Medicaid Managed Care Quality Incentive Program

Response to HR 252 of the 2018 Regular Legislative Session

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Louisiana Department of Health

Bureau of Health Services Financing

Version 1.0

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LOUISIANA DEPARTMENT OF HEALTH

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1 Introduction

This report is prepared in response to House Resolution 252 (HR 252), requesting the Louisiana Department of Health (LDH) to require all Medicaid managed care organizations (MCOs) to participate in its quality incentive program, known as the Managed Care Incentive Payment (MCIP) Program. Specifically, this resolution:

1. Urges and requests LDH to require all Medicaid MCOs to participate in the quality incentive program;
2. Urges and requests that all hospitals have the opportunity to contract with Medicaid MCOs to meet quality improvement standards applied uniformly to receive quality incentive payments;
3. Urges and requests LDH to require the MCOs to report to the department the following:
    a. Their quality incentive criteria;
    b. How those criteria will improve the quality of care for Medicaid recipients;
    c. How costs will be reduced;
    d. What efforts were made to allow all hospitals to participate;
    e. Which hospitals the managed care plans have enrolled or plan to enroll in their quality incentive programs; and
    f. The amount of incentive payments expected to be made to each hospital.
4. Urges and requests LDH to provide a copy of these reports to the House Committee on Appropriations on or before December 1, 2018 and;
5. Urges and requests LDH to require the MCOs to provide testimony explaining their quality incentive programs at a meeting of the House Committee on Appropriations or the Joint Legislative Committee on the Budget prior to the implementation of any quality incentive program.[1]

The full text of HR 252 can be found in Appendix A and also at www.legis.la.gov.

As the administrator of the MCIP program, including the establishment of the program's quality incentive criteria, LDH's submission of this report will serve to fulfill the requests of this resolution in lieu of individual reports from MCOs and will address the above mentioned items 1-4. As such, LDH will provide testimony in December 2018 to the Joint Legislative Committee on the Budget on this program per item 5 above.

2 About the MCIP Program

The MCIP program is designed to provide incentive payments to Medicaid MCOs for achieving quality reforms that increase access to health care, improve the quality of care, and/or enhance the health of members the MCOs serve.

[1] House Resolution 252 of the 2018 Regular Legislative Session.
http://www.legis.la.gov/legis/ViewDocument.aspx?d=1099289
Accessed November 27, 2018. Full text available in Appendix A.

LDH established the opportunity for all Medicaid MCOs to participate in the MCIP program through an amendment to its Medicaid managed care contracts (refer to Appendix B for the contract language). The effective date of the contract amendment adding the MCIP program was February 1, 2018. However, LDH anticipates a 2019 start date, following approval from the Centers for Medicare and Medicaid Services (CMS) of the contract amendment. The contract amendment was submitted to CMS on June 13, 2018 and is now under review by the federal Office of the Actuary. LDH anticipates approval of the amendment but the timeline is uncertain as of the publishing of this report.

The MCIP program leverages federal regulations[2] allowing State Medicaid Programs to include incentive arrangements in MCO contracts. An incentive arrangement is a payment mechanism under which an MCO may receive additional funds over and above the capitation rate it was paid in exchange for meeting targets specified in the contract. Consistent with federal regulations, the LDH MCO contracts requires that an incentive arrangement:

- Is for a fixed period of time and performance is measured during the rating period under the contract in which the incentive payment is applied;
- Is not to be renewed automatically;
- Is made available to both public and provide contractors under the same terms of performance;
- Does not condition MCO participation in the incentive arrangement on the MCO entering into or adhering to intergovernmental transfer (IGT) agreements; and,
- Is necessary for the specified activities, targets, performance measures, or quality-based outcomes that support program initiatives as specified in the State's quality strategy (see Appendix C).

Incentive arrangements may provide for payment up to 105 percent of the capitation rate attributable to the enrollees or services covered by the incentive arrangement.

2.1 Quality Incentive Criteria

LDH, based on its evaluation of the Louisiana Medicaid program and the State's quality strategy, will establish Approved Incentive Arrangements (AIA) for the MCIP program. Each AIA will contain:

- A description of the goal(s);
- Information identifying the targeted patient population(s) and proposed intervention strategy(ies);
- Annual milestones that must be achieved in order for MCOs to be eligible to retain the incentive payments; and,
- The fixed term of the AIA.

