Quality Companion Guide for Healthy Louisiana Managed Care Organizations

May 2025

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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

Federal requirements at Section 1932(c)(2) of the Social Security Act, which are set forth at 42 CFR §438.350 for Medicaid and through a cross-reference for Children's Health Insurance Program (CHIP) at §457.1250, require that each state that contracts with a managed care plan, including a Medicaid and/or CHIP MCO, prepaid inpatient health plan (PIHP), and prepaid ambulatory health plan (PAHP) (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. 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] 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.

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[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 Medicaid and CHIP Managed Care Plan (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(a) for Medicaid and a cross-reference in §457.1250(a) for CHIP, 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 opportunities for improvement 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 for the MCOs

Performance Evaluation and Improvement: The MCOs will report selected HEDIS and other standard and state-specific performance measures (PMs) for measurement year (MY) 2024. 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 MCO will be required to conduct PIPs as outlined in their contracts. HSAG will validate each PIP to ensure that the MCO executed a methodologically sound improvement project, and that reported improvement can be reasonably linked to the QI strategies and activities conducted by the MCO 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. Additionally, quarterly provider directory validation (PDV) activities will be conducted to determine if the information on the MCOs' online provider directories matches the information obtained when calling the providers' offices.

HSAG will conduct the NAV audit activity in accordance with the CMS EQR Protocol 4. As part of this activity, HSAG will review each MCO's data, systems, and methods used to calculate results for each network adequacy indicator, as defined by the State's standards. HSAG will also assess the reported results and will provide a validation rating for each indicator that reflects the overall confidence HSAG has that the methodology used throughout all phases of the calculation and reporting 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 MCOs during the 2025–2026 contract year.

Compliance Reviews (CRs): HSAG will conduct a comprehensive CR of the MCOs during the 2025–2026 contract year. All federal requirements will be reviewed and will incorporate Louisiana-specific related requirements as requested by LDH.

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 MCOs while conducting EQR-related activities.

Validation of Encounter Data: HSAG will continue to conduct the contract year 2024–2025 encounter data validation (EDV) study and start the contract year 2025–2026 EDV study as noted below:

- **Information Systems (IS) Review:** HSAG will continue to examine the extent to which the MCOs' IS infrastructures are likely to collect and process complete and accurate data for the contract year 2024–2025 EDV study.
- **Administrative Profile:** HSAG will continue to evaluate the general completeness, accuracy, and timeliness of LDH's encounter data for the contract year 2024–2025 EDV study.
- **Comparative Analysis:** HSAG will begin to conduct an analysis of LDH's electronic encounter data completeness and accuracy through a comparison between LDH's electronic encounter data and the data extracted from the MCOs' data systems for the contract year 2025–2026 EDV study.

Adult & Child Medicaid CAHPS Survey to the Fee-for-Service (FFS) and CHIP populations: HSAG will administer and report the results on the adult and child CAHPS surveys to Louisiana adult FFS and child FFS and CHIP populations. HSAG will prepare a CAHPS data dashboard and Excel reporting spreadsheet to assist LDH in monitoring the Louisiana FFS and CHIP programs.

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 MCO 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.

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 2025 (for MY 2024). 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 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/virtual visit is usually only required when the MCO has not undergone an NCQA-required HEDIS Compliance Audit. The on-site/virtual process will be conducted only in those special circumstances when a formal validation that includes an on-site/virtual 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 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 2024 Performance Measure Submission Guide submitted to each MCO on February 18, 2025, via email distribution**.** Additionally, the MCOs were provided with the MY 2024 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 2024 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			
Provide draft Performance Measure Submission Guide to LDH for review	01/17/25	01/17/25	HSAG
Provide feedback and/or approval for draft Performance Measure Submission Guide to HSAG	01/31/25	01/31/25	LDH
Provide clean final Performance Measure Submission Guide to LDH	02/07/25	02/07/25	HSAG
Submit final Performance Measure Submission Guide to MCOs once non-HEDIS specifications have been entered by ULM	02/18/25	02/18/25	LDH
Provide HEDIS MY 2024 FARs from MCOs' NCQA-licensed organizations via HSAG's Secure Access File Exchange (SAFE) site	07/15/25	07/15/25	MCOs
Provide draft MCO final audit review summary report to LDH for review	08/22/25	08/22/25	HSAG
Provide feedback on draft MCO final audit review summary report to HSAG	09/05/25	09/05/25	LDH
Incorporate LDH's feedback and submit final MCO final audit review summary report to LDH	09/19/25	09/19/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide MY 2026 (reporting year [RY] 2027) Incentive Measure Targets one pager document to LDH for Performance Measure Submission Guide	11/21/25	11/21/25	HSAG
6.2.1.2 HEDIS PM Calculation and Reporting			
Schedule and distribute calendar invitation for instructional webinar on HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification Microsoft (MS) Excel template	02/03/25	02/07/25	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	02/14/25	02/14/25	HSAG
Provide feedback and/or approval for HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template to HSAG	02/28/25	02/28/25	LDH/ULM
Provide final HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template to LDH and ULM for reference	03/07/25	03/07/25	HSAG
Provide MCOs with HEDIS and non-HEDIS race/ethnicity and rural/urban custom stratification MS Excel template	03/07/25	03/07/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Conduct webinar to review instructions and answer questions related to the race/ethnicity and rural/ urban custom stratification MS Excel template	03/10/25	03/14/25	HSAG/LDH/ULM/MCOs
Conduct meeting with LDH to review report structure for the Performance Measure Results and Analysis Report	03/31/25	04/04/25	HSAG/LDH
Provide draft Louisiana MY 2024 Performance Measure Results and Analysis Report template to LDH for review	05/23/25	05/23/25	HSAG
Provide feedback on draft Louisiana MY 2024 Performance Measure Results and Analysis Report template to HSAG	06/06/25	06/06/25	LDH
Provide HEDIS MY 2024 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	06/13/25	06/13/25	MCOs
Submit screenshots of each MCO's IDSS date/time stamp reflecting final auditor-locked HEDIS MY 2024 rate submissions to LDH	06/16/25	06/16/25	HSAG
Finalize Louisiana MY 2024 Performance Measure Results and Analysis Report template	06/18/25	06/18/25	HSAG

Task Description	Start Date	End Date	Responsible Party
and submit final template to LDH for reference			
Provide Louisiana MY 2024 HEDIS Results spreadsheet to LDH	07/25/25	07/25/25	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	08/01/25	08/01/25	MCOs
Conduct validation of MCO non-HEDIS results	08/04/25	09/26/25	ULM
Provide validated non-HEDIS results to HSAG	09/29/25	09/29/25	ULM
Provide updated Louisiana MY 2024 HEDIS and Non-HEDIS Results spreadsheet (updated to include non-HEDIS results and Quality Compass targets) to LDH	10/17/25	10/17/25	HSAG
Develop Louisiana MY 2024 Performance Measure Results and Analysis Report and provide draft report to LDH for review	11/21/25	11/21/25	HSAG
Provide feedback on draft Louisiana MY 2024 Performance Measure Results and Analysis Report to HSAG	12/08/25	12/08/25	LDH
Finalize Louisiana MY 2024 Performance Measure Results and Analysis Report and submit final report to LDH	12/19/25	12/19/25	HSAG

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, one individual item measure, three medical assistance with smoking and tobacco use cessation items (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 2024).

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 item, 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 Health Care*, 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	05/01/25	05/08/25	HSAG
Submit draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document to LDH for approval	05/08/25	05/08/25	HSAG
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in AHRQ CAHPS Database format data request document	05/08/25	05/15/25	LDH
Send MCOs a request for adult and child MCO CAHPS data in AHRQ CAHPS Database format	05/22/25	05/22/25	HSAG
Receive adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	05/22/25	06/05/25	MCOs
Develop communication document to request adult and child MCO CAHPS data in NCQA format from MCOs	05/28/25	06/04/25	HSAG
Submit draft adult and child MCO CAHPS data in NCQA format data	06/04/25	06/04/25	HSAG

Task Description	Start Date	End Date	Responsible Party
request document to LDH for approval			
Receive LDH feedback or approval on draft adult and child MCO CAHPS data in NCQA format data request document	06/04/25	06/11/25	LDH
Review adult and child MCO CAHPS data in AHRQ CAHPS Database format and notify LDH of any potential issues with the file formats	06/05/25	06/12/25	HSAG
Incorporate LDH feedback and submit final MCO CAHPS data in NCQA format data request document to LDH	06/11/25	06/18/25	HSAG
Send MCOs a request for adult and child MCO CAHPS data in NCQA format	06/25/25	06/25/25	HSAG
Data Submission			
Prepare memo, Data Use Agreement (DUA), Frequently Asked Questions (FAQs), and CAHPS Health Plan Data Submission System User Guide	05/13/25	05/27/25	HSAG
Submit memo, DUA, FAQs, and CAHPS Health Plan Data Submission System User Guide to LDH	05/27/25	05/27/25	HSAG
Reactivate AHRQ CAHPS Database account and submit copies of all required forms (i.e., DUA and Association for Community Affiliated	06/03/25	06/09/25	LDH

