivers of member experience to help decision makers identify specific aspects of care that will benefit from QI activities.

For the global ratings and individual items, achievement scores are defined as the proportion of positive responses. For the composite measures, separate achievement scores are calculated for each question within the composite measure. The final composite measure score is determined by calculating the average score across all questions within the composite measure.

HSAG will perform an analysis of key drivers of member experience for the Healthy Louisiana Statewide Average for the following measures: Rating of Health Plan, Rating of All HealthCare, and Rating of Personal Doctor. The purpose of the key drivers of member experience analysis will be to help decision makers identify specific aspects of care that will most benefit from QI activities.

Workplan

The workplan is outlined below in Table 3-1.

Table 3-1—Consumer Surveys Workplan

Task Description	Start Date	End Date	Responsible Party
Data Acquisition			
Develop communication document to request adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	05/01/24	05/08/24	HSAG
Submit draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document to LDH for approval	05/08/24	05/08/24	HSAG
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document	05/08/24	05/15/24	LDH
Send MCOs a request for adult and child MCO CAHPS data in AHRQ CAHPS Database format	05/22/24	05/22/24	HSAG
Receive adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	05/22/24	06/05/24	MCOs
Develop communication document to request adult and child MCO CAHPS data in NCQA format from MCOs	05/28/24	06/04/24	HSAG
Submit draft adult and child MCO CAHPS data in NCQA format data request document to LDH for approval	06/04/24	06/04/24	HSAG
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in NCQA format data request document	06/04/24	06/11/24	LDH
Review adult and child MCO CAHPS data in AHRQ CAHPS Database format and notify LDH of any potential issues with the file formats	06/05/24	06/12/24	HSAG
Incorporate LDH feedback and submit final MCO CAHPS data in NCQA format data request document to LDH	06/11/24	06/18/24	HSAG
Send MCOs a request for adult and child MCO CAHPS data in NCQA format	06/25/24	06/25/24	HSAG
Report Outline and Data Analysis Plan			
Develop draft (D1) Data Analysis Plan and Report Templates	05/17/24	05/31/24	HSAG
Submit draft (D1) Data Analysis Plan and Report Templates to LDH for review	05/31/24	05/31/24	HSAG
Review draft (D1) Data Analysis Plan and Report Templates and provide feedback to HSAG	05/31/24	06/14/24	LDH

Task Description	Start Date	End Date	Responsible Party
Incorporate LDH feedback into draft (D2) Data Analysis Plan and Report Templates	06/14/24	06/21/24	HSAG
Submit draft (D2) Data Analysis Plan and Report Templates to LDH for review	06/21/24	06/21/24	HSAG
Review draft (D2) Data Analysis Plan and Report Templates and provide feedback to HSAG	06/21/24	07/05/24	LDH
Incorporate LDH feedback into final Data Analysis Plan and Report Templates	07/05/24	07/12/24	HSAG
Submit final Data Analysis Plan and Report Templates to LDH	07/12/24	07/12/24	HSAG
Data Submission			
Prepare memo, Data Use Agreement (DUA), Frequently Asked Questions (FAQs), and CAHPS Health Plan Data Submission System User Guide	Late May 2024	Late May 2024	HSAG
Submit memo, DUA, FAQs, and CAHPS Health Plan Data Submission System User Guide to LDH	Late May 2024	Late May 2024	HSAG
Reactivate AHRQ CAHPS Database account and submit copies of all required forms (i.e., DUA and Association for Community Affiliated Plans authorization memo, if applicable) to HSAG	Early June 2024	Early June 2024	LDH
Complete submission of raw data in CAHPS Health Plan Survey file format and survey materials to the CAHPS Health Plan Survey Database	Late June 2024	Late June 2024	HSAG
Notify LDH that the data have been submitted to the CAHPS Health Plan Survey Database	Late June 2024	Late June 2024	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Receive adult and child final NCQA data files from MCOs, including NCQA summary reports, de-identified member-level data files, member-level data file layout, CAHPS survey instruments, letter of validation from Contractor, and survey supplier contact information	06/25/24	08/30/24	MCOs
Import and validation of data	08/30/24	09/13/24	HSAG
Conduct data analysis for crosstabulations	09/06/24	09/20/24	HSAG
Conduct data analysis for draft (D1) Dashboard, Executive Summary, Full, and Methodology reports	09/06/24	09/27/24	HSAG
Validate and peer review crosstabulations	09/20/24	10/22/24	HSAG
Compile draft (D1) Dashboard Report	09/27/24	10/11/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Compile draft (D1) Executive Summary, Full, and Methodology reports	09/27/24	10/07/24	HSAG
Validate and peer review draft (D1) Dashboard Report	10/04/24	10/28/24	HSAG
Validate and peer review draft (D1) Executive Summary, Full, and Methodology reports	10/07/24	11/08/24	HSAG
Submit draft (D1) Dashboard Report to LDH	10/28/24	10/28/24	HSAG
Review draft (D1) Dashboard Report and provide feedback to HSAG	10/28/24	11/27/24	LDH
Submit member-level data files and data dictionary, crosstabulations, Top-Box Score Report, and draft (D1) Executive Summary, Full, and Methodology reports to LDH	11/14/24	11/14/24	HSAG
Review draft (D1) Executive Summary, Full, and Methodology reports and provide feedback to HSAG	11/14/24	12/16/24	LDH
Submit final (F1) Dashboard Report to LDH	12/09/24	12/09/24	HSAG
Incorporate LDH feedback into draft (D2) Executive Summary, Full, and Methodology reports	12/16/24	12/30/24	HSAG
Submit draft (D2) Executive Summary, Full, and Methodology reports to LDH	12/30/24	12/30/24	HSAG
Review draft (D2) Executive Summary, Full, and Methodology reports and provide feedback to HSAG	12/30/24	01/13/25	LDH
Incorporate LDH feedback into final (F1) Executive Summary, Full, and Methodology reports	01/13/25	01/27/25	HSAG
Submit final (F1) Executive Summary, Full, and Methodology reports to LDH	01/27/25	01/27/25	LDH

4. MCO Quality Rating System

Purpose

The purpose of this activity is for HSAG to assist LDH in producing a Medicaid managed care QRS that evaluates the performance of the six Louisiana Medicaid MCOs relative to national benchmarks and assigns ratings to each MCO in key areas. LDH will use the CMS framework, methodology, and identified PMs in accordance with 42 CFR Part 438 once the proposed QRS rule is finalized.

Background

In April 2016, CMS added a proposed requirement to the managed care regulations for Medicaid and CHIP that required states contracting with MCOs, PAHPs, or PIHPs to implement a Medicaid and CHIP (MAC) QRS. In May 2023, CMS released updates to the proposed MAC QRS rule. CMS maintains that the MAC QRS or an alternative QRS should align with the Medicare Advantage and Part D QRS, Marketplace QRS, the Medicaid and CHIP Child Core Set, the Medicaid Adult Core Set, and other similar CMS initiatives such as the Medicaid and CHIP Scorecard and the CMS Universal Foundation. The proposed rule includes the following:

- Mandatory measure list
 - Additional measures can be included without implementing an alternative QRS
- Rating methodology
 - Following CMS' methodology or a CMS-approved alternative methodology
- Mandatory Website

CMS has indicated that states must implement a MAC QRS (or alternative QRS) by the end of the fourth calendar year (CY) following the effective date of the final rule. If the proposed rule is finalized in 2024, the implementation deadline for each state's MAC QRS per proposed § 438.505(b) would be December 31, 2028, and the first measurement year would be 2026.

Scope of Work

To meet the State's needs until the MAC QRS proposed rule is final, HSAG, in conjunction with LDH, will follow National Committee for Quality Assurance's (NCQA) Health Plan Accreditation methodology, where possible.

Annually, the EQRO will:

- Establish a workplan for producing the Louisiana Medicaid QRS, considering applicable national requirements from CMS including compliance with new CMS guidelines and innovative approaches used by other state Medicaid programs and/or the healthcare industry.
- Support data collection from MCOs and data submission to CMS as required for specified QRS PMs.
- Produce associated reference materials (e.g., scoring calculation information and data source documentation), as specified and approved by LDH, annually.
- Develop and maintain Louisiana Medicaid QRS methodology documents and revise annually in collaboration with LDH.
- Integrate new measures as CMS and industry measurement sets evolve and as requested by LDH.
- Modify/enhance the Louisiana Medicaid QRS to align with LDH's changing business requirements, such as branding, changes in federal regulations, and MCO contract revisions, as well as changes to the measure specifications for the QRS PMs.
- Modify/enhance QRS tools, as required, to ensure that they align with LDH's changing business requirements.
- Provide assistance to MCOs on how to read, interpret, and use the Louisiana Medicaid QRS as part of a performance improvement strategy.