Current AIAs focus on increasing members' access to primary health care, improving health outcomes for pregnant women and babies and members diagnosed with chronic conditions, and reducing inefficiencies and costs in the Medicaid delivery system by reducing avoidable health care service utilization, promoting evidence-based practices, and reducing low-value care. Refer to Appendix D for a summary of the current AIAs, goals and activities.

[2] 42 CFR 438.6(b)(2)

2.2 Participation in the MCIP Program

2.2.1 MCO Participation

The MCIP program is a voluntary program available to all Medicaid MCOs. Per the MCO contracts (as amended and subject to CMS approval), each MCO has the right to determine whether to participate in one or more of the LDH AIAs, allowing MCOs the opportunity to assess their readiness and capacity to participate in any AIA. At an MCO's sole discretion, a participating MCO may contract with one or more third parties to assist in its achievement of the AIAs.

2.2.2 Hospital Participation

LDH afforded all hospitals the opportunity to participate in the MCIP program. In collaboration with the Louisiana Hospital Association and Rural Hospital Coalition, LDH made all relevant materials about the program available to hospitals for consideration. To streamline MCO contracting, two networks have formed to contract with hospitals wishing to participate in the MCIP program: Quality and Outcome Improvement Network and Louisiana Quality Network. Refer to Appendix E for a preliminary list of hospitals anticipated to contract with one of these networks as of the date of this report. Contracting is currently underway between a) MCOs and networks and b) networks and hospitals.

2.3 Incentive Payments

MCOs will receive incentive payments for only those AIAs in which they choose to participate and for which they achieve the specified activities, targets, performance measures, or quality-based outcomes identified in the AIA. Failure to achieve these activities, targets, performance measures, or quality-based outcomes will reduce the amount of incentive payments.

LDH will make incentive payments to MCOs for achievement of the specified activities, targets, performance measures, or quality-based outcomes identified in the AIA. MCOs will pay contracted networks and networks will pay contracted hospitals, each for their contribution to the outcomes that merited incentive payments to the MCO.

The total payment value for all AIAs will comply with federal regulatory payment limits at 42 CFR 438.6(b).

Appendix A: HR 252

2018 Regular Session

HOUSE RESOLUTION NO. 252

BY REPRESENTATIVE BACALA

MEDICAID: Requests the La. Department of Health to require all Medicaid managed care plans to participate in the quality incentive program

A RESOLUTION

To urge and request the Louisiana Department of Health to require all Medicaid managed care plans to participate in the quality incentive program.

WHEREAS, the total funding appropriated for the Louisiana Medicaid program for State Fiscal Year 2017-2018 was over twelve billion dollars; and

WHEREAS, within this amount, the total funding appropriated for private providers was over ten billion dollars; and

WHEREAS, the Louisiana Department of Health, referred to hereafter as the "department", allocated nearly eight billion dollars of its 2017-2018 private provider funding to Medicaid managed care plans; and

WHEREAS, the department has indicated a need for an appropriation of at least twelve billion dollars to operate the Medicaid program in State Fiscal Year 2018-2019; and

WHEREAS, during the course of this 2018 Regular Session, department officials have testified that up to four hundred million dollars may be added to the managed care budget for a quality incentive program; and

WHEREAS, the department has provided few details on the quality incentive program and department officials have given little indication that input on the proposed program would be sought from hospitals or the public; and

WHEREAS, department officials have testified that the quality incentive program would be developed, implemented, and administered by the Medicaid managed care plans through general instructions by the department to be contained in amendments to the state's contracts with the managed care plans; and

WHEREAS, the legislature intends that improving the quality of health care for Medicaid recipients should be an urgent priority of the Louisiana Medicaid program, and that Medicaid quality incentive program criteria should apply to all Medicaid managed care plans and incentive payments to all hospitals that meet the requisite performance criteria.

THEREFORE, BE IT RESOLVED that the House of Representatives of the Legislature of Louisiana does hereby urge and request the Louisiana Department of Health to require all Medicaid managed care plans to participate in the quality incentive program.

BE IT FURTHER RESOLVED that the House of Representatives hereby urges and requests that all hospitals have the opportunity to contract with Medicaid managed care plans to meet quality improvement standards applied uniformly to receive quality incentive payments.

BE IT FURTHER RESOLVED that the House of Representatives hereby urges and requests the Louisiana Department of Health to require the managed care plans to report to the department their quality incentive criteria, how those criteria will improve the quality of care for Medicaid recipients, how costs will be reduced, what efforts were made to allow all hospitals to participate, which hospitals the managed care plans have enrolled or plan to enroll in their quality incentive programs, and the amount of incentive payments expected to be made to each hospital.