Task Description	Start Date	End Date	Responsible Party
Plans authorization memo, if applicable) to HSAG			
Complete submission of raw data in CAHPS Health Plan Survey file format and survey materials to the CAHPS Health Plan Survey Database	06/09/25	06/27/25	HSAG
Notify LDH that the data have been submitted to the CAHPS Health Plan Survey Database	06/27/25	06/27/25	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	06/25/25	08/29/25	MCOs
Import and validation of data	08/29/25	09/05/25	HSAG
Conduct data analysis for crosstabulations	09/05/25	09/19/25	HSAG
Conduct data analysis for draft (D1) Dashboard, Executive Summary, Full, and Methodology reports	09/05/25	09/26/25	HSAG
Validate and peer review crosstabulations	09/19/25	10/23/25	HSAG
Compile draft (D1) Dashboard Report	09/26/25	10/03/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Compile draft (D1) Executive Summary, Full, and Methodology reports	09/26/25	10/12/25	HSAG
Validate and peer review draft (D1) Dashboard Report	10/03/25	10/20/25	HSAG
Validate and peer review draft (D1) Executive Summary, Full, and Methodology reports	10/12/25	11/12/25	HSAG
Submit draft (D1) Dashboard Report to LDH	10/20/25	10/20/25	HSAG
Review draft (D1) Dashboard Report and provide feedback to HSAG	10/20/25	11/19/25	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	11/12/25	11/12/25	HSAG
Review draft (D1) Executive Summary, Full, and Methodology reports and provide feedback to HSAG	11/12/25	12/12/25	LDH
Submit final (F1) Dashboard Report to LDH	11/19/25	12/03/25	HSAG
Incorporate LDH feedback into draft (D2) Executive Summary, Full, and Methodology reports	12/12/25	12/29/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit draft (D2) Executive Summary, Full, and Methodology reports to LDH	12/29/25	12/29/25	HSAG
Review draft (D2) Executive Summary, Full, and Methodology reports and provide feedback to HSAG	12/29/25	01/12/26	LDH
Incorporate LDH feedback into final (F1) Executive Summary, Full, and Methodology reports	01/12/26	01/26/26	HSAG
Submit final (F1) Executive Summary, Full, and Methodology reports to LDH	01/26/26	01/26/26	LDH

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.

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. On May 10, 2024, CMS published the final MAC QRS rule. The final 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. The implementation deadline for each state's MAC QRS per proposed §438.505(b) is December 31, 2028, and the first measurement year will 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 NCQA's 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 2025 (MY 2024) MCO QRS will display star ratings for four rating composites (Overall, Consumer Satisfaction, Prevention and Equity, and Treatment) and several subcomposites. HSAG will use the MY 2024 HEDIS results, including MY 2024 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 2024 (MY 2023) Quality Compass national Medicaid all lines of business benchmarks in order to derive the star ratings in alignment with NCQA's 2025 Health Plan Ratings Methodology, where possible.[2]

Workplan

The 2025 (MY 2024) QRS will be prepared after the MCOs report HEDIS and CAHPS data in June 2025. The QRS will be submitted to LDH in summer 2025. The workplan is outlined below in Table 4-1.

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[2] NCQA. 2025 Health Plan Ratings Methodology. Available at: https://www.ncqa.org/wp-content/uploads/2025-HPR-Methodology_September-2024-Posting.pdf. Accessed on: Jan 3, 2025.

Table 4-1—MCO QRS Workplan

Task Description	Start Date	End Date	Responsible Party
Methodology			
Develop draft QRS methodology and submit to LDH	03/31/25	04/25/25	HSAG
Review and provide feedback/approval on draft QRS methodology	04/25/25	05/02/25	LDH
Incorporate feedback into the final QRS methodology and submit to LDH	05/02/25	05/09/25	HSAG
Template			
Develop the MCO QRS template	05/09/25	05/16/25	HSAG
Submit draft MCO QRS template	05/16/25	05/16/25	HSAG
Review and provide feedback/approval on draft MCO QRS template	05/16/25	05/23/25	LDH
Incorporate feedback into the final MCO QRS template	05/23/25	06/02/25	HSAG
Submit final MCO QRS template	06/02/25	06/02/25	HSAG
Provide approval on the final MCO QRS template	06/02/25	06/09/25	LDH
Data Acquisition and Validation			
Obtain HEDIS IDSS reports for all MCOs	06/13/25	06/13/25	HSAG
Obtain adult and child MCO CAHPS data in AHRQ CAHPS Database format from MCOs	06/13/25	06/13/25	HSAG
Review HEDIS and CAHPS results and notify LDH of any potential data concerns	06/13/25	06/23/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Production of MCO QRS			
Note: All dates for the production of the MCO QRS are dependent on the timely receipt of data			
Load and analyze data (including national benchmarks, if applicable)	06/23/25	06/30/25	HSAG
Perform QRS analysis and validate results	06/30/25	07/08/25	HSAG
Complete peer and technical reviews of draft results	07/08/25	07/15/25	HSAG
Submit draft individual MCO plan results, summary results, and reference documents	07/15/25	07/15/25	HSAG
Review and provide feedback/approval on the draft individual MCO plan results, summary results, and reference documents	07/15/25	07/22/25	LDH
Incorporate feedback into the final individual MCO plan results, summary results, and reference documents	07/22/25	07/29/25	HSAG
Submit final individual MCO plan results, summary results, and reference documents	07/29/25	07/29/25	HSAG
Provide final approval on the MCO Scorecard and reference documents	07/29/25	08/05/25	LDH

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 2025, 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, human immunodeficiency virus (HIV) screening, and congenital syphilis screening.

PIPs typically follow a three-year approach collecting 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.

Quarterly 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 quarterly 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 Contract Year 2025–2026

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, a second remeasurement period of CY 2024, and a third remeasurement period of CY 2025.

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, a second remeasurement period of CY 2024, and a third remeasurement period of CY 2025.

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, a first remeasurement period of CY 2024, and a second remeasurement period of CY 2025.

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, a first remeasurement period of CY 2024, and a second remeasurement period of CY 2025.

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

In 2024, the MCOs initiated a PIP to improve congenital syphilis screening rates. The performance indicators 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 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 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 MCO will continue this topic with a baseline period of CY 2024 and a first remeasurement period of CY 2025.

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	03/01/25	02/28/26	HSAG/LDH
Quarterly PIP meetings with LDH and MCOs	03/01/25	02/28/26	HSAG/LDH/MCOs
Annual Validation and MCO PIP-Specific PIP Reports			
Submit draft PIP reports for validation	01/30/26	01/30/26	MCOs
Conduct initial validation of draft PIP reports	02/02/26	02/19/26	HSAG
Deliver initial PIP validation findings to LDH/obtain LDH approval	02/20/26	02/20/26	HSAG
Approval/feedback for initial validation findings to HSAG	02/26/26	02/26/26	LDH

Task Description	Start Date	End Date	Responsible Party
Deliver draft PIP report validation findings and LDH's feedback to MCOs and PAHPs	02/27/26	02/27/26	HSAG
Submit final PIP reports for validation	03/13/26	03/13/26	MCOs
Conduct final validation	03/16/26	03/27/26	HSAG
Deliver final PIP validation reports to LDH/obtain LDH approval	04/03/26	04/03/26	HSAG
Technical Assistance Guidance			
Provide ongoing technical assistance and guidance to MCOs and LDH	03/01/25	02/28/26	HSAG
Quarterly PIP Reporting: MCOs			
MCOs submit Quarter 1 status reports to HSAG for the period 01/01/25–03/31/25 for all PIPs	04/30/25	04/30/25	MCOs
MCOs submit Quarter 2 status reports to HSAG for the period 04/01/25–06/30/25 for all PIPs	07/31/25	07/31/25	MCOs
MCOs submit Quarter 3 status reports to HSAG for the period 07/01/25–09/30/25 for all PIPs	10/31/25	10/31/25	MCOs

Provider Directory Survey

Overview and Purpose

The PDV will validate the MCOs' online provider directories to ensure members have appropriate access to provider information.

The goal of the PDV is to determine whether the information in the MCOs' online provider directories matches the information obtained when calling the providers' offices.

Methodology

Eligible Population

HSAG will utilize the MCOs' online directories to locate and extract provider data elements required to conduct the survey component of the PDV activity.

The following provides an overview of additional considerations that will be made with regard to the eligible population:

- Individual providers will not appear in the MCO sample more than once.
- Provider sites will not appear in the MCO sample more than once, this includes address and telephone number.
- A reasonable attempt will be made to minimize the number of times a single provider is contacted across all MCOs.

Sampling Approach

HSAG will sample 3,000 providers per year (i.e., 750 per quarter) from the MCO directories, split evenly among each MCO and sampled specialty. The following specialties will be evaluated each quarter.

- Internal Medicine/Family Medicine
- Pediatrics
- Obstetrics/Gynecology (OB/GYN)
- Specialists (any)
- Behavioral Health (any)

Telephone Survey Process

Trained interviewers 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. HSAG's interviewers will make three attempts to contact each survey case during standard business hours (i.e., 8:30 a.m. – 5:00 p.m. Central Time).[3] If the interviewer 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 or third 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.
- Office personnel refuse to participate or are unable to answer survey questions.
- The interviewer is unable to speak with office personnel during the three call attempts (e.g., the call goes to voicemail or answering services that prevents the interviewer from speaking with office staff).

Survey Indicators

Using a survey script approved by LDH, HSAG will validate the following information pertaining to provider data accuracy:

- Telephone number
- Address
- Office affiliation with the sampled provider
- Accuracy of provider specialty
- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid
- Accuracy of new patient acceptance

MCO Corrective Action Process

Following completion of the quarterly PDV reviews, the following corrective action process will take place:

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[3] HSAG does not consider a call attempted when the interviewer reaches an office outside of the office's usual business hours. For example, if the interviewer calls and reaches a recording that states the office is closed for lunch, the call attempt will not count toward the three attempts to reach the office. The interviewer will attempt to contact the office up to three times outside of the known lunch hour.