QRS Display

The Louisiana Medicaid QRS will be targeted toward a consumer audience; therefore, it will be user friendly, easy to read, and address areas of interest for consumers, as well as promote transparency regarding MCO quality of care. The 2024 (MY 2023) MCO QRS will display star ratings for four rating composites (Overall, Consumer Satisfaction, Prevention, and Treatment) and several subcomposites. HSAG will use the MY 2023 Healthcare Effectiveness Data and Information Set (HEDIS[®]) results, including MY 2023 Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) data submitted by the MCOs. Only measures required by LDH for MCO reporting will be used in the analysis. The HEDIS and CAHPS measure rates will be compared to the 2023 (MY 2022) Quality Compass national Medicaid all lines of business benchmarks in order to derive the star ratings in alignment with NCQA's 2024 Health Plan Ratings Methodology, where possible.⁴⁻¹

⁴⁻¹ NCQA. 2024 Health Plan Ratings Methodology. Available at: https://www.ncqa.org/wp-content/uploads/2024-HPR-Methodology_Updated-December-2023.pdf. Accessed on: Mar 8, 2024.

Workplan

The 2024 (MY 2023) QRS will be prepared after the MCOs report HEDIS and CAHPS data in June 2024. The QRS will be submitted to LDH in summer 2024. The workplan is outlined below in Table 4-1.

Table 4-1—MCO QRS Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology			
Hold kick-off call with LDH to discuss the QRS	03/14/24	03/14/24	HSAG
Submit QRS methodology considerations to LDH	03/29/24	03/29/24	HSAG
Develop draft QRS methodology and submit to LDH	04/01/24	04/26/24	HSAG
Review and provide feedback/approval on draft QRS methodology	04/26/24	05/03/24	LDH
Incorporate feedback into the final QRS methodology and submit to LDH	05/03/24	05/10/24	HSAG
Template			
Develop the MCO QRS template	05/10/24	05/17/24	HSAG
Submit draft MCO QRS template	05/17/24	05/17/24	HSAG
Review and provide feedback/approval on draft MCO QRS template	05/17/24	05/24/24	LDH
Incorporate feedback into the final MCO QRS template	05/24/24	06/03/24	HSAG
Submit final MCO QRS template	06/03/24	06/03/24	HSAG
Provide approval on the final MCO QRS template	06/03/24	06/10/24	LDH
Data Acquisition and Validation			
Obtain HEDIS IDSS reports for all MCOs	06/14/24	06/14/24	HSAG
Obtain adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCEs	06/05/24	06/05/24	HSAG
Review HEDIS and CAHPS results and notify LDH of any potential data concerns	06/14/24	06/24/24	HSAG
Production of MCO QRS			
<i>Note: All dates for the production of the MCO QRS are dependent on the timely receipt of data</i>			
Load and analyze data (including national benchmarks, if applicable)	06/24/24	07/01/24	HSAG
Perform QRS analysis and validate results	07/01/24	07/08/24	HSAG
Complete peer and technical reviews of draft results	07/08/24	07/15/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit draft individual MCO plan results, summary results, and reference documents	07/15/24	07/15/24	HSAG
Review and provide feedback/approval on the draft individual MCO plan results, summary results, and reference documents	07/15/24	07/22/24	LDH
Incorporate feedback into the final individual MCO plan results, summary results, and reference documents	07/22/24	07/29/24	HSAG
Submit final individual MCO plan results, summary results, and reference documents	07/29/24	07/29/24	HSAG
Provide final approval on the MCO Scorecard and reference documents	07/29/24	08/05/24	LDH

5. Performance Improvement Project Validation

Process Overview

One of the mandatory activities for EQR is to validate PIPs to ensure that the MCO executed a methodologically sound improvement project, and that any reported improvement is related to and can be reasonably linked to the QI strategies and activities conducted by the MCO during the PIP.

Task Description

PIPs promote MCO improvement in quality of care and outcomes for members. The CMS EQR protocol for validating PIPs includes two mandatory activities:

- Assessing the MCO’s methodology for conducting the PIP
- Performing overall validation and reporting of PIP results

MCOs are required to conduct a minimum of two LDH-approved PIPs each year. For 2024, the MCOs will be conducting five PIPs. The MCOs will continue PIPs focused on fluoride varnish application, behavioral health transitions of care, cervical cancer screening and human immunodeficiency virus (HIV) screening. The MCOs are also initiating a new PIP in 2024 focused on congenital syphilis screening.

PIPs typically follow a three-year approach to collection of annual baseline performance indicator data and two subsequent remeasurements to allow evaluation of statistically significant improvement achieved and sustained improvement.

With this approach, HSAG validates PIPs in a way that emphasizes the efficient and effective use of resources for all parties directly participating in the process. HSAG validates each MCO’s PIPs annually in compliance with CMS’ EQR Protocol 1, Validation of Performance Improvement Projects, cited earlier in this guide.

Methodology

Preparation of validation methodology

To standardize the process and facilitate comparisons across the MCOs, HSAG will prepare the validation methodology including the PIP Submission Form, PIP Validation Tool, and reporting format that are compliant with the CMS EQR protocol. To assist the MCOs, HSAG will conduct an annual training for the submission requirements and timeline.

Training

To ensure the MCOs understand PIP validation activities, HSAG is available to provide training and technical assistance, upon request. Training topics may include, but are not limited to:

- PIP submission and validation processes.
- QI processes and tools to identify and prioritize barriers and determine targeted interventions.
- Use of Plan-Do-Study-Act (PDSA) cycles for testing interventions.
- Measuring the effectiveness of interventions.
- Sustaining and spreading measured improvement.

Assessing MCO methodology for conducting PIPs

The MCOs are required to document all PIP activities completed in the PIP Submission Form and submit the completed forms annually to HSAG according to the approved workplan submission date. Detailed submission instructions and documentation requirements, and a timeline regarding expectations related to HSAG's validation of the PIPs, will be provided to all MCOs. The submission form will address and align with the nine steps in the current CMS EQR Protocol 1. HSAG's validation tool also aligns with the nine steps in the CMS EQR Protocol 1 and evaluates improvement in Step 9, once the MCO has progressed to reporting remeasurement results, as outlined below.

Demonstrable Improvement

- The remeasurement methodology was the same as the baseline methodology.
- There was non-statistically significant improvement over the baseline performance across all performance indicators.
- There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline performance across all performance indicators.

Sustained Improvement

- There was sustained improvement over baseline performance across all indicators with repeated measurements over comparable time periods.

Annual Validation

Once PIPs undergo HSAG's initial validation, with approval from LDH, HSAG will provide the MCOs with the initial validation findings. The MCOs will have the opportunity to receive technical assistance and guidance from HSAG and LDH to answer questions regarding the validation feedback, and the MCOs will resubmit the PIPs for final validation, if required. Upon final validation by HSAG and approval from LDH, final validation findings will be provided to the MCOs.

PIP Topic-Specific Validation Reports

Annually, after the validation has been completed, HSAG will provide LDH and the MCOs PIP topic-specific validation reports that will include:

- Background, rationale, and quality domains addressed by the PIP.
- A description of the methodology used to validate the PIP.
- Validation scores and written feedback and recommendations for applicable evaluation elements, organized by the nine steps of the CMS EQR protocol.
- An overall validation rating of confidence (*High Confidence, Moderate Confidence, Low Confidence, or No Confidence*) that acceptable methodology was adhered to for all phases of the PIP, based on scores for applicable evaluation elements.
- An overall validation rating of confidence (*High Confidence, Moderate Confidence, Low Confidence, or No Confidence*) that the PIP achieved significant improvement, based on scores for applicable evaluation elements.

Monthly PIP Meetings

HSAG, in conjunction with LDH, will participate in collaborative meetings with the MCOs to review the status of each PIP, discuss intervention effectiveness measure results, assess any barriers or need for change, and discuss the implementation strategy and workplan. HSAG will work collaboratively with LDH to develop the monthly collaborative PIP meeting structure and agenda, help facilitate discussion, and provide meeting notes to all participants.

Quarterly PIP Status Reporting

According to the approved workplan submission dates, the MCOs will submit their PIP progress updates to HSAG quarterly. HSAG will track and monitor the quarterly submissions and will notify LDH and the MCO of any concerns.