BE IT FURTHER RESOLVED that the House of Representatives hereby urges and requests the Louisiana Department of Health to provide to the House Committee on Appropriations, on or before December 1, 2018, a copy of the managed care plans' reports to the department called for in this Resolution.

BE IT FURTHER RESOLVED that the House of Representatives hereby urges and requests the Louisiana Department of Health to require the managed care plans to provide testimony explaining their quality incentive programs at a meeting of the House Committee on Appropriations or the Joint Legislative Committee on the Budget prior to the implementation of any quality incentive program.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the governor and to the secretary of the Louisiana Department of Health.

Appendix B: MCO MCIP Contract Language

5.18. Voluntary Managed Care Incentive Program

5.18.1 Effective February 1, 2018, LDH may make incentive payments up to 5 percent, in total, above the approved capitation payments attributable to the enrollees or services covered by the Approved Incentive Arrangements, as defined in LDH's MCIP Protocol, implemented by LDH. These incentive payments will support the activities, targets, performance measures, or quality-based outcomes specified in LDH's quality strategy.

5.18.2 Each MCO has the right to determine whether to participate in one or more of the Approved Incentive Arrangements implemented by LDH. The MCO will receive incentive payments under this Section 5.18 for only those Approved Incentive Arrangements in which it participates. At MCO's sole discretion, a participating MCO may contract with one or more third parties to assist in its achievement of those Approved Incentive Arrangements, including specific provisions pertaining to the rights and obligations of the MCO and such third parties; eligibility for participation; payment amount and timing; recovery of payments (including the amount, time and manner/method); and other such terms particular to that Approved Incentive Arrangement as mutually agreed upon in the contract between MCO and such third party.

5.18.3 LDH will, for each Approved Incentive Arrangement to be implemented, specify the activities, targets, performance measures, or quality-based outcomes to be achieved and how each will be evaluated. LDH will not implement any Approved Incentive Arrangement that is not consistent with the Code of Federal Regulations 438.6 (b) (2) and this Section 5.18, including:

5.18.3.1 Approved Incentive Arrangements will be for a fixed period of time and performance will be measured during the rating period under the Contract in which the Approved Incentive Arrangement is applied.

5.18.3.2 Approved Incentive Arrangements will not be renewed automatically.

5.18.3.3 Approved Incentive Arrangements will be made available to both public and private contractors under the same terms of performance.

5.18.3.4 Neither an MCO's participation in the managed care incentive program, nor any Approved Incentive Arrangement, will be conditioned on the MCO entering into or adhering to an intergovernmental transfer agreement.

5.18.4 Each Approved Incentive Arrangement shall define the quality strategy objectives.

5.18.5 For each measurement year ending on or after December 31, 2018, LDH will evaluate performance relative to the specified activities, targets, performance measures, or quality-based outcomes to be achieved for the Approved Incentive Arrangement for that measurement year. LDH's evaluation will be based on documentation, submitted by the MCO, reflecting performance.

LDH shall timely notify the MCO regarding achievement for the specified activities, targets, performance measures or quality-based outcomes for the Approved Incentive Arrangement for that measurement year. In the event LDH finds a deficiency, LDH will notify the MCO of its findings, including the portion of the incentive payments made attributable to such deficiency. Upon request of MCO, LDH may defer recoupment, and MCO and LDH may confer regarding LDH's findings, proposed action and opportunity for cure. Upon final determination by LDH, which shall be final and not subject to appeal, LDH may recoup from the MCO the portion of the incentive payments made attributable to any uncured deficiency. All LDH recoupments made from MCOs pursuant to this Section 5.18 shall be made in accordance with the recoupment terms established by LDH, which terms shall be provided to MCO in writing at least thirty days in advance of LDH recoupment from the MCOs.

5.18.6 An MCO choosing to participate in Approved Incentive Arrangements implemented under this Section 5.18 shall ensure that any contracts the MCO may have with any third party to fulfill the obligations under this Section 5.18 contain provisions clearly providing for the MCO's right of recovery in situations whereby LDH recoups MCIP payments from the MCO. An MCO's activities to recover such payments, through recoupment, withhold or otherwise, are not subject to the prior notification under Section 15.1.17, or any other notice and reporting obligation set forth in this Contract unless otherwise required by the terms of recoupment specified by LDH under section 5.18.5.