1. HSAG will assemble the MCO-specific analytic datasets (flat files) containing all of the noncompliant providers and submit these files to LDH.
2. LDH will notify the MCOs of the need for corrective action and submit a notice along with the flat file documents for the MCOs' review and response.
3. The MCOs will investigate the discrepancies noted from the PDV reviews and work with the provider locations to confirm and/or update the provider directory information.
4. The MCOs will submit a response file addressing each noncompliant provider finding to LDH.
5. LDH will submit the MCO response files to HSAG for review and determination of the appropriateness of the corrective actions.
6. HSAG will evaluate screenshots and/or attestations from the MCOs to determine whether appropriate action was taken to correct the provider directory discrepancies.
7. HSAG will submit its responses to LDH for review and final determination.

Reporting

In addition to the draft and final versions of the survey methodology and script, HSAG will supply LDH with the following deliverables:

- Upon completion of the PDV activity, HSAG will provide LDH with an aggregate report with MCO-specific findings containing a series of data tables and/or figures with quarterly study results and minimal text describing the data tables and/or figures. The quarterly 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.
- HSAG will provide LDH with MCO-specific Microsoft (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:
  – Location information: Address and telephone number for the sampled location.
  – Case stratifications: Specialty category, MCO.
  – The case disposition (e.g., invalid telephone number, not accepting the requested MCO, survey completed).
  – Study indicators:
    o Whether the case's respondent stated that the provider offers the requested specialty.
    o Whether the case's respondent stated that the provider accepts Louisiana Medicaid MCO.
    o Whether the case's respondent stated that the provider accepts new patients.
  – Compliant and non-compliant status.
  – Calculated rates.
- HSAG will provide MCO-specific PDF files to support the corrective action process. HSAG will generate MCO-specific PDF files that contain the following information:
  – Weighted compliance score.
  – Details on compliant providers.

–   Providers who reported different addresses.
–   Providers with new telephone numbers.
–   Provider with new patient acceptance mismatch.
–   Noncompliant provider details.
–   Providers not participating in MCO.
–   Providers with changes to specialty.
–   Summary report displaying participation by specialty, number compliant, weighted compliance score, and reasons for noncompliance

Workplan

The PDV workplan is outlined below in Table 6-1.

Table 6-1—NAV PDV Workplan

Task Description	Start Date	End Date	Responsible Party
6.2.6.1.1 Evaluation of Provider Directory Accuracy			
Methodology			
Develop and submit the PDV methodology and tool (i.e., script) to LDH	11/12/24	11/22/24	HSAG
Review draft PDV methodology and tool (i.e., script) and provide feedback	11/25/24	12/13/24	LDH
Incorporate LDH feedback and submit final PDV methodology and tool (i.e., script) for approval	12/16/24	12/20/24	HSAG
Provide approval on the final PDV methodology and tool (i.e., script)	12/23/24	01/03/25	LDH
Report Outline			
Prepare PDV report outline	01/06/25	01/17/25	HSAG
Submit PDV report outline to LDH for review	01/17/25	01/17/25	HSAG
Review and approve PDV report outline	01/17/25	01/31/25	LDH

Task Description	Start Date	End Date	Responsible Party
Finalize PDV report outline	02/03/25	02/07/25	HSAG
Quarter 1: 01/01/2025–03/31/2025			
Develop application for data collection	12/13/24	01/10/25	HSAG
Train reviewers and conduct PDV reviews	01/13/25	02/07/25	HSAG
Analyze and validate PDV data	02/10/25	02/21/25	HSAG
Prepare results flat file and draft quarter 1 PDV findings report	02/24/25	03/14/25	HSAG
Submit draft quarter 1 PDV findings report to LDH	03/17/25	03/17/25	HSAG
Review and approve results flat file and draft quarter 1 PDV findings report	03/17/25	03/26/25	LDH
Submit final results flat file and final quarter 1 PDV findings report	03/26/25	03/31/25	HSAG
Quarter 1: Corrective Action Process			
LDH submits quarter 1 PDV findings to MCOs for review and response	TBD		LDH
LDH receives quarter 1 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
LDH submits MCO quarter 1 PDV corrective action responses to HSAG	TBD		LDH
HSAG reviews MCO quarter 1 corrective action responses	5 business days after received from LDH		HSAG
HSAG submits confirmation that MCO corrective action responses are accurate	1 business day		HSAG

Task Description	Start Date	End Date	Responsible Party
and provides a list of outstanding discrepancies			
Quarter 2: 04/01/2025–06/30/2025			
Conduct PDV reviews	04/01/25	04/21/25	HSAG
Analyze and validate PDV data	04/22/25	05/05/25	HSAG
Prepare results flat file and draft quarter 2 PDV findings report	05/06/25	05/27/25	HSAG
Submit draft quarter 2 PDV findings report to LDH	05/28/25	05/28/25	HSAG
Review and approve results flat file and draft quarter 2 PDV findings report	05/29/25	06/11/25	LDH
Submit final results flat file and final quarter 2 PDV findings report	06/12/25	06/18/25	HSAG
Quarter 2: Corrective Action Process			
LDH submits quarter 2 PDV findings to MCOs for review and response	TBD		LDH
LDH receives quarter 2 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
LDH reviews and submits MCO quarter 2 PDV corrective action responses to HSAG	TBD		LDH
HSAG reviews MCO quarter 2 corrective action responses	5 business days after received from LDH		HSAG
HSAG submits confirmation that MCO corrective action responses are accurate and provides a list of outstanding discrepancies	1 business day		HSAG

Task Description	Start Date	End Date	Responsible Party
Quarter 3: 07/01/2025–09/30/2025			
Conduct PDV reviews	07/01/25	07/22/25	HSAG
Analyze and validate PDV data	07/23/25	08/05/25	HSAG
Prepare results flat file and draft quarter 3 PDV findings report	08/06/25	08/26/25	HSAG
Submit draft quarter 3 PDV findings report to LDH	08/27/25	08/27/25	HSAG
Review and approve results flat file and draft quarter 3 PDV findings report	08/28/25	09/12/25	LDH
Submit final results flat file and final quarter 3 PDV findings report	09/15/25	09/19/25	HSAG
Quarter 3: Corrective Action Process			
LDH submits quarter 3 PDV findings to MCOs for review and response	TBD		LDH
LDH receives quarter 3 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
LDH reviews and submits MCO quarter 3 PDV corrective action responses to HSAG	TBD		LDH
HSAG reviews MCO quarter 3 corrective action responses	5 business days after received from LDH		HSAG
HSAG submits confirmation that MCO corrective action responses are accurate and provides a list of outstanding discrepancies	1 business day		HSAG
Quarter 4: 10/01/2025–12/31/2025			
Conduct PDV reviews	10/01/25	10/22/25	HSAG
Analyze and validate PDV data	10/23/25	11/05/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Prepare results flat file and draft quarter 4 PDV findings report	11/06/25	12/05/25	HSAG
Submit draft quarter 4 PDV findings report to LDH	12/05/25	12/05/25	HSAG
Review and approve results flat file and draft quarter 4 PDV findings report	12/05/25	12/16/25	LDH
Submit final results flat file and final quarter 4 PDV findings report	12/16/25	12/19/25	HSAG
Quarter 4: Corrective Action Process			
LDH submits quarter 4 PDV findings to MCOs for review and response	TBD		LDH
LDH receives quarter 4 PDV corrective action responses from MCOs	21 calendar days after LDH submits to MCOs		LDH/MCOs
LDH reviews and submits MCO quarter 4 PDV corrective action responses to HSAG	TBD		LDH
HSAG reviews MCO quarter 4 corrective action responses	5 business days after received from LDH		HSAG
HSAG submits confirmation that MCO corrective action responses are accurate and provides a list of outstanding discrepancies	1 business day		HSAG

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

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 2025-2026 contract year:

- First Survey: Eligible providers will include orthopedic surgeons, allergists, and dermatologists.
- Second Survey: Eligible providers will include neurologists, otolaryngologists (ear, nose, and throat specialists [ENTs]), and obstetricians/gynecologists (OB/GYNs).

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. Final sample sizes will be dependent on the quality of the provider data and eligible population.

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. Callers 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 callers 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).[4] If the caller is put on hold at any point

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[4] 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.

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 caller 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 provider specialty
- Provider affiliation with the requested MCO
- Provider's acceptance of Louisiana Medicaid managed care
- Accuracy of new patient acceptance
- Sampled provider at location
- Appointment availability

Reporting

In addition to the survey methodology and script, HSAG anticipates supplying LDH with the following deliverables for each semi-annual survey:

- 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.
- 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:
  o Whether the case's respondent stated that the location offers the requested specialty.
  o Whether the case's respondent stated that the location accepts the Louisiana Medicaid managed care MCO.
  o Whether the case's respondent stated that the location accepts new patients.
  o Number of calendar days to an appointment at the sampled location with the requested MCO.
  o Any limitations noted regarding access or appointment availability.
– Compliant and non-compliant status

Workplan

The provider access surveys workplan is outlined below in Table 6-2.