PIP Topics for 2024–2025

Behavioral Health Transitions of Care (BH TOC PIP)

In 2021, a threefold aim was introduced to include performance improvement of the (1) *Follow-up After Hospitalization for Mental Illness*, (2) *Follow-up After Emergency Department Visit for Mental Illness*, and (3) *Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* measures. The objectives include enhancing hospital to MCO workflow for notification of hospital and emergency department (ED) admissions, discharges, and transfers; and linking members to aftercare with BH provider prior to discharge for enrollees, both in CM and not in CM. The MCO will continue this topic with a baseline period of CY 2022, a first remeasurement period of CY 2023, and a second remeasurement period of CY 2024.

Fluoride Varnish Application to Primary Teeth of All Enrollees Ages 6 Months Through 5 Years by Primary Care Clinicians (FV PIP)

The PIP aims to improve the percentage of children ages 6 months through 5 years who received fluoride varnish application by their primary care provider (PCP) by implementing new or enhanced interventions. The interventions include performing member outreach and provider education, as well as preparing the Member Fluoride Varnish Care Gap Report. The MCO will continue this topic with a baseline period of CY 2022, a first remeasurement period of CY 2023, and a second remeasurement period of CY 2024.

Improving the Cervical Cancer Screening Rate (CCS PIP)

In 2023, the MCOs initiated a PIP to improve the percentage of women 21–64 years of age who were screened for cervical cancer. The performance indicator measures the percentage of women 21–64 years of age who were screened for cervical cancer (i.e., HEDIS *Cervical Cancer Screening* [CCS] measure). Key member intervention areas include interventions for (1) members who are in CM, (2) members who are not in CM and have had at least one PCP or obstetrician/gynecologist (OB/GYN) visit, (3) members who are not in CM and have not had any PCP or obstetrician/ gynecologist (OB/GYN) visits, and (4) disparity subpopulations identified by the disproportionate analysis. In addition, provider interventions include the development and distribution of a gaps-in-care report to providers together with education about evidence-based recommendations for cervical cancer screening. The MCO will continue this topic with a baseline period of CY 2023 and a first remeasurement period of CY 2024.

Screening for HIV Infections Among Enrollees Ages 15 to 65 Years (HIV PIP)

In 2023, the MCOs initiated a PIP to improve the HIV screening rate. The performance indicators measure the HIV screening rate for the following: (a) pregnant persons, (b) persons with past or present injection drug use, (c) persons with contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission or to HIV, and (d) all others. Key member intervention areas include interventions

for (1) members who are in CM, (2) members who are not in CM and have had at least one PCP or OB/GYN visit, (3) members who are not in CM and have not had any PCP or OB/GYN visits, and (4) disparity subpopulations identified by the disproportionate analysis. In addition, provider interventions include the development and distribution of a gaps-in-care report to providers together with education about evidence-based recommendations for HIV screening. The MCO will continue this topic with a baseline period of CY 2023 and a first remeasurement period of CY 2024.

Addressing Congenital Syphilis through Improved Syphilis Screening for Healthy Louisiana Pregnant Enrollees (CS PIP)

In 2024, the MCOs will initiate a new PIP to improve congenital syphilis screening rates. The performance indicators will measure the congenital syphilis screening rate for pregnant persons during the following: (a) first pregnancy examination, (b) weeks 28 to 32 of pregnancy, (c) at delivery, (d) any time during pregnancy or at delivery, (e) first trimester, (f) first trimester for all live births, and (g) third trimester for all live births. Key member intervention areas will include interventions for (1) enrollee outreach/education on importance of early pregnancy awareness/notification, (2) enrollee outreach/education on importance of timely prenatal care with syphilis screening, and (3) enrollee incentive for obtaining prenatal care during pregnancy. In addition, provider interventions will include (1) incentivize contracted providers to submit notification of pregnancy to MCO, (2) provider outreach/education on recommended timing of syphilis screening during pregnancy (first prenatal visit, early third trimester, and at delivery), and (3) provider education on methods for reducing the stigma of syphilis screening when delivering prenatal care. The baseline measurement period for this topic is CY 2024.

Workplan

The workplan is outlined below in Table 5-1.

Table 5-1—PIP Validation Workplan

Task Description	Start Date	End Date	Responsible Party
Project Management and PIP Meetings			
Project management and progress meetings	03/01/24	02/28/25	HSAG/LDH
Monthly PIP meetings with LDH and MCEs	03/01/24	02/28/25	HSAG/LDH /MCEs
Annual Validation and MCE PIP-Specific PIP Reports: PIHP			
Submit PIPs to HSAG for initial validation	06/28/24	06/28/24	PAHPs
Conduct initial PIP validation	07/01/24	07/19/24	HSAG
Provide initial validation tool to Magellan	07/31/24	07/31/24	HSAG
Provide technical assistance, as requested by Magellan	08/01/24	08/20/24	HSAG
Resubmit PIPs for final validation, if required	08/28/24	08/28/24	PAHPs

Task Description	Start Date	End Date	Responsible Party
Conduct final validation	08/29/24	09/16/24	HSAG
Deliver final PIP validation findings to LDH/obtain LDH approval	09/17/24	09/17/24	HSAG
Deliver draft PIP validation reports to LDH	10/11/24	10/11/24	HSAG
Approval/feedback for draft PIP validation reports to HSAG	11/08/24	11/08/24	LDH
Deliver final PIP validation reports to LDH	12/13/24	12/13/24	HSAG
Annual Validation and MCE PIP-Specific PIP Reports: MCOs and PAHPs			
Submit draft PIP reports for validation	01/31/25	01/31/25	MCEs
Conduct initial validation of draft PIP reports	02/03/25	02/19/25	HSAG
Deliver initial PIP validation findings to LDH/obtain LDH approval	02/21/25	02/21/25	HSAG
Approval/feedback for initial validation findings to HSAG	02/26/25	02/26/25	LDH
Deliver draft PIP report validation findings and LDH's feedback to MCOs and PAHPs	02/28/25	02/28/25	HSAG
Submit final PIP reports for validation	03/14/25	03/14/25	MCEs
Conduct final validation	03/17/25	03/28/25	HSAG
Deliver final PIP validation reports to LDH/obtain LDH approval	04/04/25	04/04/25	HSAG
Annual PIP Highlights Report			
Submit draft PIP Highlights Report to LDH for review and approval	03/21/25	03/21/25	HSAG
Provide feedback/approval on draft Highlights Report due to HSAG	03/28/25	03/28/25	LDH
Final PIP Highlights Report due to LDH	04/04/25	04/04/25	HSAG
Technical Assistance Guidance			
Provide ongoing technical assistance and guidance to MCEs and LDH	03/01/24	02/28/25	HSAG
Quarterly PIP Reporting: MCOs			
Submit Quarter 1 status reports to HSAG for the period 01/01/2024–03/31/2024 for BH TOC, CCS, FV, and HIV PIPs	04/30/24	04/30/24	MCOs
Submit Quarter 2 status reports to HSAG for the period 04/01/2024–06/30/2024 for all PIPs	07/31/24	07/31/24	MCOs
Submit Quarter 3 status reports to HSAG for the period 07/01/2024–09/30/2024 for all PIPs	10/31/24	10/31/24	MCOs

6. Network Adequacy and Availability Validation

Provider Access Surveys

Overview and Purpose

The provider access survey will evaluate access and availability of providers contracted with the MCOs to serve Louisiana Medicaid managed care members. The goal of the access and availability secret shopper survey is to determine the accuracy of the managed care network information supplied to Louisiana Medicaid managed care members using the MCOs' provider data files and to ensure that Louisiana provider networks (Attachment F of the MCOs' contracts) are following the standard for office-hour appointments. Secret shopper telephone calls will be made to a sample of provider locations to determine if the data are accurate. A secret shopper is a person employed to pose as a client or patient to evaluate the quality of customer service or the validity of information (e.g., accurate location information). The secret shopper telephone survey allows for objective data collection from healthcare providers without potential bias introduced by knowing the identity of the surveyor. Specific survey objectives include the following:

- Determine whether service locations accept patients enrolled with the requested MCO for Louisiana Medicaid managed care program.
- Determine whether service locations accepting Louisiana Medicaid managed care for the requested MCO accept new patients.
- Determine appointment availability at the location for the requested services.