5.18.7 An MCO's participation in one or more Approved Incentive Arrangements shall have no impact on the MCO's rights or obligations under this Contract, except as it relates specifically to the MCIP Program. An MCO's participation in an Approved Incentive Arrangement does not represent a binding obligation on the MCO to achieve the approved targeted health outcomes, and failure to achieve such outcomes shall not be considered a breach of this Contract. Further, except for recoupment of MCIP payments, either directly or via offset, no penalty shall be applied for failure to achieve targeted outcomes. The aforementioned penalty limitation shall not apply to instances of MCO's fraudulent conduct. In the event of a conflict with other terms of this Contract, the provisions of this Section 5.18 and LDH's MCIP Protocol shall prevail.

Appendix C: Louisiana Medicaid Quality Strategy Measures

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
PTB $$	Initiation of Injectable Progesterone for Preterm Birth Prevention	The percentage of women 15-45 years of age with evidence of a previous preterm singleton birth event (24-36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement year.	State	None	Children's and Maternal Health	Perinatal and Reproductive Health	Section V	20.65
AWC $$	Adolescent Well Care Visit	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
ADD $$	Follow-up Care for Children Prescribed ADHD Medication-Initiation Phase	The percentage of children 6-12 years of age as of the index period start date with a newly prescribed ambulatory prescription dispensed for attention-deficit /hyperactivity disorder (ADHD) medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.	NCQA	CHIPRA, MU2	Children's Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
ADD $$	Follow-up Care for Children Prescribed ADHD Medication-Continuation Phase	The percentage of children 6-12 years of age as of the index period start date with a newly prescribed ambulatory prescription dispensed for attention-deficit /hyperactivity disorder (ADHD) medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	NCQA	CHIPRA, MU2	Children's Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
AMB-ED $$	Ambulatory Care-ED Visits	This measure summarizes utilization of ambulatory care ED Visits per 1,000 member months.	NCQA	CHIPRA	Population Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
PPC $$	Prenatal and Postpartum Care - Timeliness of Prenatal Care	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.	NCQA	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
PPC $$	Prenatal and Postpartum Care – Postpartum Care (PPC Numerator 2)	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.	NCQA	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
FUH $$	Follow-Up After Hospitalization for Mental Illness - Within 30 days of discharge	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days of discharge.	NCQA	MEDICAID ADULT	Behavioral Health	Behavioral Health	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CBP $$	Controlling High Blood Pressure - Total	The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year based on the following criteria: • Members 18-59 whose BP was <140/90 • Members 60-85 with diagnosis of diabetes who BP was 150-90 • Members 60-85 without a diagnosis of diabetes whose BP was 150/90	NCQA	MEDICAID ADULT, MU2, CMS HEALTH HOMES	Chronic Disease	Cardiovascular Care	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
CDC $$	Comprehensive Diabetes Care - Hemoglobin A1c (HBA1c) testing	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with a Hemoglobin A1c (HbA1c) test.	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CDC $$	Comprehensive Diabetes Care - Eye exam (retinal) performed	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with an eye exam (retinal) performed.	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CDC $$	Comprehensive Diabetes Care - Medical attention for nephropathy	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with medical attention for nephropathy.	NCQA	CHIPRA	Chronic Disease	Diabetes	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
W15 $$	Well-Child Visits in the First 15 Months of Life - Six or more well-child visits.	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
W34 $$	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	NCQA	CHIPRA	Children's Health	Utilization	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year
CPA $$	CAHPS Health Plan Survey 5.0H, Adult (Rating of Health Plan, 8+9+10)	This measure provides information on the experiences of Medicaid members with the organization and gives a general indication of how well the organization meets members' expectations.	NCQA	MEDICAID ADULT	Adult	Member Satisfaction	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source	2019 (2018 data measurement year) and Subsequent Years Target for Improvement
CPC $$	CAHPS Health Plan Survey 5.0H, Child (Rating of Health Plan-General Population, 8+9+10)	This measure provides information on parents' experience with their child's Medicaid organization.	NCQA	MEDICAID, CHIPRA	Child	Member Satisfaction	HEDIS	NCQA Quality Compass Medicaid National 50th percentile [All LOBs (Excluding PPOs and EPOs): Average] for the year prior to the measurement year