Table 6-2—NAV Provider Access Surveys Workplan

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	01/06/25	01/17/25	HSAG
Review draft methodology and tool (i.e., script) and provide feedback to HSAG	01/21/25	01/31/25	LDH
Incorporate LDH feedback and submit final methodology and tool (i.e., script) for approval	02/03/25	02/07/25	HSAG
Provide approval on the final methodology and tool (i.e., script)	02/10/25	02/14/25	LDH
First Semiannual Survey			
Data Collection			
Prepare data request document and submit to MCOs	02/24/25	03/07/25	HSAG
Receive provider network data files from MCOs	03/10/25	03/21/25	MCOs

Task Description	Start Date	End Date	Responsible Party
Generate survey samples	03/24/25	04/04/25	HSAG
Develop application for data collection	04/07/25	05/02/25	HSAG
Train callers and conduct survey calls	04/07/25	05/09/25	HSAG
Analysis and Reporting			
Prepare semiannual report outline	03/03/25	03/21/25	HSAG
Submit semiannual report outline to LDH for review	03/24/25	03/24/25	HSAG
Review and approve semiannual report outline	03/24/25	04/04//25	LDH
Finalize semiannual report outline	04/07/25	04/11/25	HSAG
Analyze and validate survey data for first semiannual report (For surveys conducted 04/07/25–05/09/25)	05/12/25	05/23/25	HSAG
Prepare first semiannual results flat files and draft survey report	05/27/25	06/27/25	HSAG
Submit first semiannual results flat files and draft survey report to LDH for review	06/27/25	06/27/25	HSAG
Review and approve first semiannual results flat files and draft survey report	06/30/25	07/11/25	LDH
Submit final first semiannual results flat files and survey report to LDH	07/14/25	07/18/25	HSAG
Second Semiannual Survey			
Data Collection			
Confirm second survey provider types with LDH	06/02/25	06/06/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Prepare data request document and submit to MCOs	06/09/25	06/20/25	HSAG
Receive provider network data files from MCOs	06/23/25	07/07/25	MCOs
Generate survey samples	07/08/25	07/18/25	HSAG
Update application for data collection	06/09/25	07/11/25	HSAG
Train callers and conduct survey calls	07/21/25	08/22/25	HSAG
Analysis and Reporting			
Analyze and validate survey data for second semiannual report (For surveys conducted 07/21/25–08/22/25)	08/25/25	09/08/25	HSAG
Prepare second semiannual results flat files and draft survey report	09/09/25	10/03/25	HSAG
Submit second semiannual results flat files and draft survey report to LDH for review	10/06/25	10/06/25	HSAG
Review and approve second semiannual results flat files and draft survey report	10/06/25	10/17/25	LDH
Submit final second semiannual results flat files and survey report to LDH	10/20/25	10/24/25	HSAG

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

Network Adequacy Validation Audit

Overview and Purpose

The purpose of NAV is to assess the accuracy of state-defined network adequacy indicators reported by the MCOs and to evaluate the collection of provider data, reliability and validity of network adequacy data, methods used to assess network adequacy, systems and processes used, and determine the overall validation rating, which refers to the overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicators, as established by LDH.

Methodology

HSAG will collect network adequacy data from the MCOs via a secure file transfer protocol (SFTP) site and via a virtual NAV audit. HSAG will use the collected data to conduct the validation of network adequacy in accordance with the CMS EQR *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023.

HSAG collects information using several methods, including interviews, system demonstrations, review of source data output files, primary source verification (PSV), observation of data processing, and review of final network adequacy indicator-level reports. The virtual audit activities performed for each MCO include the following:

- Opening meeting
- Review of the Information Systems Capabilities Assessment Tool (ISCAT) and supporting documentation
- Evaluation of underlying systems and processes
- Overview of data collection, integration, methods, and control procedures
- Network adequacy source data PSV and results
- Closing conference

HSAG will conduct interviews with key MCO staff members who are involved with the calculation and reporting of network adequacy indicators.

Validation Ratings

HSAG will evaluate each MCO's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support the MCO's and the State's network adequacy monitoring efforts.

HSAG uses the CMS EQR Protocol 4 indicator-specific worksheets to generate a validation rating that reflects HSAG's overall confidence that the MCOs use an acceptable methodology for all phases of

design, data collection, analysis, and interpretation of the network adequacy indicators. HSAG calculates each network adequacy indicator's validation score by identifying the number of *Met* and *Not Met* elements recorded in HSAG's CMS EQR Protocol 4 Worksheet 4.6, noted in Table 6-3.

Table 6-3—Validation Score Calculation

Worksheet 4.6 Summary
A. Total number of *Met* elements
B. Total number of *Not Met* elements
Validation Score = A / (A + B) x 100%
Number of *Not Met* elements determined to have significant bias on the results

Based on the results of the ISCA combined with the detailed validation of each indicator, HSAG assesses whether the network adequacy indicator results are valid, accurate, and reliable, and if the MCO's interpretation of data is accurate. HSAG determines validation ratings for each reported network adequacy indicator. The overall validation rating refers to HSAG's overall confidence that acceptable methodology is used for all phases of data collection, analysis, and interpretation of the network adequacy indicators. The CMS EQR Protocol 4 defines validation rating designations at the indicator level, which are defined in Table 6-4 and assigned by HSAG once HSAG has calculated the validation score for each indicator.

Table 6-4—Indicator-Level Validation Rating Categories

Validation Score	Validation Rating
90.0% or greater	*High Confidence*
50.0% to 89.9%	*Moderate Confidence*
10.0% to 49.9%	*Low Confidence*
Less than 10% and/or any *Not Met* element has significant bias on the results	*No Confidence*

Significant bias is determined based on the magnitude of errors detected and not solely based on the number of elements *Met* or *Not Met*.

Workplan

The NAV audit workplan is outlined below in Table 6-5.

Table 6-5—NAV Audit Workplan

Task Description	Start Date	End Date	Responsible Party
MCO Activities			
Conduct kick-off call with LDH to discuss NAV scope, standards, and indicators with LDH	12/02/24	12/02/24	HSAG/LDH/MCOs

Task Description	Start Date	End Date	Responsible Party
Develop draft (D1) NAV workplan and submit to LDH for review and approval	12/02/24	12/20/24	HSAG
Define and finalize scope of NAV audit (HSAG to review and confirm final network adequacy standards and indicators provided by LDH for validation)	12/03/24	01/26/25	HSAG/LDH
Provide feedback and/or approval for the draft (D1) workplan	12/23/24	01/10/25	LDH
Finalize NAV workplan to (F1) and submit to LDH	01/13/25	01/15/25	HSAG
Obtain confirmation from LDH of data sources for validation	01/06/25	01/26/25	LDH
Develop and submit draft (T1) NAV Aggregate Report template to LDH for review and approval	01/29/25	02/12/25	HSAG
Review draft (T1) NAV Aggregate Report template and provide HSAG with feedback and/or approval	02/17/25	02/28/25	LDH
Finalize (FT1) NAV Aggregate Report template based on LDH feedback and submit to LDH	03/04/25	03/14/25	HSAG
Coordinate with LDH to schedule NAV audit technical assistance webinar in May for MCOs	04/01/25	04/04/25	HSAG/LDH/MCOs

Task Description	Start Date	End Date	Responsible Party
Submit draft (D1) NAV audit document request packet for MCOs to LDH for review and approval	04/11/25	04/11/25	HSAG
Provide feedback/ approval on draft (D1) NAV documentation request packets for MCOs	04/14/25	04/25/25	LDH
Finalize (F1) MCO documentation request packets based on LDH feedback and submit to LDH	04/28/25	05/09/25	HSAG
Distribute the MCO NAV documentation request packet to the MCOs	05/12/25	05/16/25	HSAG
Host NAV audit technical assistance webinar	05/20/25	05/23/25	HSAG/LDH/MCOs
Host individual plan pre-virtual audit kick-off calls and provide MCOs with virtual audit agendas	05/26/25	06/20/25	HSAG/LDH/MCOs
Submit completed MCO ISCATs and supporting documentation to HSAG via SAFE (e.g., source code, network adequacy indicator rates, etc.)	07/28/25	08/01/25	MCOs
Respond to HSAG's initial ISCAT-related follow-up questions, as applicable	08/04/25	10/31/25	LDH/MCOs
Conduct NAV virtual audit with each MCO	09/15/25	10/08/25	HSAG/MCOs
Distribute post-virtual audit follow-up items to the MCOs	09/16/25	10/09/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit all MCO NAV audit follow-up items and corrective actions to HSAG including, but not limited to, revisions to source code and updated network adequacy indicator results	09/16/25	10/15/25	MCOs
Compile and submit draft (D1) NAV Aggregate Report to LDH for review/approval	12/10/25	12/10/25	HSAG
Provide HSAG with draft (D1) NAV Aggregate Report feedback/approval	12/11/25	12/19/25	LDH
Incorporate feedback and submit final (F1) NAV Aggregate Report to LDH	12/22/25	01/06/26	HSAG

Purpose

HSAG's readiness review process includes an assessment of each MCO'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 MCO providing Medicaid services to members, or an existing MCO providing services to a new eligibility group. As such, at least three months prior to the MCO 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 contract year 2025–2026.

Requirement

CR is a mandatory EQR activity used to determine the extent to which Medicaid and CHIP MCEs are in compliance with federal standards. Federal regulations require the MCEs to undergo a review at least once every three years to determine MCE compliance with federal standards as implemented by the state.

HSAG will conduct a comprehensive CR of the MCOs during contract year 2025–2026. All federal requirements will be reviewed and will incorporate Louisiana-specific related requirements as requested by LDH.

Brief Overview

HSAG will conduct a comprehensive CR of the MCOs during the review period January 1, 2024−December 31, 2024. HSAG will complete a desk review of documents, data, and information provided by the MCOs determined as their evidence of compliance with the requirements. The CR will include a virtual review during which MCO staff members will be interviewed, systems will be reviewed, and observation will occur. Any gaps or areas identified as noncompliant during document review will be discussed during the virtual review to allow the MCOs the opportunity to provide additional evidence of compliance. The MCOs will ensure that their subject matter experts are available for the applicable session during the virtual review. LDH staff members may participate as observers during the CR.