Methodology

Eligible population

The eligible population will include service locations that are actively contracted with the MCO at the time the data file is created, to serve individuals enrolled in the Louisiana Medicaid managed care program. HSAG will conduct two surveys throughout the contract year:

- First Survey: Eligible providers will include cardiologists and ear, nose, and throat (ENT) providers.
- Second Survey: HSAG will work with LDH to identify up to five provider types for the eligible population.

Data collection

Using a data request document prepared by HSAG, each MCO will identify providers potentially eligible for survey inclusion and submit the provider data files used to populate their online provider directory to HSAG. At a minimum, the data elements requested for each provider will include provider name, Medicaid ID, National Provider Identification (NPI) number, provider specialty, physical (practice)

address, telephone number, provider taxonomy code, and whether or not the provider accepts new patients. Upon receipt of the data files, HSAG will assess the data to ensure alignment with the requested data file format, data field contents, and logical consistency between data elements. HSAG will also assess the distribution of provider specialty data values present in each MCO's data to determine which data values will be attributed to each provider domain.

Sampling approach

The following sampling approach will be used to generate a list of service locations (i.e., "cases") for inclusion in each survey:

- Step 1: HSAG will assemble the sample frame using records from all locations identified in the provider data extracts submitted to HSAG by the MCOs.
 - To minimize duplicated provider records, HSAG will standardize the providers' address data to align with the United States Postal Service Coding Accuracy Support System (CASS). Address standardization will not affect the survey population; provider records requiring address standardization will remain in the eligible population. The original provider address data values will be retained for locations where potential CASS address changes may impact data validity (e.g., the address is standardized to a different city or county).
 - In order to minimize the number of repeat phone calls to providers, HSAG will identify locations based on unique phone numbers. If a phone number is associated with multiple addresses within a plan, HSAG will randomly assign the number to a single plan and standardized address, prioritizing assignment to the least-represented plans.
 - HSAG will only select providers who accept new patients from the sample frame.
- Step 2: HSAG will use the sample frame to sample 125 providers per MCO (i.e., 750 cases) for each survey. Selected samples will be split among provider types, with 80 percent assigned to routine call scenarios and 20 percent assigned to after-hours call scenarios.

HSAG will discuss any modifications required to the data preparation or sampling protocol with LDH prior to finalizing the list of survey cases. Each survey will evaluate different provider types selected by LDH.

Telephone Survey Process

Trained callers will collect survey responses using a standardized script approved by LDH. Interviewers will contact each provider location ("case"), abstracting data into a web-based data collection tool. Callers are instructed to conduct the survey as though they are moving to the area and trying to arrange an appointment for themselves or an immediate family member enrolled in the MCO. Survey callers will request appointment availability for only the sampled location. Due to the secret shopper nature of the calls, callers may improvise during actual calls as needed. Callers are instructed not to leave voicemail messages or schedule appointments. HSAG's interviewers will make two attempts to contact each survey

case during standard business hours (i.e., 8:30 a.m. – 5:00 p.m. Central Time).⁶⁻¹ After-hours calls will be placed after 5:00 p.m. Central Time. If the caller is put on hold at any point during the call, they will wait on hold for five minutes before ending the call. If a call attempt is answered by an answering service or voicemail during normal business hours, the interviewer will make a second call attempt on a different day and at a different time of day. A survey case will be considered nonresponsive if any of the following criteria are met:

- Disconnected/invalid telephone number (e.g., the telephone number connects to a fax line or a message that the number is no longer in service).
- Telephone number connects to an individual or business unrelated to a medical practice or facility.
- The interviewer is unable to speak with office personnel during the two call attempts (e.g., the call goes to voicemail or answering services that prevents the interviewer from speaking with office staff).

Survey Indicators

Using survey script approved by LDH, HSAG will validate the following information:

- Telephone number
- Address
- Accuracy of specialty
- Affiliation with the requested MCO
- Acceptance of Louisiana Medicaid managed care
- Accuracy of new patient acceptance
- Affiliation with the sampled provider
- Appointment availability

Reporting

In addition to the survey methodology and script, HSAG anticipates supplying LDH with the following deliverables:

- HSAG will provide LDH with an aggregate report with MCO-specific findings containing a series of data tables and/or figures with study results and minimal text describing the data tables and/or figures. Each report will include sections detailing the study overview, methodology, findings (statewide and by MCO), compliant and non-compliant provider details, and overall weighted compliance scores.

⁶⁻¹ HSAG does not consider a call attempted when the caller reaches an office outside of the office's usual business hours. For example, if the caller reaches a recording that states that office is closed for lunch, the call attempt will not count toward the two attempts to reach the office. The caller will attempt to contact the office up to two times outside of the known lunch hour.

- HSAG will provide LDH with MCO-specific MS Excel workbooks containing the survey results for each MCO’s sampled providers (i.e., an analytic dataset). The analytic datasets will include, but are not limited to, the following data elements for each surveyed case:
 - Demographic information: Provider name, address, and telephone number for the sampled provider location
 - Case stratifications: specialty category, MCO
 - Case disposition (e.g., invalid telephone number, not accepting the requested MCO, survey completed)
 - Study indicators:
 - Whether the case’s respondent stated that the location offers the requested specialty
 - Whether the case’s respondent stated that the location accepts the Louisiana Medicaid managed care MCO
 - Whether the case’s respondent stated that the location accepts new patients
 - Number of calendar days to an appointment at the sampled location with the requested MCO
 - Any limitations noted regarding access or appointment availability
 - Compliant and non-compliant status

Network Adequacy Validation Audit

Each MCE will undergo an audit of the data, systems, and methods used to calculate their required network indicators. This will include the completion, by the plans, of an ISCA, network adequacy indicator logic review, primary source verification, and virtual live demonstration of systems. HSAG will communicate preliminary findings, validation ratings, areas of potential concern, and recommendations for improvement. HSAG will report the NAV findings to LDH in an aggregate report, along with copies of the plan worksheets, once the audits have been completed.

Workplan

The workplans are outlined below in Table 6-1 and Table 6-2.

Table 6-1—NAV Workplan (Surveys)

Task Description	Start Date	End Date	Responsible Party
6.2.6.1.2 Provider Access Surveys			
Methodology			
Develop and submit the draft timeline, methodology, and tool (i.e., script) and submit to LDH	03/11/24	03/22/24	HSAG
Review draft methodology and tool (i.e., script) and provide feedback to HSAG	03/25/24	04/05/24	LDH

Task Description	Start Date	End Date	Responsible Party
Incorporate LDH feedback and submit final methodology and tool (i.e., script) for approval	04/08/24	04/12/24	HSAG
Provide approval on the final methodology and tool (i.e., script)	04/15/24	04/19/24	LDH
Report Outline			
Prepare semiannual report outline	05/20/24	06/07/24	HSAG
Submit semiannual report outline to LDH for review	06/07/24	06/07/24	HSAG
Review and approve semiannual report outline	06/10/24	06/21/24	LDH
Finalize semiannual report outline	06/24/24	06/28/24	HSAG
First Semiannual Survey			
Data Collection			
Prepare data request document and submit to MCOs	04/15/24	04/26/24	HSAG
Receive provider network data files from MCOs	04/29/24	05/10/24	MCOs
Generate survey samples	05/13/24	05/24/24	HSAG
Develop application for data collection	04/15/24	05/17/24	HSAG
Train callers and conduct survey calls	05/28/24	06/28/24	HSAG
Analysis and Reporting			
Analyze and validate survey data for first semiannual report (For surveys conducted 05/28/24-06/28/24)	07/01/24	07/12/24	HSAG
Prepare first semiannual results flat files and draft survey report	07/15/24	08/02/24	HSAG
Submit first semiannual results flat files and draft survey report to LDH for review	08/05/24	08/05/24	HSAG
Review and approve first semiannual results flat files and draft survey report	08/06/24	09/13/24	LDH
Submit final first semiannual results flat files and survey report to LDH	09/16/24	09/20/24	HSAG
Second Semiannual Survey			
Data Collection			
Confirm second survey provider types with LDH	08/05/24	08/09/24	HSAG
Prepare data request document and submit to MCOs	08/12/24	08/23/24	HSAG
Receive provider network data files from MCOs	08/26/24	09/06/24	MCOs
Generate survey samples	09/09/24	09/20/24	HSAG
Update application for data collection	08/01/24	08/16/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Train callers and conduct survey calls	09/23/24	11/01/24	HSAG
Analysis and Reporting			
Analyze and validate survey data for second semiannual report (For surveys conducted 09/23/24-11/01/24)	11/04/24	11/15/24	HSAG
Prepare second semiannual results flat files and draft survey report	11/18/24	12/13/24	HSAG
Submit second semiannual results flat files and draft survey report to LDH for review	12/16/24	12/16/24	HSAG
Review and approve second semiannual results flat files and draft survey report	12/17/24	01/24/25	LDH
Submit final second semiannual results flat files and survey report to LDH	01/27/25	01/31/25	HSAG

*All LDH dates are subject to change based on LDH’s internal review process. This workplan will be reevaluated as needed.