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
HEDIS Measures							
CIS	Childhood Immunization Status	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	NCQA	CHIPRA, MU2	Children's Health	Prevention	HEDIS
IMA	Immunization Status for Adolescents	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday. Report all individual vaccine numerators and combinations.	NCQA	CHIPRA	Children's Health	Prevention	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/ Adolescents	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender. The percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/ gynecological (OB/GYN) practitioner, with evidence of : • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity	NCQA	CHIPRA, MU2	Children's Health	Prevention	HEDIS
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	The measure calculates the percentage of individuals 19 years of age or greater as of the beginning of the measurement year with schizophrenia or schizoaffective disorder who are prescribed an antipsychotic medication, with adherence to the antipsychotic medication [defined as a Proportion of Days Covered (PDC)] of at least 0.8 during the measurement year (12 consecutive months).	NCQA	MEDICAID ADULT	Population Health	Behavioral Health	HEDIS
MPM	Annual Monitoring for Patients on Persistent Medications	The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the four rates separately and as a total rate.	NCQA	MEDICAID ADULT	Chronic Disease	Prevention	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
ABA	Adult BMI Assessment	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement or the year prior to the measurement year.	NCQA	MEDICAID ADULT, CMS HEALTH HOMES	Population Health	Prevention	HEDIS
AMM	Antidepressant Medication Management	The percentage of members 18 years of age and older with a diagnosis of major depression and were newly treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.	NCQA	MEDICAID ADULT, MU2	Population Health	Behavioral Health	HEDIS
CCS	Cervical Cancer Screening	Percentage of women 21–64 years of age who were screened for cervical cancer: • Women 21-64 who had cervical cytology performed every 3 years • Women 30-64 who had cervical cytology/HPV co-testing performed every 5 years	NCQA	MEDICAID ADULT, MU2	Population Health	Prevention	HEDIS
AMR	Asthma Medication Ratio	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	NCQA	MEDICAID	Population Health	Pulmonary/ Critical Care	HEDIS
FVA	Flu Vaccinations for Adults Ages 18 to 64	The percentage of adults 18 years of age and older who self-report receiving an influenza vaccine within the measurement period.	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS/CAHPS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
MSC	Medical Assistance With Smoking and Tobacco Use Cessation	Assesses different facets of providing medical assistance with smoking and tobacco use cessation. MCOs will report three components (questions): • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications • Discussing Cessation Strategies	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS/CAHPS
MMA	Medication Management for People with Asthma	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported.	NCQA	CHIPRA	Population Health	Pulmonary/ Critical Care	HEDIS
CHL	Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.	NCQA	CHIPRA, MEDICAID ADULT	Population Health, Maternal Health	Perinatal and Reproductive Health, Sexually Transmitted Infectious Diseases	HEDIS
BCS	Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	NCQA	MEDICAID ADULT, MU2	Senior Care	Prevention	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CAP	Child and Adolescents' Access to Primary Care Practitioners	Percentage of children ages 12 months – 19 years who had a visit with a PCP. The MCO reports four separate percentages: • Children 12-24 months and 25 months – 6 years who had a visit with a PCP in the measurement year • Children 7-11 years and adolescents 12-19 years who had a visit with a PCP in the measurement year or the year prior to the measurement year.	NCQA	CHIPRA	Children's Health	Access/ Availability of Care	HEDIS
COL	Colorectal screening	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS
SSD	Diabetes screening for people with Schizophrenia or Bipolar who are using Antipsychotic medications	The percentage of members 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	NCQA	MEDICAID ADULT	Population Health	Behavioral Health	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
SPC	Statin Therapy for Patients with Cardiovascular Disease	• The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received statin therapy (were dispensed at least one high or moderate-intensity statin medication during the measurement year.) • The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who had statin adherence of at least 80% (who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.)	NCQA	MEDICAID ADULT	Population Health	Cardiovascular Care	HEDIS
CDC	Comprehensive Diabetes Care - HbA1c poor control (>9.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with HbA1c poor control (>9.0%).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS
CDC	Comprehensive Diabetes Care - HbA1c control (<8.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with HbA1c control (<8.0%).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CDC	Comprehensive Diabetes Care - BP control (<140/90 mm Hg).	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) with BP control (<140/90 mm Hg).	NCQA	MEDICAID ADULT	Chronic Disease	Diabetes	HEDIS
PCR	Plan All-Cause Readmissions	For members 18 -64 years of age, the risk-adjusted rate of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days.	NCQA	MEDICAID ADULT	Population Health	All Cause Readmissions	HEDIS
AAP	Adults' Access to Preventive/ Ambulatory Health Services	The percentage of members age 20 years and older who had an ambulatory or preventive care visit during the measurement year. Three age stratifications and a total rate are reported: • 20-44 years • 45-64 years • 65 years and older • Total	NCQA	MEDICAID ADULT	Population Health	Prevention	HEDIS
FUH	Follow-Up After Hospitalization for Mental Illness - Within 7 days of discharge	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.	NCQA	CHIPRA	Behavioral Health	Behavioral Health	HEDIS