Draft reports will be submitted to LDH for review and approval. Additionally, draft reports will be shared with the MCOs upon approval or at the direction of LDH.

HSAG divided the federal regulations into 14 standards consisting of related regulations and contract requirements. Table 8-1 described the standards and associated regulations and requirements reviewed for each standard.

Table 8-1—Summary of CR Standards and Associated Regulations

Standard	Federal Requirements Included[1]	Standard	Federal Requirements Included
Standard I—Enrollment and Disenrollment	42 CFR §438.3(d) 42 CFR §438.56	Standard VIII—Provider Selection	42 CFR §438.12 42 CFR §438.102 42 CFR §438.106 42 CFR §438.214 42 CFR §438.602(b) 42 CFR §438.608 42 CFR §438.610

Standard	Federal Requirements Included[1]	Standard	Federal Requirements Included
Standard II—Member Rights and Confidentiality	42 CFR §438.100 42 CFR §438.224 42 CFR §422.128	Standard IX—Subcontractual Relationships and Delegation	42 CFR §438.230
Standard III—Member Information	42 CFR §438.10	Standard X—Practice Guidelines	42 CFR §438.236
Standard IV—Emergency and Poststabilization Services	42 CFR §438.114	Standard XI—Health Information Systems	42 CFR §438.242
Standard V—Adequate Capacity and Availability of Services	42 CFR §438.206 42 CFR §438.207	Standard XII—Quality Assessment and Performance Improvement	42 CFR §438.330
Standard VI—Coordination and Continuity of Care	42 CFR §438.208	Standard XIII—Grievance and Appeal Systems	42 CFR §438.228 42 CFR §438.400– 42 CFR §438.424
Standard VII—Coverage and Authorization of Services	42 CFR §438.210 42 CFR §438.404	Standard XIV—Program Integrity	42 CFR §438.608

[1] The CR standards comprise a review of all requirements, known as "elements," under the associated federal citation, including all requirements that are cross-referenced within each federal standard, as applicable (e.g., Standard XIII—Grievance and Appeal Systems includes a review of §438.228 and all requirements under 42 CFR Subpart F).

Workplan

The workplan is outlined below in Table 8-2.

Table 8-2—CR Workplan

Task Description	Start Date	End Date	Responsible Party
Pre-Audit: Preparation and Scheduling			
Determine if CR will be on-site or virtual	05/16/24	05/30/24	HSAG/LDH
Complete initial discussion on CR scope and process	10/02/24	10/02/24	HSAG/LDH
Finalize decisions on CR scope and timeline	10/02/24	10/31/24	HSAG/LDH
Submit workplan to LDH for review	11/15/24	11/15/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Review and provide feedback on the workplan	11/15/24	11/20/24	LDH
Submit final workplan to LDH	11/20/24	11/25/24	HSAG
Submit key documents to HSAG (MCO contracts, state-specific requirements, list of contacts, etc.)	12/13/24	12/13/24	LDH
Notify the MCOs of the potential virtual audit dates	04/07/25	04/07/25	HSAG
Provide requested choices for the virtual audit dates	04/07/25	04/14/25	MCOs
Notify the MCOs and LDH of the selected virtual audit dates	04/21/25	04/21/25	HSAG
Pre-Audit: CR Tools and Documents			
Submit the draft CR documents (agenda, document request packet, CR tool, file review tool, and CR report template) to LDH for review and comment.	04/10/25	04/10/25	HSAG
LDH reviews the draft CR documents and provides feedback to HSAG	04/10/25	04/21/25	LDH
Upon final approval of CR documents, customize for each MCO	04/21/25	05/12/25	HSAG
Upload CR tools, agendas, attendee lists, document request packets, and file review tools to SAFE for MCOs	05/20/25	05/20/25	HSAG
CR Kick-off webinar with MCOs	05/27/25	05/27/25	HSAG/LDH/ MCOs
Upload CR Kick-off webinar slide deck as PDF to SharePoint and SAFE for MCOs and LDH	05/27/25	05/27/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Pre-Audit: File Desk Review			
MCOs submit Grievance, Appeal, Denials, Credentialing, and Recredentialing record review universe files to HSAG	06/06/25	06/06/25	MCOs
Post MCO record review sample lists to SAFE	06/11/25	06/13/25	HSAG
MCOs procure file review records	06/13/25	07/11/25	MCOs
MCOs submit file review records to HSAG	07/11/25	07/11/25	MCOs
Conduct Grievance, Appeal, Denials, Credentialing, and Recredentialing file desk review	07/11/25	08/08/25	HSAG
Audit: Desk Review			
Submit all desk review documents	07/11/25	07/11/25	MCOs
Conduct desk reviews for all MCOs	07/14/25	09/08/25	HSAG
Audit: Virtual Review			
Conduct virtual compliance with standards audits	08/11/25	09/09/25	HSAG/LDH/ MCOs
Conduct review of HSAG findings with LDH, as needed	Ongoing	Ongoing	HSAG/LDH
Post Audit: Reports			
Prepare draft CR reports (one individual report for each MCO and one Executive Summary report)	08/18/25	10/06/25	HSAG
Submit draft CR reports to LDH for review; request permission to	10/06/25	10/06/25	HSAG

Task Description	Start Date	End Date	Responsible Party
send to MCOs for review following LDH review			
Submit comments to HSAG on the draft CR reports	10/06/25	10/17/25	LDH
Review and incorporate LDH feedback into draft CR reports	10/17/25	10/27/25	HSAG
Submit draft CR reports to MCOs for review and comment	10/27/25	10/27/25	HSAG
Review and submit comments to HSAG on the draft CR reports	10/27/25	10/31/25	MCOs
Review and incorporate MCO feedback into the draft CR reports	10/31/25	11/14/25	HSAG
Send draft CR reports with MCO feedback to LDH to review	11/14/25	11/14/25	HSAG
LDH reviews draft CR reports with MCO feedback	11/14/25	11/21/25	LDH
Incorporate LDH feedback of draft CR reports with MCO feedback	11/21/25	12/12/25	HSAG
Submit final CR reports and corrective action plan (CAP) templates to LDH and MCOs	12/12/25	12/12/25	HSAG
Conduct technical assistance calls with MCOs regarding CAPs, if needed	12/12/25	12/19/25	HSAG/LDH/ MCOs
MCOs submit CAPs (due 60 calendar days from receipt of final report)	01/30/26	01/30/26	MCOs
Review and approval of CAPs	01/30/26	02/27/26	HSAG/LDH

Task Description

LDH contracted with HSAG to conduct an annual EQR of the services provided by the Louisiana Medicaid MCEs. The EQRO 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 of compliance with Medicaid and CHIP Managed Care Regulations.
- Validation of PIPs.
- Validation of PMs.
- Validation of Network Adequacy.

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 reports, 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 MCE 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—ATR Workplan

Task Description	Start Date	End Date	Responsible Party
Report Template			
Develop and submit to LDH for feedback the draft report templates	07/11/25	07/28/25	HSAG
Review draft templates and provide feedback to HSAG	07/28/25	08/08/25	LDH
Review and incorporate LDH's feedback and submit to LDH final report templates	08/08/25	08/27/25	HSAG
MCO 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 MCOs	09/15/25	09/26/25	HSAG
Review draft recommendations tables and provide feedback to HSAG	09/26/25	10/10/25	LDH
Review and incorporate LDH's feedback and submit to LDH the final recommendation tables	10/10/25	10/24/25	HSAG
Email each MCO its MCO-specific recommendation tables to complete	10/27/25	10/27/25	HSAG
Complete and submit recommendation tables	10/27/25	11/14/25	MCOs

Task Description	Start Date	End Date	Responsible Party
Produce Report			
Compile data and perform required EQR analyses; produce draft reports	11/15/25	01/09/26	HSAG
Submit to LDH the draft annual technical reports, including an aggregate report and detailed MCO-specific findings	01/09/26	01/09/26	HSAG
Review draft annual technical reports; provide feedback to HSAG	01/09/26	01/23/26	LDH
Review and incorporate LDH's feedback; confirm with LDH that the draft reports can be sent to each MCO for review	01/23/26	01/30/26	HSAG
Send each MCO its draft report for review	01/30/26	01/30/26	HSAG
Review draft annual technical reports (i.e., aggregate and MCO-specific); provide feedback to HSAG	01/30/26	02/06/26	MCOs
Review and incorporate MCO's feedback	02/06/26	02/13/26	HSAG
Collaborate with LDH on any changes to the report	02/06/26	02/13/26	HSAG/LDH
Submit finalized technical reports (Section 508 compliant) to LDH	02/27/26	02/27/26	HSAG
Provide support to LDH, if needed, for submission of the final report to CMS	0227/26	04/30/26	HSAG

10.   Medicaid Managed Care Quality Strategy Evaluation

Methodology

Review Period

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

Goals and Objectives

The Louisiana 2023 Medicaid Managed Care Quality Strategy 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 Prevention Quality Indicators
- CMS-developed measures
- How LDH addresses 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
- 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 MCOs 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
Methodology and Tool Development			
Develop QSE methodology and tool	05/01/25	05/22/25	HSAG
Submit QSE methodology and tool to LDH	05/23/25	05/23/25	HSAG
Review QSE methodology and tool; submit feedback to HSAG	05/23/25	05/30/25	LDH
Incorporate LDH's feedback; finalize QSE methodology and tool	06/02/25	06/13/25	HSAG
Information Request			
Prepare information request for LDH	06/16/25	06/23/25	HSAG
Submit information request to LDH, MCEs, and other stakeholders as required by the QSE methodology	06/24/25	06/24/25	HSAG
Submit information requested to HSAG	07/25/25	07/25/25	LDH
Report Template			
Prepare QSE report template	07/01/25	07/17/25	HSAG
Submit QSE report template	07/18/25	07/18/25	HSAG
Review QSE report template; submit feedback to HSAG	07/18/25	08/01/25	LDH
Incorporate feedback; finalize QSE report template	08/04/25	08/15/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Reporting			
Conduct evaluation, compile findings, and synthesize results	08/18/25	10/31/25	HSAG
Submit draft QSE to LDH for review/approval	11/03/25	11/03/25	HSAG
Review draft QSE report; submit feedback to HSAG	11/03/25	11/14/25	LDH
Incorporate feedback; finalize QSE report and submit to LDH	11/17/25	11/21/25	HSAG

HSAG will provide technical assistance to LDH and the MCOs 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.