Table 6-2—NAV Workplan (Audit)

Task Description	Start Date	End Date	Responsible Party
Audit Review Tasks			
Develop draft NAV audit document request packet and submit to LDH for review and approval	03/04/24	04/02/24	HSAG
Finalize NAV audit aggregate report template based on LDH feedback and submit to LDH	03/04/24	03/15/24	HSAG
Coordinate with LDH to schedule NAV audit technical assistance webinar in May for MCEs	03/11/24	03/15/24	HSAG/LDH
Provide feedback/approval on draft NAV audit document request packet	04/03/24	04/19/24	LDH
Finalize NAV audit document request packet based on LDH feedback and submit to LDH	04/22/24	05/03/24	HSAG
Distribute the NAV audit document request packet to the MCEs	05/08/24	05/10/24	HSAG
Host NAV audit technical assistance webinar (one webinar for all MCEs)	05/20/24	05/23/24	HSAG/LDH/ MCEs
Submit completed ISCAT and corresponding documentation (e.g., source code, network adequacy indicator rates)	06/21/24	06/21/24	MCEs
Complete initial review of ISCAT and corresponding documentation	06/24/24	08/02/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Respond to HSAG’s initial ISCAT-related follow-up questions, as applicable	06/24/24	08/02/24	LDH/MCEs
Host individual MCE pre-virtual audit kick-off calls and provide MCEs with virtual audit agendas	07/22/24	08/02/24	HSAG/MCEs
Conduct virtual audit with each MCE	08/12/24	08/29/24	HSAG/MCEs
Distribute post-virtual audit follow-up items to the MCEs	08/13/24	08/30/24	HSAG
Conduct analysis of MCE submitted network adequacy data and results	08/30/24	09/20/24	HSAG
Submit all NAV audit follow-up items and corrective actions to HSAG including, but not limited to, revisions to source code and updated network adequacy indicator rates	09/23/24	09/23/24	MCEs
Compile and submit draft NAV audit aggregate report to LDH for review/approval	09/23/24	11/08/24	HSAG
Provide HSAG with draft NAV audit aggregate report feedback/approval	11/12/24	12/06/24	LDH
Incorporate feedback and submit final NAV audit aggregate report to LDH	12/09/24	12/13/24	HSAG

Purpose

HSAG’s readiness review process includes an assessment of each MCE’s ability and capacity to perform satisfactorily in operations/administration, service delivery, financial management (as requested by the State), and systems management program areas. Federal regulations under 42 CFR §438.66(d)(2) require readiness reviews to begin at least three months prior to a new MCE providing Medicaid services to members, or an existing MCE providing services to a new eligibility group. As such, at least three months prior to the MCE accepting new members, HSAG will collaborate with LDH to confirm the readiness review scope and workplan. HSAG also will identify state-specific contract requirements essential to the successful implementation of LDH’s own unique Louisiana Medicaid managed care program and document any focus areas LDH would like to include.

It is not anticipated that LDH will request HSAG to conduct any readiness reviews during the 2024–2025 contract year.

8. Compliance Reviews

Requirement

Compliance reviews (CRs) are a mandatory activity that are used to determine the extent to which Medicaid and CHIP managed care plans (MCPs) are in compliance with federal standards. The United States Department of Health and Human Services (HHS) developed standards for MCOs, which are codified at Title 42 of the Code of Federal Regulations (42 CFR) §438 and 42 CFR §457, as revised by the Medicaid and CHIP managed care final rule update in 2020. Federal regulations require the MCPs to undergo a review at least once every three years to determine MCP compliance with federal standards as implemented by the state.

HSAG will not conduct any compliance reviews of the MCEs during the 2024–2025 contract year.

9. External Quality Review Annual Technical Report

Task Description

The final rule of the BBA of 1997 requires that state agencies contract with an EQRO to conduct an annual EQR of the services provided by contracted Medicaid MCEs. This EQR must include an analysis and evaluation of aggregated information on the quality and timeliness of, and access to the healthcare services that an MCE furnishes to Medicaid managed care recipients.

The EQR-related activities that must be included in detailed technical reports are:

- Review to determine MCE compliance with structure and operations standards and the Quality Assessment and Performance Improvement requirements established by the state (42 CFR §435.358(b)(iii)).
- Validation of PIPs.
- Validation of MCE PMs.
- Validation of Network Adequacy and Availability.

For each contract year, the EQRO is to produce technical reports that assess MCE performance, in compliance with the requirements of 42 CFR §438.364 and Louisiana specifications. The EQRO is to prepare an annual technical report for each MCE, a statewide aggregate annual technical report for all MCOs, an aggregate report for the PAHPs, and a report for the PIHP.

HSAG will work with LDH to identify the domains and data to be included in the annual technical report, and to establish a production timeline.

As applicable, the MCE-specific results provide the objectives for each key activity, the methods used to measure these objectives, and key findings and conclusions resulting from the data. They combine text, tables, and graphs to best display each data set in a way that is easily understandable.

The MCE-specific results will provide an assessment of the strengths and opportunities for improvement for each MCE relative to the timeliness of, access to, and quality of services delivered to members, and HSAG's recommendations. MCE-specific results will include an assessment of the degree to which each MCO has effectively addressed the performance improvement recommendations made by the EQRO during the previous year's EQR.

Workplan

The workplan is outlined below in Table 9-1.

Table 9-1—Annual Technical Report Workplan

Task Description	Start Date	End Date	Responsible Party
Report Template			
Develop and submit to LDH for feedback the draft report templates	07/11/24	07/26/24	HSAG
Review draft templates and provide feedback to HSAG	07/26/24	08/12/24	LDH
Review and incorporate LDH’s feedback and submit to LDH final report templates	08/12/24	08/27/24	HSAG
MCE Recommendations Tables With Documented Actions			
Develop and submit to LDH for feedback the draft recommendation tables from the previous year’s technical report that HSAG will send to the MCEs	09/23/24	09/27/24	HSAG
Review draft recommendations tables and provide feedback to HSAG	09/27/24	10/11/24	LDH
Review and incorporate LDH’s feedback and submit to LDH the final recommendation tables	10/11/24	10/25/24	HSAG
Email each MCE its MCE-specific recommendation tables to complete	10/28/24	10/28/24	HSAG
Complete and submit recommendation tables	10/28/24	11/15/24	MCEs
Produce Report			
Compile data and perform required EQR analyses; produce draft reports	11/15/24	01/09/25	HSAG
Submit to LDH the draft annual technical reports, including an aggregate report and detailed MCE-specific findings	01/09/25	01/09/25	HSAG
Review draft annual technical reports; provide feedback to HSAG	01/09/25	01/23/25	LDH
Review and incorporate LDH’s feedback; confirm with LDH that the draft reports can be sent to each MCE for review	01/23/25	01/31/25	HSAG
Send each MCE its draft report for review	01/31/25	01/31/25	HSAG
Review draft annual technical reports (i.e., aggregate and MCE-specific); provide feedback to HSAG	01/31/25	02/07/25	MCEs
Review and incorporate MCE’s feedback	02/07/25	02/11/25	HSAG
Collaborate with LDH on any changes to the report	02/11/25	02/14/25	HSAG/LDH



Task Description	Start Date	End Date	Responsible Party
Submit finalized technical reports (Section 508 compliant) to LDH	02/28/25	02/28/25	HSAG
Provide support to LDH, if needed, for submission of the final report to CMS	03/03/25	04/30/25	HSAG

10. Medicaid Managed Care Quality Strategy Evaluation

Methodology

Review Period

The evaluation period focuses on the 12-month performance period of March 20, 2023–March 19, 2024.

Goals and Objectives

The Louisiana 2023 Medicaid Managed Care Quality Strategy identified goals and objectives that focus on process as well as achieving outcomes.