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
AMB	Ambulatory Care-Outpatient Visits	This measure summarizes utilization of ambulatory care Outpatient Visits per 1,000 member months.	NCQA	MEDICAID	Population Health	Utilization	HEDIS
PQI Measures							
PQI01	Diabetes Short Term Complications Admission Rate	Number of discharges for diabetes short term complications per 100,000 member months per Medicaid enrollees age 18 and older.	AHRQ	MEDICAID ADULT	Chronic Disease	Diabetes	Section V
PQI05	COPD and Asthma in Older Adults Admission Rate	This measure is used to assess the number of admissions for chronic obstructive pulmonary disease (COPD) per 100,000 population. The number of discharges for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 member months for Medicaid enrollees age 40 and older.	AHRQ	MEDICAID ADULT	Population Health	Pulmonary/ Critical Care	Section V
PQI08	Heart Failure Admission Rate	Percent of population with an admissions for heart failure (reported by Recipient Parish). The number of discharges for heart failure per 100,000 member months for Medicaid enrollees age 18 and older (reported by Recipient Parish).	AHRQ	MEDICAID ADULT	Chronic Disease	Cardiovascular Care	Section V

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
PQI15	Asthma in Younger Adults Admission Rate	Admissions for a principal diagnosis of asthma per 100,000 population, ages 18 to 39 years. Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system, obstetric admissions, and transfers from other institutions. Number of discharges for asthma per 100,000 member months for Medicaid enrollees ages 18 to 39.	AHRQ	MEDICAID ADULT	Population Health	Pulmonary/ Critical Care	Section V
Vital Record Measures							
LBW	Percentage of low birth weight births	Percentage of live births that weighted less than 2,500 grams in the state during the reporting period.	CDC	CHIPRA, HRSA	Children's and Maternal Health	Perinatal and Reproductive Health	Section V
NQF (PC-01)	Elective Delivery	This measure assesses patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed	TJC	MEDICAID ADULT, MU2	Maternal Health	Perinatal and Reproductive Health	Section V
CMS Measures							
HIV	HIV Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200.	HRSA HIV/AIDS Bureau	MEDICAID ADULT	Chronic Disease	HIV	Section V
CCP-CH	Contraceptive Care-Postpartum (ages 15-20)	The percentage of women ages 15-20 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery. Four rates are reported.	CMS	CHIPRA	Maternal Health	Perinatal and Reproductive Health	OPA

Identifier	Measure	Measure Description	Measure Steward	Federal Reporting Program	Target Population	Condition	Specification Source
CCP-AD	Contraceptive Care-Postpartum (ages 21-44)	The percentage of women ages 21-44 who had a live birth and were provided a most or moderately effective method of contraception within 3 and 60 days of delivery. Four rates are reported.	CMS	MEDICAID ADULT	Maternal Health	Perinatal and Reproductive Health	OPA
NSV	Cesarean Rate for Low-Risk First Birth Women	The percentage of cesareans in live births at or beyond 37.0 weeks gestation to women that are having their first delivery and are singleton (no twins or beyond) and are vertex presentation (no breech or transverse positions).	TJC	CHIPRA	Children's and Maternal Health	Perinatal and Reproductive Health	Section V