Overview

Pursuant to 42 CFR §438.242, LDH must ensure that each of its contracted Medicaid MCOs maintains a health IS that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. LDH must also review and validate encounter data collected, maintained, and submitted by the MCOs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, LDH requires its contracted Medicaid MCOs to submit high-quality encounter data. LDH relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

Methodology

During contract year 2024–2025, LDH contracted with HSAG to conduct an EDV study consisting of the following two activities:

- IS review—assessment of LDH's and the MCOs' IS and processes. The goal of this activity is to examine the extent to which LDH's, and the MCOs' IS infrastructures are likely to collect and process complete and accurate encounter data.
- Administrative profile—analysis of LDH's electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the electronic encounter data in LDH's data warehouse are complete, accurate, and submitted by the MCOs in a timely manner for encounters with dates of service from January 1, 2023, through December 31, 2023.

Additionally, during contract year 2025–2026, LDH has contracted with HSAG to conduct a comparative analysis, which will evaluate LDH's electronic encounter data completeness and accuracy through a comparison between LDH's electronic encounter data and the data extracted from the MCOs' data systems for encounters with dates of service from January 1, 2024, through December 31, 2024.

IS Review

The IS review seeks to define how each participant in the encounter data process collects and processes encounter data such that the data flow from the MCOs to LDH is understood. The IS review is key to understanding whether the IS infrastructures are likely to produce complete and accurate encounter data. To ensure the collection of critical information, HSAG employs a three-stage review process that includes a document review, development and fielding of a customized encounter data assessment, and follow-up with key staff members.

- **Stage 1—Document Review**: HSAG will conduct a thorough desk review of existing documents related to encounter data initiatives/validation activities currently put forth by LDH to develop a targeted questionnaire to address important topics of interest to LDH.

- **Stage 2—Development and Fielding of Customized Encounter Data Assessment**: HSAG will evaluate the MCOs' most recent Information Systems Capabilities Assessment (ISCA), if available, to assess whether the information is complete and up to date. HSAG will then develop an MCO-specific questionnaire customized in collaboration with LDH to gather information and specific procedures for data processing, personnel, data acquisition capabilities, and specific topics of interest to LDH.

- **Stage 3—Key Informant Interviews**: After reviewing responses to the questionnaire, HSAG will follow up with key LDH and the MCOs' information technology personnel to clarify any questions from the questionnaire responses.

Administrative Profile

An administrative profile, or analysis, of a state's encounter data is essential to gauging the general completeness, accuracy, and timeliness of encounter data, as well as whether encounter data are sufficiently robust for other uses such as performance measure calculation. The degree of the MCOs' data file completeness across the MCOs will provide insight into the quality of LDH's overall encounter data system and will represent the basis for establishing confidence in subsequent analytical and rate setting activities.

HSAG will assess final adjudicated encounters with service dates from January 1, 2023, through December 31, 2023. Once the final data from LDH have been received and processed, HSAG will conduct a series of analyses for five key metrics:

- Encounter data completeness
- Encounter data timeliness
- Encounter data accuracy: Field-level completeness and accuracy
- Encounter data referential integrity
- Encounter data logic

Comparative Analysis

The goal of the comparative analysis is to evaluate the extent to which encounters submitted to LDH by the MCOs are complete and accurate, based on corresponding information stored in the MCOs' data systems. HSAG will develop an MCO-specific data submission requirements (DSR) document to request data from the MCOs and will use data from both LDH and the MCOs with dates of service from January 1, 2024, through December 31, 2024, to evaluate the accuracy and completeness of the encounter data. Once HSAG receives data files from both data sources, the analytic team will conduct a preliminary file review to ensure that the submitted data are adequate to conduct the evaluation. Once HSAG receives and

processes the final data from LDH and the MCOs, HSAG will conduct a series of comparative analyses that are divided into two analytic sections:

- **Section 1—Record-level data completeness**: HSAG will assess the record-level completeness for each encounter type based on the metrics of record omission and record surplus.
- **Section 2—Element-level data completeness and accuracy**: HSAG will assess the element-level completeness and accuracy for each encounter type based on the metrics of element omission, element surplus, element missing values, element accuracy, and all-element accuracy.

Workplan

The workplan is outlined below in Table 12-1.

Table 12-1—Contract Year 2024–2025 EDV Workplan[1]

Task Description	Start Date	End Date	Responsible Party
Study Design			
Participate in a kick-off meeting to discuss scope of work and expected deliverables	07/31/24	07/31/24	HSAG/LDH
Draft and submit draft (D1) workplan and draft (D1) methodology to LDH for review	08/01/24	08/28/24	HSAG
Review draft (D1) workplan and draft (D1) methodology and provide feedback/approval to HSAG	08/29/24	10/09/24	LDH
Incorporate feedback and submit final (F1) workplan and final (F1) methodology	10/10/24	10/22/24	HSAG
IS Review			
Draft and submit the document request to LDH to collect existing documents	08/30/24	09/12/24	HSAG
Provide requested documents to HSAG	09/13/24	10/15/24	LDH

Task Description	Start Date	End Date	Responsible Party
Review documents from LDH	10/16/24	10/31/24	HSAG
Draft and submit the draft (D1) customized LDH-specific and MCO-specific questionnaires to LDH for review	11/01/24	11/20/24	HSAG
Review the draft (D1) customized LDH-specific and MCO-specific questionnaires and provide feedback	11/21/24	12/06/24	LDH
Incorporate feedback from LDH and submit the draft (D2) customized LDH-specific and MCO-specific questionnaires to LDH	12/09/24	12/16/24	HSAG
Review the draft (D2) customized LDH-specific and MCO-specific questionnaires and provide feedback/approval to HSAG	12/17/24	12/27/24	LDH
Incorporate LDH's feedback into the final (F1) LDH-specific and MCO-specific customized questionnaires and submit to LDH for reference	12/30/24	01/07/25	HSAG
Review and approve final (F1) customized questionnaires	01/08/25	01/13/25	LDH
Build, test, and implement Universal Survey Tool (UST)	01/14/25	02/03/25	HSAG
Participate in an UST technical assistance (TA) meeting with MCOs and LDH	02/04/25	02/06/25	HSAG/LDH/ MCOs

Task Description	Start Date	End Date	Responsible Party
Distribute customized questionnaire UST links to LDH and MCOs	02/07/25	02/07/25	HSAG
Submit questionnaire responses to HSAG	02/11/25	03/11/25	LDH/MCOs
Conduct desk review of completed questionnaires and supporting documents submitted by LDH and MCOs	03/12/25	04/01/25	HSAG
Follow up with LDH and MCO staff; if appropriate	04/02/25	04/09/25	HSAG
Provide responses to the follow-up questions, if needed	04/10/25	04/22/25	LDH/MCOs
Compile IS review findings	04/23/25	05/14/25	HSAG
Administrative Profile			
Provide HSAG with the file layout and adjudication logic documents for the monthly data extracts	08/28/24	09/04/24	LDH
Review the file layout and adjudication logic documents for the monthly data extracts and follow up with LDH; if appropriate	09/05/24	09/12/24	HSAG
Provide responses to the follow-up questions regarding the file layout and adjudication logic documents	09/13/24	09/19/24	LDH
Set up transfer process between HSAG and LDH for the monthly data extracts	09/20/24	10/15/24	HSAG/LDH
Submit requested data to HSAG (staggered delivery for monthly data	10/16/24	01/14/25	LDH

Task Description	Start Date	End Date	Responsible Party
extracts prepared between January 2023 and December 2024)			
Process and review data received and provide feedback (if any) to LDH	11/19/24	02/11/25	HSAG
Work with LDH to resolve any major data issues	12/11/24	02/26/25	HSAG/LDH
Conduct administrative profile analysis	02/27/25	04/03/25	HSAG
Generate tables and figures based on results from administrative profile analysis	04/04/25	04/17/25	HSAG
Validate tables and figures based on results from administrative profile analysis	04/18/25	05/01/25	HSAG
Report-Template			
Draft the (D1) aggregate report template and submit to LDH for review	01/22/25	02/05/25	HSAG
Review and provide feedback on the draft (D1) aggregate report template	02/06/25	02/18/25	LDH
Incorporate LDH's feedback into the draft (D2) aggregate report template	02/19/25	02/26/25	HSAG
Review and provide feedback on the draft (D2) aggregate report template	02/27/25	03/07/25	LDH
Incorporate feedback into the final (F1) aggregate report template and submit to LDH	03/10/25	03/17/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Report-Production			
Draft the (D1) aggregate report and submit to LDH for review	05/02/25	05/30/25	HSAG
Review and provide feedback on the draft (D1) aggregate report to HSAG	06/02/25	06/12/25	LDH
Incorporate LDH feedback into the draft (D2) aggregate report	06/13/25	06/24/25	HSAG
Review and provide feedback on the draft (D2) aggregate report to HSAG	06/25/25	07/02/25	LDH
Incorporate LDH's feedback into the final (F1) aggregate report and submit to LDH	07/03/25	07/10/25	HSAG

[1] This workplan was approved by LDH as of October 29, 2024; however, please be advised that the timeline is subject to revisions as needed based on ongoing project developments and updates.