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

- **Better Care:** Make healthcare more person-centered, coordinated, and accessible so it occurs at the “Right care, right time, 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 Louisianans through better prevention and treatment and proven interventions that address physical, behavioral, and social needs.
 - Goal 4: Promote wellness and prevention
 - Goal 5: Improve chronic disease management and control
 - Goal 6: Partner with communities to improve population health and address health disparities
- **Smarter Spending:** Demonstrate good stewardship of public resources by ensuring high-value, efficient care.
 - Goal 7: Pay for value and incentivize innovation
 - Goal 8: Minimize wasteful spending

Evaluation

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 Louisiana Medicaid managed care program. For 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 program's quality strategy.

- HEDIS measures
- CAHPS surveys
- AHRQ
- CMS-developed measures
- Addressing health disparities
- Use of sanctions
- EQR activities, such as the following:
 - Performance evaluation and improvement
 - Provider satisfaction surveys
 - PIP validation
 - NAV
 - Compliance monitoring
 - Annual EQR technical reports
 - Behavioral health member satisfaction survey
 - MCO withholds of capitation payments
 - Louisiana Health Information Technology Roadmap
 - Quality initiatives

The QSE 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 program is achieving its goals. When opportunities for improvement are identified, HSAG will work with LDH and its contracted MCEs to identify the leading causes for stagnant or declining performance. HSAG also will work with LDH to examine health policies that may 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 annual results of contractual performance metrics that aligned with the PMs included in the quality strategy to measure improvement. HSAG will develop a Healthy Louisiana Performance Measures Results table. The metrics will be selected from the quality strategy and categorized by the State's associated goals and objectives, along with rates that will be compared to target and improvement objectives.

Workplan

The workplan is outlined below in Table 10-1.

Table 10-1—QSE Workplan

Task Description	Start Date	End Date	Responsible Party
Project Management			
Participate in activity kick-off call	02/29/24	02/29/24	HSAG/LDH
Methodology and Tool Development			
Develop QSE methodology and tool	04/15/24	05/13/24	HSAG
Submit QSE methodology and tool to LDH	05/14/24	05/14/24	HSAG
Review QSE methodology and tool; submit feedback to HSAG	05/14/24	05/21/24	LDH
Incorporate LDH's feedback; finalize QSE methodology and tool	05/22/24	05/29/24	HSAG
Information Request			
Prepare information request for LDH, MCEs, and other stakeholders as required by the QSE methodology	05/22/24	05/29/24	HSAG
Submit information request to LDH, MCEs, and other stakeholders as required by the QSE methodology	05/30/24	05/30/24	HSAG
Submit information requested to HSAG	06/20/24	06/20/24	LDH/MCEs/ Stakeholders
Report Template			
Prepare QSE report template	05/30/24	06/10/24	HSAG
Submit QSE report template	06/11/24	06/11/24	HSAG
Review QSE report template; submit feedback to HSAG	06/11/24	06/14/24	LDH
Incorporate feedback; finalize QSE report template	06/17/24	06/21/24	HSAG
Reporting			
Conduct evaluation, compile findings, and synthesize results	06/24/24	07/16/24	HSAG
Submit draft QSE report to LDH for review/approval	07/17/24	07/17/24	HSAG
Review draft QSE report; submit feedback to HSAG	07/17/24	07/24/24	LDH
Incorporate feedback; finalize QSE report and submit to LDH	07/25/24	07/31/24	HSAG

11. Technical Assistance

HSAG will provide technical assistance to LDH and the MCEs while conducting EQR-related activities. HSAG will use a team approach for technical assistance wherein HSAG’s Louisiana EQRO project director will identify and collaborate with HSAG’s subject matter experts to ensure the most efficient technical assistance that will result in an enhanced understanding of QI and, ultimately, in improved performance.

12. Behavioral Health Member Satisfaction Survey

Purpose

The purpose of this activity is to develop, administer, and report the results of a custom Behavioral Health Member Satisfaction Survey to Louisiana MCO members. The surveys will be administered to adult and child members identified as having three or more specified outpatient behavioral health encounters during the measurement period (i.e., October 1, 2023, to March 31, 2024).

Scope of Work

HSAG will calculate and present results at the MCO level and program level, as applicable. In addition to individual plan results, HSAG will calculate a Healthy Louisiana Statewide Average that includes the combined results of all six MCOs (i.e., ABH, ACLA, HBL, HUM, LHCC, and UHC).

Sample dispositions and response rates will be calculated for each MCO and the Healthy Louisiana Statewide Average. For purposes of the MCO Comparisons and Race and Ethnicity Comparisons, HSAG will calculate top-box scores for each measure. A weighted MCO Program rate will be calculated. Results will be weighted based on the total eligible population for each MCO. The Healthy Louisiana Statewide Average will include the results from all six MCOs. For each measure, the MCOs' results will be compared to the Healthy Louisiana Statewide Average results. The results for each global rating, composite measure, and individual item measure will be stratified by race and ethnicity for each MCO. No weighting or case-mix adjustment will be performed on the results.

HSAG will perform an analysis of key drivers of member experience at the MCO Program level for the following measure: Rating of Health Plan. The purpose of the key drivers of member experience analysis will be to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis will provide information on:

- How well the program is performing on the survey item.
- How important that item is to overall experience.

Workplan

The workplan is outlined below in Table 12-1.

Table 12-1—Behavioral Health Member Satisfaction Survey Workplan

Task Description	Start Date	End Date	Responsible Party
Survey Planning and Preparation			
Prepare administrative forms and text for cover letters and postcards	03/01/24	03/15/24	HSAG
Submit draft (D1) administrative forms and text for cover letters and postcards to LDH for review	03/15/24	03/15/24	HSAG
Provide feedback or approval on the draft (D1) administrative forms, cover letters, postcards, and supplemental items; provide letterhead, logo and/or seal, and signature to HSAG	03/15/24	04/05/24	LDH
Incorporate LDH feedback into final (F1) cover letters and postcard text	04/05/24	04/12/24	HSAG
Submit final (F1) formatted mail materials to LDH	06/14/24	06/14/24	HSAG
Sampling Plan and Sample Frame Instructions			
Prepare draft (D1) sampling plan	03/01/24	03/15/24	HSAG
Prepare (F1) sample frame creation instructions	03/01/24	03/15/24	HSAG
Submit draft (D1) sampling plan and (F1) sample frame creation instructions to LDH	03/15/24	03/15/24	HSAG
Provide feedback or approval on the draft (D1) sampling plan	03/15/24	03/29/24	LDH
Incorporate LDH feedback into final draft (FD1) sampling plan	03/29/24	04/05/24	HSAG
Submit final draft (FD1) sampling plan to LDH	04/05/24	04/05/24	HSAG
Host webinar to review sample frame creation instructions with LDH and MCOs	03/15/24	03/22/24	HSAG
Send sample frame submission deadline reminder to MCOs	04/12/24	04/12/24	HSAG
Provide sample frame files to HSAG	03/22/24	04/19/24	MCOs
Review sample frame files for accuracy and communicate any issues to MCOs	04/19/24	05/10/24	HSAG
Perform sampling	05/10/24	05/24/24	HSAG
Update address information using National Change of Address database	05/24/24	05/31/24	HSAG
Notify LDH that the samples have been selected and address information has been updated	05/31/24	05/31/24	HSAG
Submit final (F1) sampling plan with final sample sizes to LDH	05/31/24	05/31/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Survey Administration			
Print and produce survey packets	Late May 2024	Mid-June 2024	HSAG
Mail first questionnaires and cover letters	Mid-June 2024	Mid-June 2024	HSAG
Website made available to complete the survey via internet	Mid-June 2024	Mid-June 2024	HSAG
Mail second questionnaires and cover letters to non-respondents	Mid-July 2024	Mid-July 2024	HSAG
Close survey field	Early August 2024	Early August 2024	HSAG
Notify LDH that the survey field has closed	Early August 2024	Early August 2024	HSAG
Report Outline and Data Analysis Plan			
Develop draft (D1) Data Analysis Plan and Report Template	05/20/24	06/03/24	HSAG
Submit draft (D1) Data Analysis Plan and Report Template to LDH for review	06/03/24	06/03/24	HSAG
Review draft (D1) Data Analysis Plan and Report Template; provide feedback to HSAG	06/03/24	06/17/24	LDH
Incorporate LDH feedback into draft (D2) Data Analysis Plan and Report Template	06/17/24	06/24/24	HSAG
Submit draft (D2) Data Analysis Plan and Report Template to LDH for review	06/24/24	06/24/24	HSAG
Review draft (D2) Data Analysis Plan and Report Template; provide feedback to HSAG	06/24/24	07/08/24	LDH
Incorporate LDH feedback into final Data Analysis Plan and Report Template	07/08/24	07/15/24	HSAG
Submit final Data Analysis Plan and Report Template to LDH	07/15/24	07/15/24	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Reconciliation of survey responses into raw data files	08/09/24	08/23/24	HSAG
Import and validation of data	08/23/24	09/06/24	HSAG
Conduct data analysis for respondent-level data files	09/11/24	09/25/24	HSAG
Validate and peer review respondent-level data files	09/25/24	10/09/24	HSAG
Conduct data analysis for crosstabulations	09/25/24	10/09/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Conduct data analysis for draft (D1) Executive Summary and Full reports	09/25/24	10/09/24	HSAG
Validate and peer review crosstabulations	10/09/24	11/04/24	HSAG
Compile, validate, and peer review draft (D1) Executive Summary and Full reports	10/09/24	11/07/24	HSAG
Submit respondent-level data files and data dictionary, crosstabulations, and draft (D1) Executive Summary and Full reports to LDH	11/07/24	11/07/24	HSAG
Review draft (D1) Executive Summary and Full reports; provide feedback to HSAG	11/07/24	11/21/24	LDH
Incorporate LDH feedback into draft (D2) Executive Summary and Full reports	11/21/24	12/05/24	HSAG
Submit draft (D2) Executive Summary and Full reports to LDH	12/05/24	12/05/24	HSAG
Review draft (D2) Executive Summary and Full reports; provide feedback to HSAG	12/05/24	12/19/24	LDH
Incorporate LDH feedback into final (F1) Executive Summary and Full reports	12/19/24	01/03/25	HSAG
Submit final (F1) Executive Summary and Full reports to LDH	01/03/25	01/03/25	HSAG