Appendix D: Approved Incentive Arrangements, Goals and Activities

Incentive Arrangement: Reduce Inappropriate Emergency Department (ED) Utilization	
Goals	Sample Activities
Identify and remove barriers to care that lead to preventable ED utilization	• Establish steering committee to guide the effort • Select 3 specific types of preventable ED visits to address • Identify specific system issues that drive specified types of ED visits
Develop and implement an ED navigation program for people with multiple ED visits	• Identify high utilizing members • Find gaps in care coordination and system navigation • Analyze person-level factors such as social determinants of health
Work proactively to establish ED data sharing arrangements	• Conduct analysis of health information technology capabilities • Identify opportunities to integrate shared data into routine clinical care
Incentive Arrangement: Reduce Preventable Hospital Readmissions	
Goals	Sample Activities
Reduce preventable hospital readmissions among priority populations	• Identify most common conditions associated with hospital readmissions for Louisiana Medicaid members • Engage stakeholders to select 3 specific types of conditions to address
Improve transitions of care for all patients	• Assess effective efforts in other states • Develop a protocol to improve specific components of transitions of care, including process measures
Increase access for post-hospitalization primary and specialty care follow-up	• In collaboration with steering committee, identify access needs in each network market • Create and update directories for referrals from the ED or hospital case managers • Develop methods to ensure timeliness of care
Incentive Arrangement: Promote Evidence Based Practice and Reduce Low Value Care through Network GME/CME Partnerships	
Goals	Sample Activities
Network Promoted Evidence Based Practice Education	• Partner with the state to analyze Medicaid claims data to identify opportunities for reducing low value care • Investigate focused self-learning (web-based) offerings sponsored by member hospitals' medical staffs
Improve Compliance with Target Guidelines to Reduce Low Value Care	• Develop indicator metrics for Target Guidelines. • Establish data collection methodology for Target Guidelines metrics • Establish performance improvement goals • Implement clinical programs to reduce low value care in identified target areas (Pilot Programs with MCOs)
Incentive Arrangement: Improve Maternal and Perinatal Outcomes	
Goals	Sample Activities
Risk stratification patients who are at risk for preterm birth	• Create risk stratification tool that includes certain minimum criteria • Develop a method to track risk stratification adherence • Pilot the risk stratification tool in certain hospitals
Reduce severe maternal morbidity and relevant	• All hospitals sign onto the Perinatal Quality Collaborative Reducing Maternal Morbidity Initiative

disparities in pregnant and postpartum women with hemorrhage and hypertension	• Stratify all process measures and outcome measures by race/ethnicity to support equity aim • Integrate patient/family advisors into all improvement teams • Pilot a health information exchange in one hospital system linking EDs to prenatal care
Reduce Cesarean rate for low-risk first birth women.	• Review and create a timeline for implementing the AIM bundle for reduction of low risk cesarean births • Educate providers and nurses on AIM bundle components • Monitor and address barriers to improvement
Improve breastfeeding rates	• Using the Baby-Friendly Ten Steps to Successful Breastfeeding as a guiding principle to develop a breastfeeding policy • Assess requirements for meeting *The Gift* designation
Incentive Arrangement: Improve Outcomes for Diabetic Members	
Goals	Sample Activities
Increase Hemoglobin A1c (HbA1c) tests for members ages 18-75 with diabetes (type 1 & type 2)	• Evaluate accuracy and effectiveness of registries in addressing treatment gaps and improving outcomes • Create and disseminate protocols for network providers to use registries • Conduct education and training of network providers regarding use of registries
Decrease HbA1c poor control for members ages 18-75 with diabetes (type 1 & type 2)	• Identify and study root causes of HbA1c poor control in Louisiana Medicaid population • Measure baseline for members ages 18-75 enrolled in the registry with HbA1c poor control
Increase HbA1c control for members ages 18-75 with diabetes (type 1 & type 2)	• Create registry with data fields necessary to impact members' HbA1c control and BP control • Launch operational registry at all network providers covering MCO members ages 18-75 with diabetes
Increase diabetic members (type 1 & type 2) ages 18-75 whose blood pressure (BP) was adequately controlled	• Identify and study root causes of poor BP control in Louisiana Medicaid population • Enroll in registry MCO members ages 18-75 with diabetes at network providers • Identify and study treatment gaps specific to diabetic patients enrolled in registries
Incentive Arrangement: Improve Outcomes for Members with Hypertension	
Goals	Sample Activities
Increase members ages 18-59 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled	• Evaluate accuracy and effectiveness of use of registries in addressing treatment gaps and improving outcomes • Identify and study root causes of poor BP control for members ages 18-59 in Louisiana Medicaid population • Create registry with data fields necessary to impact members' BP control
Increase members ages 60-85 who had a diagnosis of hypertension and whose	• Identify and study root causes of poor BP control for members ages 60-85 in Louisiana Medicaid population • Meet with network providers to address technical implementation issues