Table 12-2—Contract Year 2025–2026 EDV Workplan[1]

Task Description	Start Date	End Date	Responsible Party
Study Design			
Participate in a kick-off meeting to discuss scope of work and expected deliverables	July 2025	July 2025	HSAG/LDH
Draft and submit draft (D1) workplan and draft (D1) methodology to LDH for review	July 2025	August 2025	HSAG
Review methodology and workplan documents and provide feedback to HSAG	August 2025	August 2025	LDH

Task Description	Start Date	End Date	Responsible Party
Incorporate feedback, submit updated methodology and timeline documents to LDH and finalize methodology and timeline upon LDH's approval	August 2025	September 2025	HSAG/LDH
Data Submission Requirements and Data Collection			
Draft and submit MCO-DSRs document to LDH for review	August 2025	September 2025	HSAG
Review the MCO-specific DSRs document and provide feedback	September 2025	September 2025	LDH
Incorporate feedback from LDH and distribute final MCO-specific DSRs document to MCOs	September 2025	September 2025	HSAG
Submit requested data files to HSAG	September 2024	October 2025	MCOs
Download, process, and work to resolve any major data issues, if appropriate; MCOs to resubmit data files, if necessary.	October 2024	November 2025	HSAG/MCOs
Download and process MCOs' resubmitted data files	November 2025	November 2025	HSAG
Comparative Analysis and Technical Assistance			
Develop, generate, and validate comparative analysis results	November 2025	December 2025	HSAG
Draft and submit data discrepancy reports to LDH for review	December 2025	January 2026	HSAG
Incorporate feedback from LDH and distribute encounter data discrepancy reports to	January 2026	February 2026	HSAG

Task Description	Start Date	End Date	Responsible Party
MCOs, as well as data samples, if appropriate			
Provide written responses to HSAG	February 2026	March 2026	MCOs
Review written responses from MCOs and follow up with MCOs, if appropriate	March 2026	March 2026	HSAG
Report-Template			
Draft the (D1) aggregate report template and submit to LDH for review	November 2025	November 2025	HSAG
Review and provide feedback on the draft (D1) aggregate report template	November 2025	December 2025	LDH
Incorporate LDH's feedback into the draft (D2) aggregate report template	December 2025	December 2025	HSAG
Review and provide feedback on the draft (D2) aggregate report template	December 2025	January 2026	LDH
Incorporate feedback into the final (F1) aggregate report template and submit to LDH	January 2026	January 2026	HSAG
Report-Production			
Draft the (D1) aggregate report and submit to LDH for review	May 2026	May 2026	HSAG
Review and provide feedback on the draft (D1) aggregate report to HSAG	May 2026	June 2026	LDH
Incorporate LDH feedback into the draft (D2) aggregate report	June 2026	June 2026	HSAG

Task Description	Start Date	End Date	Responsible Party
Review and provide feedback on the draft (D2) aggregate report to HSAG	June 2026	June 2026	LDH
Incorporate LDH's feedback into the final (F1) aggregate report and submit to LDH	June 2026	June 2026	HSAG

[1] This workplan has been developed by HSAG as a high-level tentative approach for the upcoming EDV activity for contract year 2025–2026, which will kick off in July 2025. Please be advised that the timeline is subject to revisions as needed based on ongoing project developments and updates.

13. Adult & Child Medicaid CAHPS Survey to the FFS and CHIP Populations

Purpose

HSAG will administer and report the results on the adult and child CAHPS surveys to Louisiana adult FFS and child FFS and CHIP populations. The purpose of this activity is to collect CAHPS survey results from the FFS and child CHIP populations and prepare an Excel reporting spreadsheet.

Scope of Work

HSAG will prepare an Excel reporting spreadsheet that measures four global rating questions, four composite measures, one individual item measure, three medical assistance with smoking and tobacco use cessation items (adult population only), and five CCC composites and items (CCC population only). HSAG will calculate and present numerator, denominator, and positive rating results at the program level.

For the global ratings and individual item, achievement scores are defined as the proportion of positive responses. For the composite measures, separate achievement scores are calculated for each question in the composite measure. The final composite measure score is determined by calculating the average score across all questions in the composite measure. HSAG will report two scores for the positive ratings for all compositive measures: 1) Usually and Always, and 2) Always.

Workplan

The workplan is outlined below in Table 13-1.

Table 13-1—Adult and Child Medicaid CAHPS Survey to the FFS and CHIP Populations Workplan

Task Description	Start Date	End Date	Responsible Party
Survey Planning and Preparation			
Prepare administrative forms and text for cover letters and postcards for submission to LDH	11/19/24	12/03/24	HSAG
Submit draft (D1) administrative forms, cover letters, and postcard to LDH for review and comment	12/03/24	12/03/24	HSAG

Task Description	Start Date	End Date	Responsible Party
Provide approval on the draft (D1) administrative forms, cover letters and postcards text.	12/03/24	12/17/24	LDH
Provide letterhead, logo, signature, and seal to HSAG	12/03/24	12/17/24	LDH
Incorporate LDH feedback into final (F1) cover letters and postcards text, if applicable	12/17/24	12/23/24	HSAG
Submit final (F1) formatted mail materials to LDH	03/11/25	03/11/25	HSAG
Sampling			
Prepare final draft (FD1) sampling plan	11/19/24	12/03/24	HSAG
Prepare final (F1) sample frame creation instructions	11/19/24	12/03/24	HSAG
Submit final draft (FD1) sampling plan to LDH	12/03/24	12/03/24	HSAG
Submit final (F1) sample frame creation instructions to LDH	12/03/24	12/03/24	HSAG
Host webinar to provide survey overview and review sample frame creation instructions with LDH, if requested	12/12/24	12/12/24	HSAG
Send data submission deadline reminder to LDH	01/07/25	01/07/25	HSAG
Provide sample frame files for each population to be surveyed	12/03/24	01/14/25	LDH
Perform review and validation of sample frame files; communicate with LDH to clarify any	01/14/25	02/04/25	HSAG

Task Description	Start Date	End Date	Responsible Party
outstanding data or other issues with respect to sample frame files			
Perform sampling for the population	02/04/25	02/18/25	HSAG
Sample files run through National Change of Address Database to update address information	02/18/25	02/25/25	HSAG
Notify LDH that the samples have been selected and address information has been updated	02/25/25	02/25/25	HSAG
Submit final (F1) sampling plan with final sample sizes to LDH	02/25/25	02/25/25	HSAG
Survey Administration			
Print and produce survey packets and prepare Web-based versions of survey	02/25/25	03/11/25	HSAG
Mail first questionnaires and cover letters to members	03/11/25	03/11/25	HSAG
Website made available to complete the surveys via Internet	03/11/25	03/11/25	HSAG
Mail first postcard reminder to non-respondents	03/18/25	03/18/25	HSAG
Mail second questionnaires and cover letters to non-respondents	04/08/25	04/08/25	HSAG
Mail second postcard reminder to non-respondents	04/15/25	04/15/25	HSAG
Mail third questionnaires and cover letters to non-respondents	05/13/25	05/13/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Survey field closes	06/03/25	06/03/25	HSAG
Notify LDH survey field has closed	06/03/25	06/03/25	HSAG
Data Submission			
Prepare memo, Data Use Agreement (DUA), Association for Community Affiliated Plans (ACAP) Authorization memo (if necessary), Frequently Asked Questions (FAQs), and CAHPS Health Plan Data Submission System User Guide	05/13/25	05/27/25	HSAG
Submit memo, DUA, ACAP Authorization memo (if necessary), FAQs, and CAHPS Health Plan Data Submission System User Guide to LDH	05/27/25	05/27/25	HSAG
Activate CAHPS Database account and submit copies of all required forms (i.e., DUA and ACAP Authorization memo, if applicable)	06/03/25	06/09/25	LDH
Complete submission of data in CAHPS Database file format and survey materials to CAHPS Database	06/09/25	07/08/25	HSAG
Notify LDH that data have been submitted to CAHPS Database	07/08/25	07/08/25	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Reconciliation of survey responses into raw data files	06/03/25	06/17/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Import and validation of data	06/17/25	06/24/25	HSAG
Prepare AHRQ CAHPS database submission files	06/24/25	07/01/25	HSAG
Validation and peer review of AHRQ CAHPS database submission files	07/01/25	07/08/25	HSAG
Submit data files to AHRQ CAHPS database	07/08/25	07/08/25	HSAG
Conduct data analysis for respondent-level data files	07/08/25	07/15/25	HSAG
Validate and peer review respondent-level data files	07/15/25	07/22/25	HSAG
Conduct data analysis for Excel reporting spreadsheet	07/22/25	07/29/25	HSAG
Validate and peer review Excel reporting spreadsheet	07/29/25	08/05/25	HSAG
Submit respondent-level data files and Excel reporting spreadsheet to LDH	08/05/25	08/05/25	HSAG

14. 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, 2024, to March 31, 2025).