13. Health Disparities Studies (Focus Studies)

The scope of work for the health disparities focus study is currently pending. LDH and HSAG will notify the MCOs as additional information becomes available and/or is needed.

14. Case Management Performance Evaluation

Methodology

LDH requires the MCOs’ reporting of data on CM services to determine the number of individuals, the types of conditions, and the impact that CM services have on enrollees receiving those services. LDH established CM requirements to ensure that the services provided to members with special health care needs (SHCN) are consistent with professionally recognized standards of care.

To assess MCO compliance with CM elements, LDH contracted with HSAG to facilitate the annual collection and validation of data submitted by the MCOs regarding CM services. HSAG will evaluate the MCOs’ compliance with the CM provisions of their contracts¹⁴⁻¹ with LDH, including the rates of engagement in CM; the specific services offered to enrollees receiving CM; and the effectiveness of CM in terms of increasing the quality of care, increasing the receipt of necessary services, and reducing the receipt of potentially unnecessary services such as acute care.

In collaboration with LDH, HSAG will identify an evaluation time frame for retrospective review of the MCOs’ CM files, as well as file review tool elements and evaluation criteria.

- The 2024 Case Management Performance Evaluation (CM Review) activity will assess CM files from a lookback period of October 1, 2023, through January 31, 2024.
- HSAG’s CM Review tool will comprehensively address the services and supports that are necessary to meet enrollees’ needs. The tool will include elements for review of CM documentation and enrollee care plans to ensure that they are consistent with a person-centered approach to care planning and service delivery and that outcomes are being achieved or progress is being made toward their achievement. The CM Review tool will include MCO contract requirements, evaluation criteria of those requirements, and reviewer determinations of performance (as described in Scoring Methodology).

Six MCOs will be included in the annual CM Review. Table 14-1 displays the MCOs included in the CM Review.

Table 14-1—List of MCO Names and Abbreviations

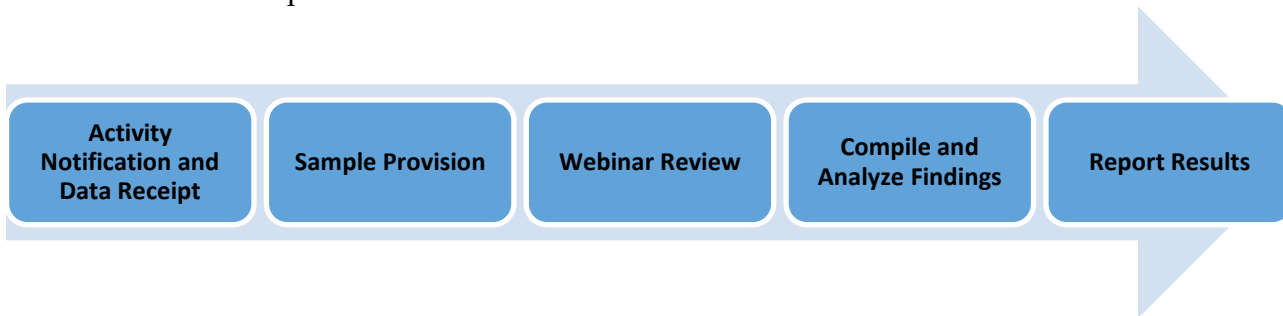
MCO Name	MCO Abbreviation
Aetna Better Health	ABH
AmeriHealth Caritas Louisiana	ACLA
Healthy Blue	HBL

¹⁴⁻¹ Louisiana Department of Health. Managed Care Executed Contracts. Available at: <https://ldh.la.gov/page/1763>. Accessed on: Sep 7, 2023.

MCO Name	MCO Abbreviation
Humana Healthy Horizons	HUM
Louisiana Healthcare Connections	LHCC
UnitedHealthcare Community	UHC

Review Process

HSAG’s CM Review process will include five activities:



Activity 1: Activity Notification and Data Receipt

To initiate the CM Review, HSAG will conduct an activity notification webinar for the MCOs. During the webinar, HSAG will provide information about the activity and expectations for MCO participation, including provision of data. HSAG will request the *LA PQ039 Case Management* report from LDH and each MCO.

Table 14-2—Activity 1: Activity Notification and Data Receipt

For this step,	HSAG will...
Step 1:	Notify the MCOs of the review.
	HSAG will provide an activity notification to the MCOs. HSAG will provide assistance to all MCOs prior to the review, including clear instructions regarding the scope of the review, timeline and logistics of the webinar review, identification of expected review participants, and any other expectations or responsibilities.
Step 2:	Receive data universes from the MCOs.
	HSAG will review the data received from the MCOs for completeness.

Activity 2: Sample Provision

Upon receipt of each MCO’s *LA PQ039 Case Management* report, HSAG will review the data to ensure completeness for sample selection. To be included in the sample, enrollees must meet the following criteria:

- Have a classification of “SHCN-DOJ-AR.” HSAG identified these enrollees by the “reason identified for case management” field provided in the *LA PQ039 Case Management* report.
- Identified by the MCOs as “accepted” in the “enrollment offer result” field provided in the *LA PQ039 Case Management* report.
- Current CM span began on or after October 1, 2023. HSAG identified these enrollees by the “date entered case management” field provided in the *LA PQ039 Case Management* report.
- Enrollees with a CM span of at least three months. HSAG identified these enrollees by utilizing data from the “date entered case management” and “date exited case management” fields provided in the *LA PQ039 Case Management* report.

If the criteria above did not allow for the sample size to be achieved, HSAG conducted a second stage approach to include enrollees meeting the following criteria:

- Have a classification of “SHCN-DOJ-AR.” HSAG will identify these enrollees by the “reason identified for case management” field provided in the *LA PQ039 Case Management* report.
- Identified by the MCOs as “enrolled in case management” in the “assessment result” field provided in the *LA PQ039 Case Management* report.
- Current CM span began on or after October 1, 2023. HSAG will identify these enrollees by the “date entered case management” field provided in the *LA PQ039 Case Management* report.
- Enrollees with a CM span of less than 90 days as identified from the “date entered case management” and “date exited case management” fields provided in the *LA PQ039 Case Management* report.
- Have a completed assessment and plan of care. HSAG will identify these enrollees by the “date of assessment” and “date plan of care completed” fields provided in the *LA PQ039 Case Management* report.
- Enrollees who were identified by the MCOs for CM but not enrolled will be excluded from the sample.

In future review years, HSAG will collaborate with LDH to determine any changes from the sampling criteria, including exclusions such as enrollees who were selected for the review the year prior.