BP was adequately controlled	• Create continuous quality improvement plan, including information identifying project impacts, registry modifications needed, lessons learned, opportunities to scale project to a broader population, and key challenges associated with expansion of project
Incentive Arrangement: Improve Member Health For Members Ages 21 Years Or Younger Through Increased Primary Care Utilization	
Goals	Sample Activities
Increase the number of members who turned 15 months old during the measurement year and who had six or more well-child visits with a primary care provider ("PCP") during the first 15 months of life	• Identify gaps in preventative healthcare services for Louisiana Medicaid members ages 0-21 years based on the American Academy of Pediatrics recommendations • Measure baseline for members who turned 15 months old during the measurement year, who had six or more well-child visits with a network PCP during the first 15 months of life
Increase number of members ages 3-6 years who had one or more well-child visits with a PCP during the measurement year	• Identify and test ideas to improve preventative healthcare for members ages 0-21 years in order to comport with AAP recommendations • Measure baseline for members ages 3-6 years who had one or more well-child visits with a network PCP during the measurement year
Increase the number of members ages 12-21 years who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year	• Identify and study root causes for insufficient preventative health care services for Louisiana Medicaid members ages 0-21 years • Measure baseline for members ages 12-21 years who had at least one comprehensive well-care visit with a network PCP or OB/GYN practitioner during the measurement year
Increase the percentage of members ages 3-17 years that had an outpatient visit with a PCP or OB/GYN practitioner, with evidence of: (1) Body Mass Index ("BMI") percentile documentation by age and gender; (2) counseling for nutrition; and (3) counseling for physical activity	• Create and disseminate protocols for network PCPs and OB/GYNs regarding preventative healthcare services for members ages 0-21 years and conduct training and education activities • Analyze methods to improve PCP visits for members ages 0-21 years consistent with AAP recommendations and revise protocols as needed • Increase percentage of network PCPs and OB/GYNs meeting protocol criteria • Measure baseline for members ages 3-17 years that had an outpatient visit with a PCP or OB/GYN practitioner during the measurement year, with evidence of: (1) BMI percentile documentation by age and gender; (2) counseling for nutrition; and (3) counseling for physical activity

Appendix E: Tentative List of MCIP Participating Hospitals (as of November 2018)

Quality and Outcome Improvement Network
Abbeville General Hospital
Abrom Kaplan Memorial
Acadia General Hospital Inc.
Allen Parish Hospital
Baton Rouge General Medical Center
Christus Coushatta Healthcare
Christus Health Shreveport-Bo
Christus St Frances Cabrini
Christus St Patrick Hospital
DPP-R Abbeville General
DPP-R Abrom Kaplan
DPP-R Allen Parish Hospital
DPP-R Ochsner St Anne General
DPP-R St Charles Hospital
DPP-U Baton Rouge General
DPP-U Christus St Patrick
DPP-U Glenwood Regional Med
DPP-U Leonard J Chabert Med Ctr
DPP-U Ochsner Foundation Hospital
DPP-U Savoy Medical Center New Hori
DPP-U Univ. Health Monroe
DPP-U Univ. Health Shreveport
Glenwood Regional Medical Cen
Iberia General Hospital & Med Ctr
Iberia Rehabilitation Hospital
Lafayette General Med Center
Lafayette General Surgical Hospital
Lafayette Surgical Specialty
Lake Area Medical Center
Ochsner Medical Center
Ochsner Medical Center Baton
Ochsner Medical Center North Shore
Ochsner Medical Ctr Kenner
Ochsner St Anne General Hospital
Pointe Coupee General Hospital
Rapides Regional Med Center
Savoy Medical Center
Slidell Memorial Hospital
Southern Regional Medical
St Bernard Parish Hospital
St Charles Parish Hospital
St Martin Hospital
St Tammany Parish Hospital
Terrebonne General Medical Center
Tulane University Hospital
University Health Monroe
University Health Shreveport
University Hospitals & Clinic
Women and Children’s Hospital

Louisiana Quality Network
Assumption Community Hospital
Beauregard Memorial Hospital
Children's DPPU
Children's Hospital
East Jefferson
East Jefferson DPPU
Lake Charles DPPU
Lake Charles Memorial H.
Lallie Kemp
Lane Memorial
New Orleans East Hospital
North Oaks (Public)
Our Lady of Angels Hospital
Our Lady of Lake
Our Lady of Lake DPPU
Our Lady of Lourdes R.M.C.
Riverside M.C. - Franklinton
St. Elizabeth Hospital
St. Francis M.C.
Thibodaux R.M.C. (Public)
Touro Infirmary
University Medical Center
University Medical Center DPPU
West Calcasieu Cameron
West Jeff DPPU
West Jefferson
Willis Knighton Medical Center
Willis Knighton Medical Center DPPU
WK Bossier
Woman's Hospital

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