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.

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 (if applicable), 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 (if applicable) 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 14-1.

Table 14-1—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	03/03/25	03/17/25	HSAG
Submit draft (D1) administrative forms and text for cover letters and postcards to LDH for review	03/17/25	03/17/25	HSAG
Provide feedback or approval on the draft (D1) administrative forms, cover letters, postcards, and supplemental items. Provide letterhead and logo to HSAG.	03/17/25	04/07/25	LDH
Incorporate LDH feedback into final (F1) cover letters and postcards text	04/07/25	04/14/25	HSAG
Submit formatted cover letters for signature from LDH	Mid-May 2025	Mid-May 2025	HSAG
Provide signature for the cover letters to HSAG	Mid-May 2025	Late May 2025	LDH
Submit final (F1) formatted mail materials to LDH	Mid-June 2025	Mid-June 2025	HSAG
Sampling Plan and Sample Frame Instructions			
Prepare draft (D1) sampling plan	03/03/25	03/17/25	HSAG
Prepare (F1) sample frame creation instructions	03/03/25	03/17/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Submit draft (D1) sampling plan and (F1) sample frame creation instructions to LDH	03/17/25	03/17/25	HSAG
Provide feedback or approval on the draft (D1) sampling plan	03/17/25	04/07/25	LDH
Host webinar to review sample frame creation instructions with MCOs	03/17/25	03/24/25	HSAG
Send sample frame submission deadline reminder to MCOs	04/14/25	04/14/25	HSAG
Provide sample frame files to HSAG	03/24/25	04/21/25	MCOs
Review sample frame files for accuracy and communicate any issues to MCOs	04/21/25	05/12/25	HSAG
Perform sampling	05/12/25	05/27/25	HSAG
Update address information using National Change of Address database	05/27/25	06/03/25	HSAG
Notify LDH that the samples have been selected and address information has been updated	06/06/25	06/06/25	HSAG
Submit final (F1) sampling plan with final sample sizes to LDH	06/06/25	06/06/25	HSAG
Survey Administration			
Print and produce survey packets	Early June 2025	Mid-June 2025	HSAG
Mail first questionnaires and cover letters	Mid-June 2025	Mid-June 2025	HSAG
Website made available to complete the survey via internet	Mid-June 2025	Mid-June 2025	HSAG

Task Description	Start Date	End Date	Responsible Party
Mail second questionnaires and cover letters to non-respondents	Mid-July 2025	Mid-July 2025	HSAG
Close survey field	Mid-August 2025	Mid-August 2025	HSAG
Notify LDH that the survey field has closed	Mid-August 2025	Mid-August 2025	HSAG
Data Reconciliation, Data Analysis, and Reporting			
Reconciliation of survey responses into raw data files	08/12/25	08/26/25	HSAG
Import and validation of data	08/26025	09/09/25	HSAG
Conduct data analysis for respondent-level data files	09/09/25	09/23/25	HSAG
Validate and peer review respondent-level data files	09/23/25	10/08/25	HSAG
Conduct data analysis for crosstabulations	09/23/25	10/07/25	HSAG
Conduct data analysis for draft (D1) Executive Summary and Full Reports	10/07/25	11/03/25	HSAG
Validate and peer review crosstabulations	10/07/25	11/03/25	HSAG
Compile, validate and peer review draft (D1) Executive Summary and Full Reports	10/08/25	11/05/25	HSAG
Submit respondent-level data files and data dictionary, crosstabulations, and draft (D1) Executive Summary and Full Reports to LDH	11/05/25	11/05/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Review draft (D1) Executive Summary and Full Reports and provide feedback to HSAG	11/05/25	11/19/25	LDH
Incorporate LDH feedback into final (F1) Executive Summary and Full Reports	11/19/25	12/05/25	HSAG
Submit final (F1) Executive Summary and Full Reports to LDH	12/05/25	12/05/25	HSAG

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.

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.
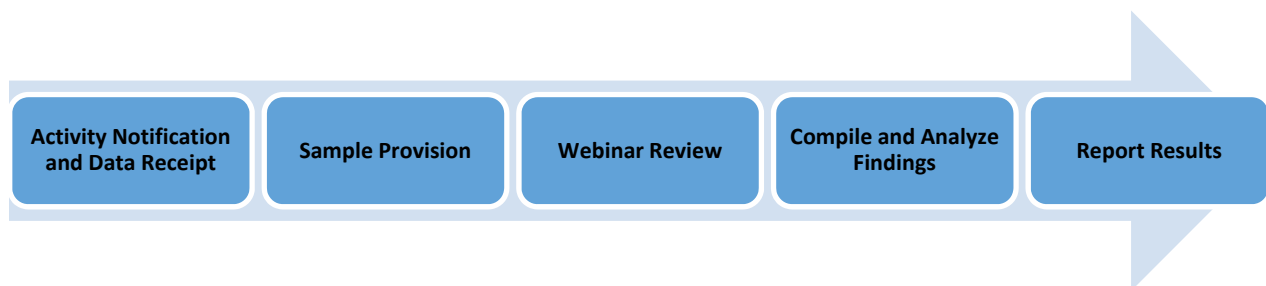
To assess MCO compliance with CM elements, LDH contracted with HSAG to facilitate the annual collection and validation of data submitted by the MCOs regarding CM services. HSAG will evaluate the MCOs' compliance with the CM provisions of their contracts[5] with LDH, including the rates of engagement 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 2025 Case Management Performance Evaluation (CM Review) activity will assess CM files from a lookback period of November 1, 2024, through April 30, 2025.
- 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).

Review Process

HSAG's CM Review process will include five activities:

Activity Notification and Data Receipt	Sample Provision	Webinar Review	Compile and Analyze Findings	Report Results

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[5] Louisiana Department of Health. Managed Care Executed Contracts. Available at: https://ldh.la.gov/page/1763. Accessed on: Sep 7, 2023.

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 each MCO.

Table 16-1—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-MED," "SHCN-BH," "SHCN-BOTH," or "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 "accepted" in the "enrollment offer result" field provided in the *LA PQ039 Case Management* report.
- Current case management 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 case management span of at least 90 days. HSAG will identify 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.

For the SHCN-DOJ-AR population, if the criteria above do not allow for the sample size to be achieved, HSAG will conduct a second stage approach to include enrollees meeting 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 90 days. HSAG will identify 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.

Enrollees who are identified by the MCOs for case management but not enrolled will be excluded from the sample. HSAG will exclude any enrollees identified in the "members identified, but not enrolled" field in the *LA PQ039 Case Management* report.

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 110 (35 SHCN-DOJ-AR enrollees and 75 with any classification of SHCN-MED, SHCN-BH, or SHCN-BOTH) enrollees for each MCO, which includes a 10 percent 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. If the SHCN-DOJ-AR sample of 30 cannot be achieved due to ineligible cases, all eligible SHCN-DOJ-AR cases will be reviewed, and additional other populations (SHCN-MED, SHCN-BH, SHCN-BOTH) will be added to achieve a total of 100 cases. The final sample of cases (100 total) will be confirmed with the MCO no later than three business days prior to the webinar review.

Table 16-2—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 *LA PQ039 Case Management* report.
Step 2:	**Provide the sample to the MCOs.**
	HSAG will provide the 100-enrollee sample and 10-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 100 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 16-3—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 16-4.

Table 16-4—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	12/23/24	12/23/24	HSAG
Provide approval of D1 methodology and D1 review tool with evaluation criteria	12/23/24	01/13/25	LDH
Provide final (F1) methodology and F1 review tool with	01/24/25	01/24/25	HSAG

Task Description	Start Date	End Date	Responsible Party
evaluation criteria to LDH			
Distribute activity notification and documents to MCOs	03/31/25	03/31/25	HSAG
Webinar File Review			
Provide 039 data files to HSAG	04/18/25	04/18/25	MCOs
Analyze data files and finalize MCO sample selections	04/21/25	05/05/25	HSAG
Provide sample cases to MCOs (10 business days prior to review)	05/16/25	06/27/25	HSAG
Conduct webinar review of MCO CM files *Three-day reviews per health plan; HSAG will confirm the days with the health plans.* *Alternate dates: 05/28/25-05/30/25 and 06/30/25-07/02/25*	06/02/25	07/18/25	HSAG
HBL	*06/02/25*	*06/06/25*	HSAG
LHCC	*06/09/25*	*06/13/25*	HSAG
ACLA	*06/16/25*	*06/20/25*	HSAG
UHC	*06/23/25*	*06/25/25*	HSAG
ABH	*07/09/25*	*07/11/25*	HSAG
HUM	*07/14/25*	*07/18/25*	HSAG
Reporting			
Submit D1 MCO report template to LDH	05/09/25	05/09/25	HSAG
Review and provide feedback on D1 MCO report template	05/09/25	05/23/25	LDH
Incorporate LDH feedback and submit F1 MCO report template to LDH	05/23/25	05/30/25	HSAG

Task Description	Start Date	End Date	Responsible Party
Compile evaluation findings and draft MCO and aggregate reports	06/06/25	08/15/25	HSAG
Submit D1 MCO and aggregate reports to LDH	08/18/25	08/18/25	HSAG
Review and provide feedback on D1 reports	08/18/25	09/08/25	LDH
Incorporate LDH feedback and create F1 reports	09/08/25	09/19/25	HSAG
Submit F1 reports to LDH	09/22/25	09/22/25	HSAG