Based on the inclusion criteria, HSAG will generate a random sample of 35 enrollees for each MCO, which includes an oversample to account for exclusions or substitutions. HSAG will provide each MCO with its sample 10 business days prior to the webinar review. The MCO will be given five business days to provide HSAG with any requests for exclusions or substitutions. If the oversample is not large enough to obtain the necessary sample size, HSAG will select additional random samples to fulfill the sample size. The final sample of cases (30 total; or all eligible cases if a sample of 30 could not be achieved due to ineligible cases) will be confirmed with the MCO no later than three business days prior to the webinar review.

Table 14-3—Activity 2: Sample Provision

For this step,	HSAG will...
Step 1:	Identify enrollees for inclusion in the sample.
	HSAG will utilize the data provided in each MCO’s <i>LA PQ039 Case Management</i> report.
Step 2:	Provide the sample to the MCOs.
	HSAG will provide the 30-enrollee sample and five-enrollee oversample to each MCO 10-business days prior to the webinar review. The sample will be provided via HSAG’s SAFE site.
Step 3:	Finalize sample.
	The MCOs will provide HSAG with any requests for exclusions or substitutions to the sample within five business days of receipt of the sample file from HSAG. HSAG will provide the final sample of 30 enrollee cases to each MCO no later than three business days prior to the webinar.

Activity 3: Webinar Review

HSAG will collaborate with the MCOs to schedule and conduct webinar reviews with key MCO staff enrollees to:

- Ensure understanding of terminology and documents used by the MCO to record CM activities.
- Review sampled cases to determine compliance with contractual requirements.

The webinar review consists of several key activities:

- **Entrance Conference:** HSAG will dedicate the first 15 minutes of each webinar to introduce the activity, and the HSAG review team, and to provide key logistics of the review. HSAG will review documentation naming conventions with the MCO to ensure understanding of the information that will be displayed by the MCO and reviewed during the activity.
- **Case Review:** HSAG will conduct a review of each sample file. The MCO’s CM representative(s) will navigate the MCO’s CM system and respond to HSAG reviewers’ questions. The review team will determine evidence of compliance with each of the scored elements on the CM Review tool. Concurrent interrater reliability will be conducted by the HSAG team lead to respond to questions from the review team in real time so that feedback can be provided to the MCO, and any discrepancies addressed, prior to the end of the review.
- **Leadership Meeting (optional):** HSAG will schedule a meeting with the MCO and LDH to discuss the progress of the review and provide preliminary findings. The meeting will allow HSAG to confirm information that may be needed to complete the review of cases, and for the MCO to ensure understanding of LDH’s expectations.

- Exit Conference: HSAG will schedule a 30-minute exit conference with the MCO and LDH. During the exit conference, HSAG will provide a high-level summary of the cases reviewed, preliminary findings, and recommendations to address opportunities for improvement.

Table 14-4—Activity 3: Webinar Review

For this step,	HSAG will...
Step 1:	Provide the MCOs with webinar date options.
	HSAG will provide the MCOs with their scheduled webinar dates. HSAG will consider MCO requests for alternative dates or accommodations.
Step 2:	Identify the number and types of reviewers needed.
	HSAG will assign review team enrollees who are content area experts with in-depth knowledge of CM requirements who also have extensive experience and proven competency conducting case reviews. To ensure interrater reliability, HSAG reviewers are trained on the review methodology to ensure that the determinations for each element of the review are made in the same manner.
Step 3:	Conduct the webinar review.
	During the webinar, HSAG will set the tone, expectations, and objectives for the review. MCO staff enrollees who participate in the webinar reviews will navigate their documentation systems, answer questions, and assist the HSAG review team in locating specific documentation. As a final step, HSAG will meet with MCO staff enrollees and LDH to provide a high-level summary and next steps for receipt of findings.

Scoring Methodology

HSAG will use the CM Review tool to record the results of the case reviews. HSAG will use a two-point scoring methodology. Each requirement will be scored as *Met* or *Not Met* according to the criteria identified below. HSAG will also use a designation of *NA* if the requirement is not applicable to a record; *NA* findings will not be included in the two-point scoring methodology.

Met indicates full compliance defined as the following:

- All documentation listed under contract requirements was present in the case file.
- Cases reviewed met the scoring criteria assigned to each requirement.
- Cases reviewed had documentation that met “due diligence” criteria.

Not Met indicates noncompliance defined as either of the following:

- Cases reviewed did not meet the scoring criteria assigned to each requirement.
- Not all documentation was present.

Not Applicable (NA) indicates a requirement that will not be scored for compliance based on the criteria listed for the specific element in the Evaluation Criteria document.

HSAG will calculate the overall percentage-of-compliance score for each of the requirements. HSAG calculated the score for each requirement by adding the score from each case, indicating either a score of *Met* (value: 1 point) or *Not Met* (value: 0 points), and dividing the summed scores by the total number of applicable cases. Data analysis will also include aggregate performance by domain.

Reporting of Abuse, Neglect, or Exploitation (ANE)

If, during the review process, a reviewer identifies potential ANE of an enrollee, HSAG will report the concern to the MCO immediately upon identification and to LDH within 24 hours of identification. If the reviewer identifies a potential health, safety, or welfare concern that does not rise to the level of an ANE, HSAG will report the concern to the MCO and LDH at the identification of the concern and no later than the end of the webinar review.

Activity 4: Compile and Analyze Findings

Following the webinar review, HSAG will compile and analyze findings for each MCO. Findings will include performance by domain and each scored element. Additional data gathering information may be compiled to inform analysis and results (e.g., program information such as the total number of enrollees in CM during the lookback period).

Domain and Element Performance

Findings will be compiled into domains, which represent a set of elements related to a specific CM activity (e.g., assessment, care planning). Domain performance is calculated by aggregating the scores for each element in the domain and dividing by the total number of applicable cases. Domain performance scores provide a high-level result to inform analysis of opportunities for improvement.

Analysis of scored element performance allows for targeted review of individual elements that may impact overall domain performance. Individual element performance scores will be used to inform analysis of specific opportunities for improvement, especially when an element is performing at a lower rate than other elements in the domain.

Analysis of findings will include identification of opportunities for improvement.

Activity 5: Report Results

HSAG will develop a draft and final report of results and findings for each MCO. The report will describe the scores assigned for each requirement, assessment of the MCOs' compliance by domain, and recommendations for improvement. Following LDH's approval of the draft report, HSAG will issue the final report to LDH and each MCO.

Workplan

The workplan is outlined below in Table 14-5.

Table 14-5—CM Performance Evaluation Workplan

Task Description	Start Date	End Date	Responsible Party
Project Planning			
Submit draft (D1) methodology and D1 review tool with evaluation criteria to LDH	12/19/23	12/19/23	HSAG
Provide approval of D1 methodology and D1 review tool with evaluation criteria	12/20/24	01/31/24	LDH
Provide final (F1) methodology and F1 review tool with evaluation criteria to LDH	02/08/24	02/08/24	HSAG
Distribute activity notification and documents to MCEs	Week of 02/04/24	Week of 02/04/24	HSAG
Webinar File Review			
Provide Quarter 4 CY 2023 MCE data files to HSAG	01/31/24	02/01/24	LDH
Provide January 2024 MCE data files to HSAG	02/16/24	02/19/24	LDH
Analyze data files and finalize MCE sample selections	02/20/24	03/01/24	HSAG
Provide sample cases to MCEs (10 business days prior to review)	03/04/24	03/22/24	HSAG
Conduct webinar review of MCE CM records	03/18/24	04/04/24	HSAG
HBL	03/18/24	03/19/24	HSAG
LHCC	03/20/24	03/21/24	HSAG
ABH	03/20/24	03/21/24	HSAG
ACLA	03/25/24	03/26/24	HSAG
UHC	03/27/24	03/28/24	HSAG
HUM	04/03/24	04/04/24	HSAG
Reporting			
Submit D1 MCE report template to LDH	02/26/24	02/26/24	HSAG
Review and provide feedback on D1 MCE report template	03/11/24	03/11/24	LDH
Incorporate LDH feedback and submit F1 MCE report template to LDH	03/18/24	03/18/24	HSAG
Compile evaluation findings and draft MCE reports	03/19/24	04/26/24	HSAG
Submit D1 MCE reports to LDH	04/29/24	04/29/24	HSAG
Review and provide feedback on D1 MCE reports	05/13/24	05/13/24	LDH

Task Description	Start Date	End Date	Responsible Party
Incorporate LDH feedback and create F1 MCE reports	05/14/24	05/23/24	HSAG
Submit F1 MCE reports to LDH	05/24/24	05/24/24	HSAG